Foreword (from philosophy)

Baroness Warnock

The publication of the *Oxford Textbook of Philosophy and Psychiatry* marks a step forward in the practical interaction between philosophy and medicine, especially psychiatric medicine. Through the growth of teaching in Bioethics (as well as of research and publication), the overlap between philosophical theory and medical advance has become an accepted phenomenon. However, largely because of the success of the pioneering work of Beauchamp and Childress (Beauchamp, T.L. and Childress, J.F. Principles of Biomedical Ethics NY: OUP 1989) bioethics has become somewhat hidebound, a matter almost of received dogma. Their widely adopted four principles, Beneficence, Non-maleficence, Autonomy and Justice have been repeatedly cited as giving the framework for ethical decisions in medicine, without due recognition of the vagueness and imprecision of the principles. All are in need of interpretation in order to provide guidance in particular cases. The merit of the *Textbook* is its insistence that dialogue between patient and doctor lies at the heart of good treatment, and that such dialogue must rely on insight into the way a particular patient experiences the world and the significance for him or her of these experiences. The four principles may be accepted: but what is essentially required in good practice is a realization of what it is to gain access to another mind.

There are, it seems to me, three features of the *Textbook* that are of peculiar importance. First, there is its insistence, as I have suggested, on the crucial place of discourse in psychiatry. At a common-sense level, we are all still at risk of adopting a version of Cartesian dualism, a division between mind and body. Such dualism is deeply ingrained in ordinary language, in the dichotomy we tend to accept between the mental and the physical, the inner and the outer. This leads to an artificial anxiety about how it is possible to communicate with one another. After all, in Descartes' view, all we can really know is our own sensations and perceptions. These include the visual, auditory and tactile ideas we have of other people; but it cannot include any knowledge of their minds. We are aware of our own inner life but not of theirs. We may therefore fall into a pessimistic view of true communication; we may tend to rely on behaviouristic or perhaps physiological symptoms as a way of understanding the problems other people may suffer. The ways out of this anxiety were illuminatingly explored in the initial volume of the series on International Perspectives in Philosophy and Psychiatry (Nature and Narrative edited by Bill Fulford, Katherine Morris, John Sadler and Giovanni Stanghellini, Oxford 2003), especially in the essays by Rom Harré and Grant Gillett, and are further pursued at a more immediately practical level in the *Textbook*. The crucial insight derives originally from the phenomenology of Brentano and Husserl, and thence from Wittgenstein's view of language as essentially a shared and public connexion between 'us' (people in the same boat, experiencing the world together and part of that world), not a private attempt to describe our inner experiences. Language, then, being intrinsically for communication, needs to have particular attention paid to it in the discourse between patient and doctor.

Secondly, the *Textbook* insists on the importance of discovering the values usually embedded in the language of this discourse, carefully unravelling the areas where values may be disguised as facts (though, perhaps I should add, the areas also where values and facts are inextricably linked. The Oxford philosopher, J.L. Austin, an inspiration for this book, used as an example of such linkage the aesthetic terms 'dainty' and 'dumpy'). It also insists on the importance of thereafter uncovering where the values of the participants in the dialogue may differ. For example it may be assumed by a physician that it is always in the best interests of a patient to stay alive, and that a disposition towards suicide must always be pathological; whereas for a patient, life may not be the highest value.

Thirdly, and perhaps most importantly of all, the *Textbook* highlights those problems about personal identity that have always been at the centre of philosophy. In the seventeenth century the philosopher John Locke distinguished what made someone the

same person from what made him the same man. 'Person' he argued was a forensic term, essentially an issue of what someone could be held responsible for in a court of law; 'man' on the other hand was a matter simply of physical continuity from the cradle to the grave. Since then philosophers have wrestled with the problem of what it means to be an individual person, what it is that the pronoun 'I' refers to. It has long been understood that psychiatric 'cases' of multiple personality and amnesia have light to throw on this question. In my view there is no area where the interlocking of psychiatry and philosophy is of more practical (and of course moral and legal) significance than here. Our unthinking common language may conceal but can sometimes prove adequate for the distinctions we ought to draw. Once again, the *Textbook* should be an invaluable starting point for enhanced understanding.

Baroness Warnock
House of Lords
January, 2006