Association for the Advancement of Philosophy and Psychiatry

Newsletter

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From the Editor

With enthusiasm and expectation we introduce this first issue of the AAPP Newsletter. For the Newsletter and the organization, now in its third year, we look forward to a long and vigorous life.

In this column let me outline what we will try to do in this and coming issues. Our goals are several: to provide information about ongoing activities of AAPP as well as of other similar groups, to serve as a conduit of communication concerning work in our area of interest, and to function as a resource tool with book reviews, bibliographical guides, commentaries, and other materials.

The current issue includes a "President's Column" in which Michael Schwartz describes the history and current activities of AAPP. In his "Letter from England" Bill Fulford, founder and leader of the British philosophy /psychiatry group, outlines the history and activities of that group. Both of these contributions underline the cooperative efforts of the two groups, including their joint sponsorship of a new journal. In future issues we will include reports on activities in other countries. An essay/review by Melvin Woody of Edward Hundert's Philosophy, Psychiatry and Neuroscience: Three Approaches to the Mind is a first and exemplary review of a book in our field of interest. Lynn Stephens and George Graham's article, "Philosophy and Psychopathology: A Pocket Guide to the Recent Literature," is the first in a series of bibliographical guides to be included as a regular feature of the Newsletter. The "Pocket Guide" represents a superb overview of the field. Future guides will be focused on specific areas of the philosophy/ psychiatry mix. John Sadler's column, "Philosophy and Psychiatry in the Literature," will also be a regular feature of the Newsletter. As in this issue, he will provide abstracts and notes on recent articles in the literature. Finally, my own description of the New Haven/Yale-based Society for Phenomenology and Psychiatry will be the first of hopefully many reports on local philosophy/psychiatry groups.

For future issues of the Newsletter we welcome suggestions, potential contributions, and information regarding activities of interest to our readership. As can be gathered from Michael Schwartz' report, AAPP is a group that is still in the process of developing itself. This is even more true of the Newsletter, whose format we will attempt to tailor to the needs and interests of our membership.

James Phillips

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President's Column

Many a psychiatrist has said, 'that he did not want to burden himself with a philosophy, and that this science has got nothing to do with philosophy,' but the exclusion of philosophy would nevertheless be disastrous for psychiatry: firstly, if we are not clearly conscious of our philosophy, we shall mix it up with our scientific thinking quite unawares, and bring about a scientific and philosophic confusion. Secondly, since in psychopathology in particular scientific knowledge is not all of one kind, we have to distinguish the different modes of knowing, and clarify our methods, the meaning and validity of our statements, and the criteria of tests — and all this calls for philosophical logic. To sum up, if anyone thinks he can exclude philosophy and leave it aside as useless, he will be eventually defeated by it in some obscure form or another."

Karl Jaspers, *General Psychopathology*

On behalf of the Executive Council and the membership of AAPP, I am pleased to welcome you to our association and to our newsletter.

AAPP began in 1989 as the Group for the Advancement of Philosophy and Psychiatry when a small group of philosophers and psychiatrists decided to meet on a regular basis and explore topics of mutual interest. From the beginning, despite obstacles of time, funding, and logistics, the process of conjoint investigation was richly rewarding. Psychiatrists appreciated the subtlety, rigor and logic of the philosopher's approach. In turn, philosophers valued the psychiatrist's descriptions of concrete situations from daily professional life as well as the exploration of issues central to present-day psychiatry.

As originally formulated by John Sadler, M. D., AAPP's object was: "to promote collegial support, cross-disciplinary collaboration, and sympathetic critique for those clinicians and philosophers working in the area of philosophy and psychiatry. The focus is on scholarly inquiry into philosophical problems in psychiatry such as psychiatric methodology, the mind/body problem, the definition of illness and health, and the question of biopsychosocial integration. The emphasis is not on pedantry but on the practical application of philosophy and philosophical methods to current and continual problems."

Early on, at a meeting hosted by Edwin Wallace, IV, M. D. at the Medical College of Georgia and attended by myself, John Sadler, M. D., Manfred Spitzer, M. D., Ph. D., and Osborne Wiggins, Ph. D., some of these "current and continual problems" were enumerated as follows:

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President's Column

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1. Advances in psychiatric classification, as exemplified by DSM-III and DSM-III-R, are being confounded by problems concerning the definability of disorders, the boundaries between the disorders, and the proliferation of disorders.

2. These diagnostic problems have spilled over into biological and epidemiological investigations, since, in the end, much of this research is grounded in the assumption that cohorts of patients can be diagnosed correctly (or at least uniformly), and distinguished from each other.

