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## Preface

### A proactive textbook

This is a proactive textbook. Most textbooks report on their field. This textbook aims to give you the skills to contribute to the field.

Philosophy is about argument. Hence, through a case study approach, the reader is engaged actively in a series of both traditional and emerging lines of argument around key topics on the shared agenda of philosophy and mental health, thus developing his or her own skills to contribute to the field.

Although a large book, and covering a good deal of ground, the case study approach of the book means that while there is a strong overall structure, each chapter can be read, up to a point, independently. Thus, a reader interested in, say, personal identity, could read Chapter 28 in Part V (Philosophy of mind) without reading the whole of that part, or indeed the whole of the book. Similarly, a philosopher who wants nothing more than an introduction to psychopathology and the classification of psychiatric disorders, could get this from Chapter 3; though our hope is that he or she would then get drawn into reading other chapters to fill out particular topics.

As the basis, on the other hand, of a comprehensive course in philosophy and mental health, the book's strong overall structure supports progressive development of knowledge and skills, running from key concepts (Part I), through the philosophical history of these concepts (Part II), to topics in the philosophy of science relevant to each stage of the clinical encounter, psychopathology, diagnosis, treatment, etc. (Part III), through ethics and the 'added value' for practice from philosophical value theory (Part IV), and so, finally, in Part V, to specific areas of psychopathology and the two-way connections between these and some of the deepest problems in the philosophy of mind.

If philosophy is about argument, it is also about change. Philosophy provokes change. But it also gives us the skills of open and flexible thinking needed to engage with and manage

change in a positive and problem-solving way. Mental health in many countries is currently experiencing revolutionary changes, driven in part by the growing power and authority of the 'user voice', in part by the development of new models of service delivery (user-led, community-based, multidisciplinary, and multiagency), and in part by the promise of the new neurosciences (such as behavioural genetics and functional neuroimaging). The five main parts of the book are thus geared directly to different, although related, aspects of the change management process:

- ◆ Part I (*Core concepts in philosophy and mental health*) puts *people's individual experiences of mental distress and disorder* on an equal footing with the generalized knowledge and skills of professionals;
- ◆ Part II (*A philosophical history of psychopathology*) brings *empathic understanding of subjective meanings* back into clinical assessment alongside causal explanations;
- ◆ Part III (*Philosophy of science and mental health*) enriches our understanding of observational science to show the importance of *subjectivity and judgement* (including *clinical judgement*) based on tacit knowledge alongside objectivity and induction (including the inductive inferences of *evidence-based practice*) based on explicit knowledge;
- ◆ Part IV (*Values, ethics, and mental health*) focuses on the importance of *differences of values* alongside the 'framework' shared values prescribed by ethics and law. Values-Based Practice, as the approach derived from philosophical value theory in Part IV is called, involves clinical skills training and a model of service delivery that supports balanced decision-making in situations (such as those involving involuntary hospitalization and treatment) where values conflict;
- ◆ Part V (*Philosophy of mind and mental health*) broadens our understanding of rationality to include *personal and*

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*interpersonal processes* alongside the subpersonal processes on which the cognitive and behavioural sciences have traditionally focused.

The case study approach of the book, and our aim of proactively contributing to service change, mean that we have been unable to do justice equally to all those whose work in many and diverse areas of scholarship has made often crucial contributions to the new philosophy of psychiatry. We take this opportunity to acknowledge our debt to the many colleagues around the world—academic, practice-based, administrative and political—who have contributed in so many different ways to the development of the field. Large parts of this book are based on materials from a Masters programme in the Philosophy and Ethics of Mental Health (PEMH) developed in the Department of Philosophy at Warwick University. Again, our debt to the many colleagues and students who contributed to the course will be evident throughout the book. We are grateful particularly to Richard Gipps, Matthew Philpott, Chris Walker, Ian Lyne, Paul Sturdee, Mark Bratton and Paul Hoff, who contributed key materials to particular

chapters (as detailed in the Table of Contents). Our particular thanks go also to Greg Hunt and to Michael Luntley, as successive Heads of the Philosophy Department, to Martin Warner as Chair of the PEMH Steering Group, and to Jonathan Nichols as University Registrar, for their unstinted support and always wise guidance during the development of the PEMH programme.

It is always invidious to mark out particular individuals for special thanks. But we believe that everyone involved with the PEMH programme will wish to join us in acknowledging the central contribution of Paul Sturdee, as the first PEMH Programme Manager, and as the founder (by way of a generous and substantial donation from his personal library) of the PEMH Resource Base. Without Paul's energy, entrepreneurial skills and wide-ranging scholarship, there would have been no PEMH Masters Programme, and, hence, no Oxford Textbook of Philosophy and Psychiatry.

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