

DOSSIER

# The philosophy of psychiatry and psychopathology

*There is no clear line between philosophy and science.  
Where there are no fixed boundaries only the  
timid never risk trespass.*  
(Davidson, 1980, p. 113)

The philosophy of psychiatry is an interdisciplinary field that brings together philosophers, psychiatrists, psychologists, and the like to explore conceptual and explanatory issues in psychiatry. These issues pertain to three main families of discussion that may be discerned (Murphy, 2015) and which illuminate why each issue is of philosophical interest and import.

First, there are topics that emerge when we treat psychiatry as a special science and deal with it using the methods and concepts of general philosophy of science. Psychiatry offers its own challenges to age-old problems in philosophy of science, such as explanation (e.g., whether mental disorders are amenable to mechanistic explanation), reduction (e.g., whether mental disorders are to be explained at a molecular level), and classification (e.g., whether mental disorders are natural kinds). The examination of these issues is all the more important because of the fact that psychiatry is a science still in its infancy, meaning that arriving at a proper theory of explanation and classification may be instrumental to the progress of psychiatric research (Murphy, 2006).

Second, there are conceptual issues that emerge when we try to understand what mental disorders are. These begin with the attempt to arrive at a definition of mental disorder, which is an ongoing task (Wakefield, 1992). It is still an open question whether and to what extent mental disorder represents the pathologizing of normal "problems in living" (Szasz, 1961). Assuming that there is a line between the normal and the pathological, we are still left with a myriad questions (all of which are dependent on where we draw that line) such as ethical (e.g., whether and to what extent patients are autonomous and morally responsible for their behavior) and experiential ones (e.g., whether and how the self-experience of patients is affected by interacting with the labels that are attached to them). Of course, this is only a diminutive sample as there are many other dimensions to mental disorders.

Third, there are interactions between psychopathology and philosophy. On the one hand, philosophers have used clinical phenomena to illuminate issues in both the philosophy of mind and epistemology. On the other hand, they have used philosophy of mind and epistemology to illuminate the nature of mental disorder. In doing "applied philosophy of mind" (Graham and Stephens, 1994), some philosophers incorporate empirical results into philosophical reflection on topics like personal identity, rationality, and the nature of belief (Bortolotti, 2009), while others build distinctively philosophical explorations of particular disorders, which try to understand them in terms borrowed from the philosophy of mind (Graham and Stephens, 2000).

Although none of the following essays is easy to pigeonhole, I believe it is safe to say that all three families of discussion are represented in this dossier.

In *Can jinn be a tonic? The therapeutic value of spirit-related beliefs, practices and experiences*, Anastasia Philippa Scrutton provides a philosophical basis for the idea that pathology emerges in anomalous experiences as a result of responsive and contextual factors, and defends this claim against the alternative idea that pathology is inherent in all, or some, anomalous experiences, regardless of the context or culture in which they are interpreted. She argues that negative assumptions about spirit-related practices, beliefs and experiences (SPBEs) in the West are problematic, both because they erroneously extrapolate aspects of some SPBEs to all of them, and because they discourage people from SPBEs and so shut down a potentially therapeutic avenue. Scrutton thus suggests that western society might have something to learn from certain SPBEs with respect to anomalous experiences and other forms of human experience.

In *Cultural syndromes: socially learned but real*, Marion Godman proposes that culture-bound syndromes are culturally sanctioned responses to overwhelming negative emotions. She explores how tools from cultural evolution theory can be employed in understanding how the syndromes are relatively confined to and retained within particular cultures. In proposing a prominent role of cultural narratives and social endorsement in culture-bound syndromes, she nevertheless argues that such an account steers clear of some of the anti-realist trappings associated with social constructivism. While agreeing with some constructivist insights about belief dependency and the possibility of feedback loops, Godman argues that that framework is impoverished as a general model for explaining cultural syndromes.

In *Depressive delusions*, Magdalena Antrobus and Lisa Bortolotti provide the first philosophical treatment of mood-congruent delusions in depression, asking what depressive delusions are and whether they have the potential for psychological and epistemic benefits. They argue that depressive delusions emerge as a result of the attempt to eliminate the inconsistency between self-schemata formed as a biased process of learning, and new conflicting information. Due to their reducing dissonance and providing the basis for a unified narrative self, Antrobus and Bortolotti argue that depressive delusions have the potential to deliver both psychological and epistemic benefits by relieving dissonance-induced anxiety and preserving a coherent self-concept. However, in the long run, their distressing content causes serious psychological harm, and the mounting evidence against the self-schemata they are designed to preserve compromises the person's delicate cognitive balance.

In *The typology problem and the doxastic approach to delusions*, Pablo López-Silva examines the question concerning the specific type of mental state that grounds a delusional report. After formulating the problem and introducing the common-sense view that delusions are beliefs, he surveys four of the main counter-arguments against that view. Each of these are derived from alleged features of delusions that are supposedly not stereotypical of beliefs, e.g. delusions are reported with variable degrees of subjective certainty; delusions are not re-

sponsive to counter-evidence; delusions are not integrated with other beliefs of the subject; and delusions do not guide specific actions of the subjects that hold them. After countering these objections, López-Silva concludes that the anti-doxastic argumentation offers no good reasons to abandon the doxastic model and that this model does not need to appeal to external resources to reply to such counter-arguments.

Finally, in *Delusion as a folk-psychological kind*, I propose that the clinical category of delusion is not appropriately conceptualized as a natural kind. After delineating five different senses of kindhood and introducing a non-essentialist approach to natural kindhood, I draw on a cognitive model of the intuitive detection and attribution of mental disorder to suggest that the clinical category of delusion is rooted in folk-psychological expectations. However, being that the folk-psychological status of delusion does not immediately remove the possibility of this kind being vindicated as natural by scientific investigation, I formulate a working hypothesis that I claim is both ontologically and methodologically more sound, namely, that along with the general category of delusion, some delusions will be confined to practical kindhood, perhaps along with the bulk of mental symptoms and disorders, while some will turn out to be objective distinctions in nature.

Each in their own way, the five essays that make up this dossier exemplify a welcome metaphilosophical trend that is perhaps inherent in philosophy of psychiatry as a discipline but which nonetheless is visibly growing in the last few years. They all take to heart Susan Haack's admonition that we should learn to disregard the boundaries of this or that artificial "area" (or, indeed, this or that discipline) and simply follow the questions we are trying to answer wherever they lead (Carrier, 2012). Moreover, these contributions demonstrate that the collaboration between philosophy and cognitive science in general (and psychiatry in particular) is, at its best, a two-way street. Philosophy stands to gain because cognitive science offers a wealth of concrete (as opposed to imaginary) examples with which to test their theories about the mind. In turn, cognitive science stands to gain from the employment of philosophical analysis through the clarification of concepts, the analysis of empirical results, and, in the best case scenario, the assessment of the relationship between data and interpretation in order to foster a critical attitude towards scientific methodologies and inspire progress (Bortolotti, 2009).

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