

Philosophical issues in psychiatry: explanation, phenomenology and nosology

Kendler KS, Parnas J, eds. *John Hopkins University Press*, 2008. 407pp. ISBN: 978-0-8018-8938-7.

The nature of human behaviour is the subject matter of both philosophy and psychiatry. *Philosophical Issues in Psychiatry* edited by Kenneth Kendler and Josef Parnas provides a superb introduction to some key modern philosophical thought applied to the practice of psychiatry.

In his introduction Kendler makes the point that we all have implicit philosophical frameworks that govern what we do as mental health workers and that we have the choice to leave these potentially flawed "tacitly operating concepts and beliefs" unexamined, or we can explore and challenge them. This book provides ample material for those who make the latter choice. He also emphasises that in order to practice psychiatry successfully an understanding of a wide range of scientific disciplines is needed and that a philosophical understanding can help to bring these schools coherently together.

Kendler notes the tension that exists in the quest to understand mental health problems between reductionist and broader based approaches. He is critical of the direction of modern psychiatry in over focusing on the diagnostic process at the expense of exploring and seeking to understand an individual's mental inner life. The book is divided into chapters grouped under the headings of explanation, phenomenology and nosology. Before each chapter there is a most helpful brief summary of the salient points. The main chapter is then followed by a 'comment' in which it is critiqued by one of the editors or the author of one of the other chapters.

Sandra Mitchell's chapter *Explaining Complex Behaviour* argues cogently that complex conditions like depression cannot be understood simply by using reductionist models, such as genetic or biological. She argues that psychiatric disorders are behaviours of a complex multicomponent system and thus an integrative methodology is required to understand and explain them. Such an integrative methodology would combine knowledge of an individual's genetics, neurology, biochemistry, physiology, learning, social behaviour and traits. In his commentary Peter Zachar further develops Mitchell's ideas and goes on to argue that current classification systems in psychiatry have been abstracted so far in pursuit of generalisations that they miss what psychiatric disorders are, and that a legitimate psychiatric nosology must be aetiologically driven and should incorporate this complexity.

Kenneth Schaffner, in his chapter *Etiological Models in Psychiatry*, asks what kind of explanation we should seek in psychiatry. He uses the example of research into the behaviour of the worm, *Caenorhabditis elegans*, which only has 302 neurons, to illustrate the difficulties inherent in using reductionist models to understand even the simplest of organisms. Fascinatingly, in the following chapter *Levels of Explanation*

in *Psychiatry*, Dominic Murphy uses mouse models to argue that, limited as they are, reductive models can allow for a more complete aetiological understanding of psychiatric disorders to be patched together.

There are two further chapters in the explanation section of the book. In *Cause and Explanation in Psychiatry: An Interventionist Perspective*, James Woodward explores different levels at which causation in psychiatry can be understood, distinguishing 'higher-level' explanations such as low self-esteem from 'lower-level' biological mechanisms, and argues that these different levels of explanation are often complementary and that there are different scenarios in which one or other type may be most appropriate. He argues that interventional studies can further our understanding of causation and uses pigeon and monkey experiments to illustrate this argument.

John Campbell then goes on in his chapter *Causation in Psychiatry*, to offer the argument that we should only accept something as causal if it can be observed, and that much of the time when it comes to understanding psychiatric phenomena we often impose flawed prejudiced belief systems without having any real supporting evidence. He argues that we should only accept proven causal explanations, even when they do not fit neatly into a comprehensive explanatory model.

The second section of the book is on phenomenology. Josef Parnas and Louis Sass in their chapter, *Varieties of 'Phenomenology'*, start off with a critique of operationalised criteria such as those of DSM IV, which have in their view forsaken validity in order to maximise reliability. They then go on to explore alternative approaches to phenomenology that pay greater attention to human subjectivity, consciousness and the distinction between empathic understanding and scientific explanation. They finish by arguing that the various symptoms of schizophrenia can be understood as a disturbance of self-awareness.

In *Self-agency and Mental Causality*, Shaun Gallagher explores the connections between mental processes and actions. He uses neuro-imaging studies to elucidate his discussion and goes on to consider the nature of the loss of agency that occurs in psychiatric disorders. This loss of agency is further explored by Kendler in his comment on this chapter with clinical examples of OCD, addiction, bulimia, and schizophrenia.

