AA P&P Association for the Advancement of Philosophy and Psychiatry

Newsletter

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President's Column

Taking up my tasks as the newest president of AAPP's executive board, which I am honored to do, I am conscious of the particular honor of following AAPP's founding president Michael Schwartz, and my immediate predecessor George Agich. Michael's grasp of phenomenological traditions, psychiatric theory and clinical practice is legendary. And George Agich is an internationally known authority on medical ethics.

To lead AAPP through the last years of this decade so tumultuous and fruitful in the world of ideas philosophical and psychiatric is an honor, also a pleasure and a challenge. I promise to try to maintain the high standards and ideals for AAPP which my illustrious presidential predecessors set and embodied, and to foster the vision for the future enunciated by George Agich in his last column—of a member driven organization defined by its members' contribution to the "intellectual work of philosophers and psychiatrists," and less concerned with proprietary boundaries than with that contribution. To the task of realizing these goals I bring two things: an abiding fascination with the philosophical and human aspects of psychiatric theory and clinical practice, and the sincerest wish that AAPP will flourish and grow during my watch.

One of the greatest strengths of AAPP is the respect its members show for expertise and knowledge derived from other disciplines than their own. As an interdisciplinary organization, this is to be expected. Still, the deep interest in philosophical questions and considerations, and the nice concern for particularities of clinical description which reveal themselves again and again in our members' discussions, formal and informal communications, conference presentations, and questions and published writing, is an impressive sign of real exchange and cooperative advance. To philosophers this is perhaps especially professionally heart-warming. Philosophers' work often draws on practical and real life activities and concepts. Yet those whose activities and professional focus is subject to philosophical analysis do not always appreciate the importance of the philosopher's removed and impractical questions and concerns, dismissing them as peripheral, ungrounded, idealistic in the pejorative sense, or uninteresting. In offering a demonstration of how cooperative exchange ought to be done, organizations like AAPP with their comfortable interdisciplinary atmosphere and the respectful two-way exchange of ideas, insight and knowledge they foster between clinicians and theoreticians, do perhaps provide an underacknowledged service.

Whether or not organizations like AAPP can take credit, we seem of late to be witnessing a widespread rapprochement between the several disciplines and methodologies which criss-cross here: clinical, experimental, theoretical and frankly "armchair."

In what does this rapprochement consist, if we consider it in terms of habits of mind? A willingness in practitioners to consider philosophical implications of more pragmatic and practical endeavors. A disposition in theorists to come to grips with the daunting details of clinical and experimental material. A preparedness on the part of all to learn from the insights derived by those in other cultures. As well as revealing a welcome

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From the Editor

Is there any question that the temper of contemporary psychiatry leans in a biomedical direction, that the "bio" of the biopsychosocial model enjoys a certain hegemony over its putative partners, the "psycho" and the "social"? I often have the feeling of a nearly unbridgeable gulf between those psychiatrists (or philosophers reflecting on psychiatry) who espouse some variant of biomedical reductionism and those who do not—between those who insist on a single discourse in which the mental or the human is described in the language of an underlying level, whether biologic, molecular, or biochemical, and those who hold to the need for a multiplicity of discourses, with that of the human not reducible to those of the lower levels. Our colleague, Kenneth Schaffner, has demonstrated the complexity of reductionism in psychiatry—that most reductionist models and explanations involve a series of overlapping causal levels. In whatever form it takes, however, the thrust is toward some kind of reductionsim, and examples of this indeed abound. Let me mention two.

In an article entitled "Managed Care and the Future of Psychiatry" Detre and McDonald argue for a complete merger of psychiatry and neurology, psychiatrists being redefined as "clinical neuroscientists." The argument is premised on the notion that "[u]nless the changes in psychological functioning and behavior that are considered pathological are, in reality, expressions of altered brain functioning...psychiatry can no longer be considered a *medical* speciality—and, if it is not, then what is it?" Exogenous factors such as psychological and psychosocial events may affect the presentation of symptoms, but these factors "must produce changes in the central nervous system, expressed partially as the alternations in behavior, mood, and cognition on which psychiatric diagnoses rest and partially as other biological changes, which cannot yet be measured." In this argument what is real is altered brain function, and the psychiatrist is an expert in brain disease. The possibility that many (or most) psychiatric conditions have psychological dimensions that have to be addressed at that level—and that psychiatrists, rather than seeing their role reduced to that of clinical neuroscientists, should be masters of the two levels—is not given serious consideration.

The second article is Nancy Andreasen's "Linking Mind and Brain in the Study of Mental Illnesses: a Project for a Scientific Psychopathology," reviewed by Nassir Ghaemi in this issue of the Newsletter. The author questions the relation of mind to brain and proposes: "One heuristic solution, therefore, is to adopt the position that the mind is the expression of the activity of the brain and that these two are separable for purposes of analysis and discussion but inseparable in actuality." She then goes on to say:

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UK Update

"Education, Education, Education..."

Tony Blair, Britain's (nearly) new and (still) smiling Prime Minister,made this slogan the key-note of his highly successful 1997 General Election Campaign. I wish I had thought of it for my 1996 UK Update! Education, I said then, is essential if our subject is to develop successfully. But Tony Blair is right. What we need is "Education, Education, Education" - Education for our students, Education of our colleagues, and Education of each other.

