

Momentum from real persons, real psychiatrists, and real philosophers: Contributions from North America

About this field

I am delighted to write this article, as it so well matches my shared enthusiasm for the burgeoning field of philosophy and psychiatry/psychology. In North America this cross-disciplinary field is led by the Association for the Advancement of Philosophy and Psychiatry (AAPP). What began almost 20 years ago as an organisation committed to philosophical inquiry into psychiatric issues – such as philosophical analyses of psychiatric concepts and categories – has developed into a body of scholars and clinicians who also bring psychiatry to bear on questions about canonical ideas in Western philosophy.

Philosophical inquiry examines *inter alia* concepts, assumptions, and phenomenological experience. For example, a long-standing question in philosophy has been ‘what is the self, the thing that is most “me”?’ The answer of René Descartes,¹ derived from Plato, was that the mind – the I – is what constitutes the self; and that it is a separate substance from the body. Hence, this view has been called ‘substance dualism’. Substance dualism has been challenged and overthrown, but in popular thinking, most people still talk about and think of themselves in dualist ways. New philosophical theories of mind and cognition fit well with developments in neuropsychiatry and complement the search for understanding the mind, the brain, and the self. Philosophy and psychiatry/psychology is vital to our understanding of mental illness, the mind, the will, clinical ethics, and decisional capacity, because each field informs the other and the different methods and skills in each area enrich our research. An ultimate aim, in philosophy and psychiatry, is to better understand and serve those with mental illness and their families.

Research

The AAPP has held an annual conference in conjunction with the American Psychiatric Association for the past 19 years. Scholarly contributions were on topical issues. Recent examples have been consciousness and its pathologies; psychopharmacology and the self; psychological benefits and drawbacks of truth and reconciliation in both interpersonal and political life; the effects of technology on psychiatry; the relation of moral emotions to mental illness; and the concept of ‘race’ as it intersects with psychiatric practice and research. At these conferences, we have two keynote speakers at each conference, one from philosophy and one from psychiatry or a related field; at the May 2007 meeting, we were delighted to have Sander Gilman and Carl Bell as

keynote speakers. People have also hosted regional conferences, and there are numerous local chapters where members meet to discuss a book or invite a speaker. Past-president of the American Psychiatric Association Allan Tasman, psychiatrist Rebecca Tamas, and I are currently organising a conference on psychiatric ethics to be held in Louisville, Kentucky. The theme will be on patient autonomy, and questions will be addressed such as how important telling the truth to the mentally ill should be, how to think about people who want to amputate healthy limbs, how to assess decisional capacity in the mentally ill, and new thinking on how to obtain informed consent for research in this vulnerable population.

North America has been host of the leading international journal in this field, called the *Journal of Philosophy, Psychiatry, and Psychology* (Johns Hopkins Press). A recent issue includes the importance of attending to patient spirituality and conceptions of the self that addicts hold. This latter subject is treated by philosopher Allison Mitchell,² who argues that twelve-step programmes in North America have a simplistic view of the self that hinders recovery from addiction. This journal serves an important function not only in providing a forum for authors doing research in philosophy and psychiatry but also in attracting new researchers to the field.

Another venue for publication is Oxford University Press’s *International Perspectives in Philosophy and Psychiatry*, and several authors in this series are in North America, most notably, John Sadler’s *Values and Psychiatric Diagnosis*,³ and Jennifer Radden’s anthology *The Philosophy of Psychiatry*⁴ that provides a sophisticated entrance into the many ways that philosophical inquiry helps clarify and, sometimes, complicates psychiatric concepts such as dangerousness and body as in ‘disorders of embodiment’. George Graham, whose work on philosophical psychopathology in the 1980s and 1990s played a key role in establishing the field, is one of the authors of a recent addition to the series, the *Oxford Textbook of Philosophy and Psychiatry*.⁵

One of the great ways that an interdisciplinary field develops is through cross-disciplinary collaborations. There are more than ten collaborative cross-disciplinary teams just from the Executive Council of AAPP. Collaborative research is vital to the development of a generation of researchers who are conversant in both fields. Many of us are now offering courses in the interdisciplinary field, thus bringing new interest and facility in working in this area. For example, Christian Perring has developed a course on philosophy of psychiatry, as have Kenneth Schaffner and Peter Machamber.