Nosology is the subject of the final section of the book. Peter Zachar in his chapter *Real kinds but no taxonomy* addresses the question of how, from a practical perspective, we can best organise psychiatric disorders. He argues that we need psychiatric diagnoses, but that any classification system will only be a limited reflection of the reality of psychiatric disorders. He suggests that psychiatry could usefully look to biology where species are not absolutely delineated from one another but represent real 'kinds'. An appreciation of the limitations of organisational strategies in psychiatry is critical, in his view, to learning more about what is really there.

In the final chapter of the book, *The incredible insecurity of psychiatric nosology*, Kenneth Kendler and Peter Zachar further explore these ideas. They argue that psychiatrists need to rediscover descriptive phenomenology, going beyond ticking off the criteria for DSM IV diagnoses. They

further suggest that a more satisfactory diagnostic system would be broad and relatively constant at the uppermost levels while allowing for a wide variety of diverse and shifting forms at lower levels.

Philosophical Issues in Psychiatry brings together some of the foremost thinkers on the subject of what psychiatric disorders are. The book is not as comprehensive as the recently published *Oxford Textbook of Philosophy and Psychiatry*¹, but gives a broader and deeper view of the key areas of explanation, phenomenology and nosology.

Psychiatrists need to have some awareness of these arguments if they are to guard against overly doctrinaire approaches to their work. All psychiatrists have philosophical frameworks that inform their work and this book will force a re-examination of these. As a clinical psychiatrist with a casual interest in the philosophy of psychiatry I found that this book gave me a deeper understanding of modern philosophical thought as it relates to many of the key questions that I encounter in my work. Psychiatrists need to regularly question their assumptions. I recommend this book to anyone interested in psychiatry.

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Reference

1. Fulford KWM, Thornton T, Graham G (eds). *Oxford Textbook of Philosophy and Psychiatry*, Oxford university Press, 2006.

Resident's guide to clinical psychiatry

Marangell LB, MD. American Psychiatric Publishing, Inc: Washington DC, 2009. ISBN 978-1-58562-324-2

This book aims to present "an evidence-based, clinically-oriented guide that could fit in the lab coat of a psychiatric resident or medical student... that they could consult frequently and conveniently". So, notwithstanding the absence of white coats in Irish psychiatry, a white coat was dug out, dusted off and with a bit of a squeeze a pocket was found to hold the book; first box ticked.

Before evaluating the evidence base or clinical application of the book, its convenience is demonstrated in a very straightforward, clear lay-out, broken roughly into four

sections. The initial chapter on history taking and examination, with advice and guidance for the day-to-day job, was a very helpful section, especially for students and those starting off in psychiatry. It addresses most of the questions of the first few months working in psychiatry.

The second section is a solid introduction to the main groups of diseases in each category, presenting the DSM IV criteria for these. Marangell's guide also discusses the epidemiology and basic treatment approaches of each of the diseases. These chapters present the facts simply and coherently, they do however at times lack detail.

The next three chapters cover two specialities (child and adolescent psychiatry and liaison psychiatry) and psychiatric emergencies. The information given on the specialties is basic yet helpful. The chapter on psychiatric emergencies is one of the strengths of this book, laying out the presentation and treatment of most of the common psychiatric emergencies. This chapter is well worth a read. It includes a number of useful tables and algorithms that are clear enough to be of use at three in the morning.

The final three chapters concern clinical management, and present a relatively thorough discussion of pharmacotherapy which, in its clarity and usefulness, is another highlight of the book. The chapter on psychotherapy is however both overcomplicated and confusing, leaving one with a number of fundamental unanswered questions. The final chapter on ECT and other device-based treatments is well compiled and practical.

While on the whole this book is clear and useful, certain changes would be welcome in any future editions. For example, although the book is clearly written for users of the DSM IV, it would be very helpful to acknowledge European use of the ICD 10 and explore some of the areas in which these diagnostic criteria differ. From a point of learning style, the book is strongly factual, presenting information using clear tables, and there is a lack of descriptive anecdotal information.

In summary, *Clinical Psychiatry* achieves what it sets out to do. It is a concise, useful guide to the basics; highly referenced with up-to-date research. And for what it's worth, this book does fit in the pocket of your white coat, albeit with some coercion.

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