3. Just when many psychiatric researchers have accepted empiricism as the "one true method", other scientific fields are opening up to methodological pluralism. Operationalism of terminology and the use of empirical methods have become the standard approach in psychiatric research. Yet limits to operationalism and empiricism are being appreciated elsewhere, not only in the social sciences but also in fields such as physics and mathematics. Furthermore, if there are multiple ways of doing science, how does this methodological insight apply to psychiatry?

4. Many psychiatrists seem to regard the mind/body problem as an empirically solvable scientific problem that had been solved (by spectacular advances in the neurosciences). This is an example of confusing a philosophical problem with a scientific one.

5. The idiographic or single-case study seems to have been eliminated from psychiatry. We have lost sight of the importance of studying the individual in his or her uniqueness. Historians, neuropsychologists and social scientists fruitfully use this method in their scientific disciplines, and psychiatrists should certainly also continue to profit from single-case studies.

6. The entire field of psychopathology seems to have vanished as a serious academic concern for psychiatry. Still, psychopathology remains a basic science for psychiatry, and its lack of development undermines progress in diagnosis, treatment and research. For example, while the biotechnical and instrumental side of psychiatric research has seen remarkable progress, declining interest in subtle psychopathological assessment has enfeebled much of this effort. On the one side we see elegant data coming from state-of-the-art laboratories and scanning centers; on the other side this data gets correlated with relatively crude measures such as behaviors and DSM-III-R diagnoses.

7. Theory has been vigorously rejected by many psychiatrists and replaced with a preoccupation with the "atheoretical" and with facts. This ignores the question of the possibility of science without theory, and also whether or not we are naively presupposing an unstated theory. A non-theoretical (i.e. naively empirical) approach to psychiatry not only devalues traditional theory-laden approaches to the field from disciplines such as psychoanalysis but also stifles potential theoretical advances from newer fields such as cognitive neuroscience and neurophilosophy. Many psychiatrists bemoan our present failure to profit more from advances in the neurosciences; advances here will require major theoretical work.

8. The present emphasis on standardized approaches and treatment manuals undermines the value of the clinician's expertise and experience. Major epidemiological studies, for example, rely on diagnoses made by lay interviewers applying standardized research instruments. This devaluation of clinical expertise runs counter to modern developments in the philosophy of science which paradoxically reemphasize the skills of the expert.

9. Psychiatric theory and practice subserves and shapes wider sociopolitical, cultural and economic forces. Yet the moral and ethical foundations and consequences of current practice in the field are not often examined.

The problems enumerated above paradoxically intersect with major goals of present-day psychiatry:

1. Psychiatrists strive to forge a more scientific discipline, but our prevalent view of science is curiously dated and not accepted by contemporary philosophers of science or scientists in other fields.

2. Psychiatrists strive to forge a more medical discipline, but our prevalent view of medicine is similarly old-fashioned. At a time when medicine as a whole is embracing the biopsychosocial model, psychiatry seems to be retreating back to biomedical reductionism. For example, many psychiatrists narrow their field of investigation in disorders such as schizophrenia to the "broken brain". Forty years ago, cardiologists might have behaved in the same manner and singled out myocardial pathology as the cause of a myocardial infarction. Today, cardiologists describe organ pathology and underlying pathophysiological and genetic processes — but also emphasize diet, exercise, life style and stress.

Still, if we are going to consider all of the relevant variables, how can we possible include them all? Beyond the biological and the psychological and the social, what about the anthropological, the religious, the ethical and the economic? And how to we consider all of this together? Our dilemma becomes even more complicated once we appreciate hidden dualistic assumptions in "biopsychosocial", such as mind/body and biological/psychodynamic. Can we or should we ever overcome these dualisms? Once we begin to comprehend the value of philosophical analysis in psychiatry, and to look at the assumptions, methods and underlying principles of the field, the relevance of such analysis becomes enormous. Research in the philosophical aspects of psychiatric theory and practice is required, along with efforts to integrate new discoveries from neurobiological science with more traditional psychiatric knowledge, and conceptual analysis of diverse aspects of psychiatric practice, including the history of psychiatry, psychiatric nosology, psychiatric epistemology and psychiatric ethics. Despite the more common view that psychiatry can only progress when it can free itself from theoretical speculation, it is apparent that psychiatry has never really subjected itself to rigorous philosophical analysis. In fact, psychiatry suffers from too little philosophizing rather than from too much.

AAPP's goal is to promote such philosophizing. Over the years, we have become a going endeavor. After some meetings in 1989 and 1990, the association adopted a more formal structure, incorporated, and began to reach out to new members. Since then, we have continued to meet periodically. We have encouraged the formation of local groups and have also forged links with like-minded colleagues in