

## UK Update

### Half Term and Half-way There

*"Nobody in psychiatry can do without a philosophical background..."*

These words could well have been said by Paul McHugh, speaking at an early meeting of AAPP hosted by Michael Schwartz - the 1980s, Paul McHugh said, had been the decade of the brain; the 1990s would be the decade of the mind. In fact, this strong claim for our subject was made, not by Paul McHugh, nor by any other contemporary enthusiast for philosophy/psychiatry, nor even by Karl Jaspers, but by the man widely acknowledged as the father of modern *scientific* psychiatry in the UK, Sir Aubrey Lewis.

As Paul McHugh predicted, psychiatry is fast catching up with Aubrey Lewis' view. Like global warming, or the politician's elusive "feel good" factor, the signs are patchy and inconsistent. But the evidence of renaissance grows stronger by the day.

An early sign, in the States, was the willingness of Allen Frances, the chairman of the DSM Task Force, to write a foreword for a book on philosophical aspects of psychiatric diagnostic classification, timed to coincide with the publication of DSM-IV. To produce such a book in the face of the dogmatically empiricist stance of the DSM Task Force was a brave act of faith by John Sadler, Ossie Wiggins and Michael Schwartz. Well, faith certainly moved that mountain! Many of the most difficult problems faced by the task force turned out not to be empirical at all. They may not be philosophical problems, either. But philosophy, Allen Frances concluded, can at least help us to become more aware of the context in which our present system has developed.

A corresponding sign from this side of the Atlantic was an unsolicited lead editorial in the *British Journal of Psychiatry* last year by Michael Shepherd, enthusiastically endorsing PPP - "... there is a strong case in favour of acknowledging and re-examining the philosophical aspects of psychological medicine...", he wrote, for the "(Royal) College's Philosophy Group to be enlarged and fortified...", for "the in-

## President's Column

"The trick is to get ahead of the pitch," my Little League coach told me. Not only did I not know what he meant then, I really didn't care very much. I have always found baseball (*pace* devotees) to be a rather boring game. Some would say the same about philosophy and psychiatry. After all, what is it? Unlike bioethics which has the penchant for attracting media attention—perhaps to its own detriment—philosophy and psychiatry seems remarkably diffuse and marginal subject. Its marginality may well be its chief virtue.

Last year I read an interview with a bioethicist colleague of mine about pharmacological developments involving the ability to alter moods and mental states. The question posed was whether there were any deep ethical issues involved. The bioethicist responded affirmatively, but then tied these developments to the general problem of access to health care by arguing that only in America could we worry about altering "bad feelings" when so many of our citizens have inadequate access to health care. The interviewer was apparently pleased with the response, because the rest of the interview focused on health care reform and managed care and not the topic originally defined. It left this reader to wonder whether the underlying issues were *not* ethically important.

The discomfort with questions about psychopharmacology, however, is understandable given that these questions are not only far more philosophical than they are ethical, but they do not make for easy sound bites. At least until we understand the meaning of term such as mind-altering drugs, the ethical analysis will remain not only controversial, but unfocused in a critically important way. For the time being, I doubt that we shall see an interview segue from managed care and health care reform to the problem of akrasia or pathologies of the imagination. That is not all bad.

Working at the margins, philosophy and psychiatry has an enormous store of material from which to draw that seems too esoteric for bioethics to worry about. Unlike bioethics whose main agenda is at least partly determined by the whims of public policy and media interest, philosophy and psychiatry can, and indeed must, draw not only from the rich conjunction of its component disciplines, but from the sciences and humanities that affect and influence our understanding of psychopathology and the care of the mentally ill. We do not have a "hot topic of the month" to compel our attention. This Issue contains announcements for the January 1997 New England Regional Meeting, the May 1997 AAPP Annual Meeting, and the June 1997 Second International Conference on Philosophy and Mental Health—meetings which promise to be much more than temporary distractions.

An AAPP member recently complained to me, somewhat in jest, that AAPP is doing too much. He was having trouble deciding which meetings to attend during the next year and he complained that AAPP was complicating matters by affording him too many choices. My reply was that unlike other academic meetings, there are no professional disadvantages in missing a philosophy and psychiatry meeting. After all, many allegedly

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roduction of one or two compulsory questions in the Membership examination", including "Wittgenstein and Schopenhauer ... a challenge to examiners and candidates alike". These are not the words of a philosophical guru. Like Allen Frances, Michael Shepherd's work in psychiatry was mainly empirical. True, he was a widely read and scholarly man; he was indeed an acknowledged expert in his own right on the American Pragmatists. But throughout most of his life he was deeply sceptical of the *practical* value of philosophy in psychiatry.

I use the past tense of Michael Shepherd, because, sadly, he died recently. His editorial in the *British Journal of Psychiatry* has become known as Michael Shepherd's last word. We will miss him. Like many other leading figures in British scientific psychiatry, including our distinguished honorary chairman, Sir Martin Roth, he had become a good friend of the College's Philosophy Group.

What is changing our critics' minds? Why the conversions? It is not, I think, merely

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academic meetings are occasions for putting in professional appearances, for recruiting faculty, for finding jobs, and for networking. Fortunately, in the land of philosophy and psychiatry we have no such distractions. We have the luxury of dealing with ideas for their own sake.