Lloyd Wells has developed curricula on philosophy of psychiatry for those specialising in child and adolescent psychiatry, and I have developed a course on philosophy of mental illness and another on race, gender, and mental illness.

AAPP members around the country also serve on ethics committees at mental hospitals or, as I do, as a member of the health care team during patient interviews in emergency psychiatric services where the health care team decides, with the patient, what is the best way to proceed. My role there is threefold: I raise or answer ethical questions as they arise, I point out and clarify philosophical assumptions that might make a difference in how the attending is thinking and managing patients, and I learn from and contribute to understanding the interactions between psychiatrist and patient. Philosopher Jennifer Radden is a member of the DSM-V task force on ethics. And more examples can be given of the ways in which philosophers and psychiatrists inform and enrich each other's research and practice.

Expansion and visibility

Probably most significant in the conjoint work between philosophers and psychiatrists in North America is that, for several years now, members of AAPP (both philosophers and psychiatrists) have presented symposia at the annual meeting of the American Psychiatric Association. Symposia topics have been on bipolar disorder; dissociation and trust; mind/brain, reductionism, and schizophrenia, and others. Many of us have also participated in panel discussions at the American Psychological Association or have presented papers at the Eastern Division meeting of the American Philosophical Association; this year, psychiatrist Nassir Ghaemi and I are presenting papers on race and racism in psychiatry. These interdisciplinary symposia serve to educate audiences not only to specific topics but also to the larger possibility of involvement and contribution to this field.

One of our members, Christian Perring, runs a philosophy and psychiatry list-serve as well as the very helpful site for book reviews in this field, <http://www.mentalhelp.net/books>. This website, called *Metapsychology*, has over 3 700 book reviews and serves as an important resource not only for philosophy and psychiatry but beyond. Further, North American philosophers have now published in traditionally psychiatric journals such as the *Journal of Personality Disorders*^{6,7} and *Current Opinion in Psychiatry*.^{8,9}

Directions

I suggest the following five primary areas I would like members of this field to focus on, and I invite others to suggest further ideas.

None of these ideas concerns which topics should be pursued in philosophy and psychiatry. My aim, here, is pragmatic but has the potential for change at the more theoretical level.

First, given the rapidly growing technologies that people use, we should take advantage of media to reach a wider public. For example, podcasts are very popular and we should use them to educate, conduct interviews, and otherwise spark interest. More importantly, we stand a good chance of reaching the patients with mental illness and their families. Blogs are another way to interact with the public; Nassir Ghaemi has an excellent blog (<http://nassirghaemi.blogspot.com>) that should be emulated. Blogs are read by the mentally ill as well as other people in society, and blogs can give patients the opportunity to dialogue with those professionally trained.

A second goal is that we need to prepare a sophisticated next generation to further develop and reap the benefits of this field. The energy and enthusiasm of new scholars will invigorate the community and generate new areas of investigation and progress as science advances and psychiatry develops.

This leads me to my third point. In addition to the courses that I have mentioned above, I would like to see the establishment of North American graduate programmes in philosophy and psychiatry as it has been established at a number of places in the UK and Continental Europe. Such programmes could offer a joint degree in philosophy and mental health, also allowing graduates the option to specialise in the field without having to take separately a degree in each.

Fourth, for now I believe that it is crucial that philosophers are exposed to actual psychiatric practices, whether in clinics, emergency rooms, or inpatient wards. Philosophical training, which involves reading and analysis, cannot provide hands-on knowledge of patient/psychiatrist interactions or what sorts of struggles patients present with. I encourage psychiatrists to pair up with philosophers and allow philosophers to shadow them, and I urge philosophers to seek out environments where they can observe psychiatry at work. At the same time, psychiatrists should seek out the philosophical literature that bears on their work in research and the clinic. If they are uncertain about what to read, they could find numerous resources in the collective bibliographies in these editorials.

A final goal is to increase diversity within the philosophy and psychiatry community. This field reflects North American society, where the centre of power is still primarily white and male. Until this community develops to reflect a broad array of perspectives, it will likely be somewhat skewed in its vision and understanding of mental illness and health.

A commitment to diversity is a value deeply held in the International Network for Philosophy and Psychiatry. I second the point made by Werdie van Staden and Bill Fulford in their editorial in this issue that South Africa's efforts to address the difficulties and desirability of cultural diversity provides a deeply meaningful location for the 10th Annual Conference of the International Network for Philosophy and Psychiatry to be held.

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