So far as our students go, we have now in the UK, or will have by 1998, three models of Masters-level courses, one at Sheffield, another at Warwick, and, the new kid on the block, King's College, London.

The Sheffield MA in Psychiatry, Philosophy and Society was first in the field by several years. It was started by Alec Jenner, then Professor of Psychiatry at Sheffield, and a lone campaigner for philosophy and psychiatry since the 1960's. It has since been successfully integrated into a set of interlocking Masters-level programmes at The Centre for Psychotherapeutic Studies by its Director, Tim Kendall, and has recently been taken over by Nick Crossley, a lecturer in philosophy.

Nick has continued Sheffield's tradition of focusing on critical anti-psychiatry literature, from history and sociology as well as philosophy (Foucault, for example, is drawn on extensively). The Warwick MA/MSc in The Philosophy and Ethics of Mental Health differs from the Sheffield course in drawing to a greater extent on Anglo-American analytic philosophy. Its structure is also closer to that of conventional medical psychiatry. Sheffield offers an initial intensive two-week course on clinical psychiatry followed by courses on the medical model, the philosophy of mind, psychoanalytic theory and phenomenology. Warwick's programme, after an introductory course on concepts of disorder and the philosophical history of psychopathology, examines the stages of the clinical process (psychopathology, classification, diagnosis, aetiology, treatment and prognosis) from the twin perspectives of philosophy of science and philosophical value theory, followed by a series of topics in the philosophy of mind linked to the main areas of the mental state examination.

The new course at King's College, London, will be an MSc in The Philosophy of Mental Disorder. Headed by Derek Bolton, the co-author with Jonathan Hill of *Mind, Meaning and Mental Disorder* (OUP, 1996), this will build on two existing courses offered by the Philosophy Department at King's to examine the concept of mental disorder and key areas of psychopathology, drawing particularly on recent work in the philosophy of mind and psychology.

Derek Bolton will be fielding a particularly strong team drawn both from King's College and from The Institute of Psychiatry (where he is Head of Clinical Psychology). The King's contingent will include David Papineau, Head of the Philosophy Department, who, with Derek and myself, ran a series of courses on philosophy of science and philosophy of mind for mental health practitioners at King's in the early 1980's.

Derek's team will also include a new acquisition from Oxford, Jonathan Glover. Jonathan has recently left New College, Oxford, to become Director of The Centre for Medical Law and Ethics at King's. This is bad news for Oxford but good news for London! The King's "Centre," founded by the lawyer Ian Kennedy, has an international reputation for its work in bioethics but has had relatively little interest in either philosophy or psychiatry. Jonathan's appointment, and his commitment to Derek Bolton's course, is thus doubly good news for our subject. He is an inspiring teacher: many of us will remember, besides his key-note address, his invaluable contributions "from the floor" at The First International Conference for Philosophy and Mental Health in Spain. He has also been in the vanguard of research in philosophy and psychiatry: his book on *Responsibility* (1970) was among the first to draw on psychopathology to explore issues in the philosophy of mind and ethics; and his more recent *I: The Philosophy and Psychology of Personal Identity* (1988) is a paradigm for inter-disciplinary work in this area.

By the end of 1998, then, there will be no shortage of educational opportunities for our students. Even more important, though, we are seeing the first signs of new educational opportunities for our colleagues. This is important because it means that we are starting to reach those from either philosophy or mental health, who are not (yet!) committed to cross-disciplinary work. I signalled this development in my last UK Update with an editorial, which appeared in The British Journal of Psychiatry, by a man who for a long time had been one of our severest critics, the late Michael Shepherd (1995). We have not yet achieved the "philosophy option" in higher psychiatric training for which Michael Shepherd argued. But a growing number of undergraduate philosophy courses in the UK now offer programmes in abnormal psychology/psychiatry (Oxford and Southampton, for example); several of the UK training schemes for psychiatrists include sessions on philosophical aspects of classification and diagnosis; and there is a strong demand for CPD workshops on ethical and conceptual aspects of practice at meetings of The Royal College of Psychiatrists.

A key player in establishing the CPD workshops has been Gwen Adshead, who is shortly to take over from Christopher Howard as Chair of The Philosophy Group. Christopher's steady leadership and clear political judgement have given the Group stability through a period of major upheavals in The Royal College of Psychiatrists. Gwen's interest in teaching, and her twin professional qualifications as a forensic psychiatrist and psychotherapist, will provide a vital spur to the further integration of philosophy into psychiatric education.

Education for our students, then, and education of our colleagues. But what about education of each other? This is very much in our minds in Europe at the present time. With a common currency due to be introduced next year, all the issues of North-South, Protestant-Catholic, Rich-Poor, and so on, by which the cultural diversity of the European Community is characterised, are coming to a head. And this is a model for the growing international community of philosophy and mental health. We, too, have a rich diversity of cultures, Phenomenology-Neuroscience, Continental Philosophy-Analytic Philosophy, and of course many different schools within each of these disciplines. As in Europe, then, so with philosophy and mental health, our future prosperity depends on replacing our traditional capacity for talking at cross purposes, with a well-informed capacity for generous cross-talk between competing paradigms.

Tony Blair, besides being good at slogans, has given us a lead in replacing confrontation with co-operation. Traditionally in British politics successive governments have been jealously exclusive.