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Editorial

Psychiatry and Philosophy

MICHAEL SHEPHERD

Last year saw the appearance of a new journal, *Philosophy, Psychiatry and Psychology* (*PPP*), sponsored by the Royal Institute of Philosophy and published in cooperation with an American body, The Association for the Advancement of Philosophy and Psychiatry, and the Royal College of Psychiatrists' Philosophy Group (Fulford, 1994). The advent of *PPP* was signalised by a lecture series on the same theme, organised by the Royal Institute of Philosophy in 1993–1994 and published as a supplement to its own journal, *Philosophy* (Phillips Griffiths, 1995).

The new journal will assuredly serve to revive interest in several old questions. Some of them are very old questions indeed, much debated by philosophers for more than 2000 years: the mind–body nexus, consciousness, perception, moral judgement and causality, to name but a few. Barely 200 years ago Immanuel Kant included a discussion of mental disorders as a legitimate component of his philosophical writings. Since then both psychiatry and psychology have attempted to sever their conjunction with formal philosophy, basing their claims to independence on the spirit of empiricism and scientific inquiry and condemning, in the words of a major British textbook of psychiatry,

> "attempts to solve the problems of psychopathology by philosophical short-cuts, instead of the relatively slow method of investigation with the disciplines of natural science" (Slater & Roth, 1969).

This view echoes Claude Bernard's belief in determinism as the only justifiable scientific philosophy and his maxim that

> "le meilleur système philosophique consiste à ne pas en avoir" (Bernard, 1865).

Nonetheless, it is worth recalling that no 'philosophical shortcuts' are to be found in the work of the two outstanding medically qualified men who can be credited with both an intimate knowledge of the psychological sciences and a worldwide reputation as philosophers. They reached the same conclusion in slightly different ways. To the psychologist/philosopher William James psychology was "the ante-room to metaphysics" (James, 1987) and metaphysics was no more than "an unusually stubborn effort to think clearly". To the psychiatrist/philosopher Karl Jaspers

> ". . . a thorough study of philosophy is not of any positive value to psychopathologists, apart from the importance of methodology . . . but philosophical studies can protect us from putting the wrong question, indulging in irrelevant discussions and deploying our prejudices" (Jaspers, 1963).

The force of this verdict emerges clearly from the articles printed in the early issues of *PPP*. The most down-to-earth example is furnished by a medically oriented paper entitled "How should we measure need?" which analyses in some detail the conceptual weaknesses of the widely-used MRC Needs for Care Assessment Schedule, accompanied by a professional philosopher's commentary on the epistemology of need. Other topics of direct or indirect psychiatric relevance include thought insertion, personal identity, Husserl's phenomenology and psychoanalytical theory. Despite his disclaimers, Freud's debt to Nietzsche is now well established (Chapman & Chapman-Santana, 1995) and the philosophical implications of his work clearly require more attention than they have received.

Two of many topics may be singled out for brief comment. The first relates to the fashionable concern with connectionism, the use of computer simulation in the study of neural systems, a field which enters the journal as the subject of a general review and also as an approach to a Freudian case-study. This is one aspect of the operational stance adopted by the self-styled neurophilosophers who have replaced traditional efforts to elucidate the mind–brain problem by means of conceptual and linguistic analysis with the tools of cognitive neuroscience (Churchland, 1986). Unlike their predecessors these philosophers incorporate a working knowledge of the brain, tending to disregard introspectionist psychology and to accept the identity-theory of the mind–brain relationship. Although the approach has been subjected to critical assessment (Smythies, 1992), it creates common ground between philosophers and working scientists in a way which has not been feasible hitherto.

The second topic has to do with ethics, not with the issues arising from professional practice – informed consent, responsibility, doctor–patient relations, and so forth – but with the moral dilemmas besetting psychiatrists in their professional activities. The central question here was posed by Sir Aubrey

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Lewis when he asked how far a psychiatrist's general philosophy of life, his Weltanschauung, can be kept apart from his clinical practice (Lewis, 1991). He went on to answer his own question:

> "Nobody in psychiatry can do without a philosophical background, but very often it is an implicit and not an explicit one. This matter has received much less attention than it deserves. Philosophical influences, social influences, religious influences, ideological influences, all play their part in moulding the mental outlook of psychiatrists'.

The truth of this contention has been tragically underlined in the recent past by the collusion of so many psychiatrists with the worst excesses of the National Socialist regime in Germany (Burleigh, 1995).

For many reasons, then, there is a strong case in favour of acknowledging and re-examining the philosophical aspects of psychological medicine. In this enterprise the College's Philosophy Group could play a central role, though it would have to be enlarged and fortified for the purpose. Perhaps the process could be accelerated by the introduction of one or two compulsory questions in the membership examination. The inclusion of Wittgenstein and Schopenhauer would surely provide a challenge to examiners and candidates alike. And the journal *Philosophy, Psychiatry and Psychology* would become essential reading for members and fellows of the College.

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Professor Michael Shepherd, Institute of Psychiatry, De Crespigny Park, London SE1 8AF

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