The AAPP member concurred saying that his complaint was hardly for missing the professional opportunities that our meetings afforded, but rather for missing the intellectual stimulation that are the hallmark of our meetings. AAPP meetings are attended by people who genuinely care not only about the subject matter, but about what others have to say or think. There is an academic civility that is often absent when professional interests predominate. Indeed, this observation reminded me that my own involvement in AAPP has been partly stimulated by the genuinely collegial character of our meetings as anything else. We are fortunate to have such a variety of programs scheduled and such a diverse membership with which to share them.

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the swelling tide of activity and interest. Though this is impressive enough. In the UK, our programme of workshops, post-graduate meetings and conferences has continued to expand, colonising new parts of the country, and drawing in an ever wider range of philosophers and philosophical disciplines; a growing number of post-graduate training schemes in psychiatry now include sessions on philosophical aspects, especially of classification and diagnosis; even CPD (Continuing Professional Development) programmes are targeting these areas; the Philosophy Group itself has many new members; and, more important still, new local sections continue to form, building on local skills and resources. These changes are of course strongly reflected throughout the rest of Europe and indeed world wide - witness the twenty-one countries, and richly interdisciplinary themes, of The First International Conference for Philosophy and Mental Health in Spain earlier this year.

Mere energy and activity, though, still less mere numbers of converts, are not enough to explain the change of heart of an

Allen Frances or a Michael Shepherd. To the contrary, such empiricists, the hard men and women of scientific psychiatry, share with John Locke (their philosophical progenitor) a proper mistrust of "enthusiasms".

The difference, the crucial shift or sea change, is that they now recognise, perhaps for the first time, that philosophy may have some real work to do in psychiatry. Not much work, perhaps. Allen Frances, although enthusiastically endorsing the Sadler, Wiggins and Schwartz book, went no further than hinting that philosophy might have a chance to prove itself in the preparation of DSM-V. Michael Shepherd identified with Jaspers in casting philosophy in an essentially negative role, as "...an unusually stubborn effort to think clearly". Michael Gelder, another hard man of scientific psychiatry, and shortly to become a further sad loss to us, on his retirement from the Chair of Psychiatry in Oxford, took this line in his keynote welcoming presentation at the St Catherine's conference back in 1991. Philosophy, he said, can help us to frame the right questions, to limit bias and presupposition, to avoid premature closure.

Well, this negative role is far from *de minimis*. Michael Shepherd complimented the contributors to the early issues of PPP on the wide range of practical topics in clinical work and research in psychiatry to which they had brought distinctively philosophical clarification, topics as diverse as needs assessment, thought insertion, psychoanalytic theory, phenomenology and connectionism.

But besides its negative role, philosophy also has a positive contribution to make to psychiatry. In research, in particular, there is a new dialogue between philosophers and practitioners. As recently as 1985, the British philosopher, Lord Quinton, anticipating the rebirth of philosophy and psychiatry, pointed to the remarkable neglect of madness by philosophers since Descartes. They could not be accused of neglect now. In the States, Jerry Kroll's conference on *Akrasia* this year attracted some of the brightest and best among younger philosophers. In the UK, the CIBA Foundation recently hosted an inter-disciplinary research day on Al models of schizophrenia; and Naomi Eilan, a Philosophy Research Fellow at Warwick University, plans to include work on disorders of self-consciousness in the programme of her new Centre for Consciousness Studies. In all these situations, it is true, there is still something of a communication gap to be bridged. But the model towards which everyone is now working is of philosophy, not merely as a ground clearing preliminary to scientific research, but as a full partner in the research process itself.

The communication gap is important,

of course, and it is here that new educational programmes, aimed at bridging the gap, are essential. Alec Jenner, now retired as Professor of Psychiatry in Sheffield, though still very active in the field, led the way here some years ago with an MA in Philosophy, Psychiatry and Society. This has been further developed with considerable flare by Tim Kendall, the Director of Sheffield's Centre for Psychotherapeutic Studies, and like Alec Jenner something of an expert on Continental philosophy, as part of an interlocking set of teaching and research programmes linking theory and practice in several areas of psychotherapy and psychoanalysis.

Our MA at Warwick University, in The Philosophy and Ethics of Mental Health, has a stronger Anglo-American bias than Tim Kendall's (though the Department of Philosophy at Warwick is unique in the UK in being equally representative of the Continental and Anglo-American philosophical traditions). In our pilot year (1995/6) we have completed forty 2-hour sessions covering "bridge topics" on concepts of disorder, the philosophical history of psychopathology, philosophy of science (psychoanalysis, research methods, diagnosis, etc), philosophy of mind (thought disorder, autism, etc), ethics and jurisprudence. Students have come from both sides (from practice and from philosophy), as have our lecturers, and the educational process has been essentially one of bridge building through shared learning. Two PhD students are well underway, also working on bridge topics, one in Continental philosophy (on Heideggerian phenomenology and the experience of trauma), the other in Anglo-American philosophy (on Wittgenstein and problems of meaning in dementia); and both are receiving bridge supervision, working partly with philosophers and partly with practitioners.

Much of this is still promissory. As an Allen Frances or a Michael Shepherd would be the first to point out, the bridge building between philosophy and psychiatry is far from complete. Its successful completion will depend on other bridges, inter-academic, inter-personal and international, being well maintained (remember the shameful splits in the early days of psychoanalysis). But half way through Paul McHugh's decade of the mind we are half-way there.

#### References

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