PART I

# Core concepts in philosophy and mental health

## Part contents

## Introduction to Part I

In this first part we explore some of the difficulties surrounding the concept of mental disorder. These difficulties are at the heart of the interdisciplinary field of philosophy and mental health: as we will see, they define the overlap between, on the one hand, the problems of traditional philosophy, and, on the other, the problems faced by those involved practically in mental health, as users and as providers of services, as policy makers and as researchers.

Exploring these difficulties, therefore, in this part, in addition to introducing each side to the other—philosophers to practitioners and practitioners to philosophers—will provide a framework of ideas within which the more specific materials of later parts of the book will be set, materials drawn respectively from the history of ideas in Part II, from the philosophy of science in Part III, from ethics and philosophical value theory in Part IV, and from the philosophy of mind in Part V. (*Note*: In this book we use the term 'practitioner' to mean anyone with practical experience of mental health issues. This includes not only professionals of various kinds, policy makers, and researchers, but also, and centrally, users (or consumers) of services, i.e. patients, informal carers, their families and the wider community.)

### Introductory, yes, elementary, no

Part I, then, is in this sense introductory: it outlines the key conceptual difficulties by which the interdisciplinary field between philosophy and mental health practice is defined.

If Part I is an introduction, however, it is anything but elementary. On the contrary, in starting with the difficulties surrounding the concept of mental disorder, we will be diving straight in at the deep end. For these difficulties, as we will see, combine some of the trickiest problems of traditional philosophy with the urgency of practical necessity: in mental health, as in other practical disciplines, philosophical no less than empirical research is directly driven by the real problems faced by real people in the real world.

### The structure of Part I

Part I has five chapters covering, broadly, problems, methods, and outputs. Thus,

- *Chapters 2 and 3* set out the *problem of mental disorder* in its conceptual, i.e. philosophical, aspects. Chapter 2 shows that the difficulties surrounding the concept of mental disorder in everyday practice reflect deeper (if largely unacknowledged) difficulties in the conceptual structure of medicine and health care as a whole. Chapter 3 fills out the specific features, the range and diversity of psychopathological states, that any philosophical analysis of the conceptual structure of medicine and health care must seek to explain.
- *Chapters 4 and 5* are concerned with methods of philosophical enquiry. Chapter 4 shows the need for both analytic and 'Continental' methods in philosophy and mental health. Chapter 5 introduces modern logic as a 'toolkit' for clear thinking and for assessing the validity of arguments.
- *Chapter 6*, as the final chapter in Part I, brings us to *outputs*, to the results we should expect from philosophical work in mental health. We will see that both too much and too little has been claimed for philosophy. Chapter 6 avoids both extremes, arguing that, for the interdisciplinary field at least, a key output from philosophical research is to give us a more complete understanding of the meanings of the core concepts—mental illness, disease, etc.—by which the field itself is shaped and defined.

### Difficult, yes, intractable, no

With the deep problems of general philosophy—mind and brain, freedom, truth and so forth—the game, as they say, will perhaps always be more in the playing than in (ultimate) success. The plain difficulty of these problems is perhaps why philosophy is so widely characterized as failing to make progress.

In mental health too, then, to the extent that the conceptual difficulties we face reflect these same problems, we should not expect (ultimate) success. But progress, at least, can be made. The more complete understanding of the meanings of our concepts, to which philosophical enquiry leads, is a small step, certainly, to resolving the difficulties with which these concepts are associated. But it is a step in the right direction. For as we will see in later parts of the book, notably in Part IV (on philosophical value theory), improved understanding of concepts of disorder, derived from work in the new interdisciplinary field, is already making a number of distinct contributions to practice, in the development of policy, in new skills-training programmes for frontline staff, and in the organization of services.