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*INTRODUCTION: CONCEPTUAL  
CHALLENGES IN THE  
CHARACTERISATION AND  
EXPLANATION OF PSYCHIATRIC  
PHENOMENA*

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Historically, analytic philosophy has not been as close to psychiatry as the continental tradition. For instance, no analytic philosopher has produced a treatise as important and comprehensive as Karl Jaspers's *General Psychopathology* (Jaspers 1963 [1913]), a work deeply influenced by phenomenology. Similarly, no analytic philosopher so far has critically engaged with the practice and history of psychiatry as Michel Foucault did in his *Madness and Civilization* (Foucault 1965 [1961]). As late as in the eighties Anthony Quinton, by referring to analytic thinkers, was justified to claim that it was a "remarkable fact that philosophers, in a sense the experts on rationality, should have taken so little interest in irrationality" (1985). Although at that time some relevant research was done within the philosophy of science (see for instance, Boorse 1976 and Grünbaum 1984) and moral philosophy (see for instance, Margolis 1966 and Glover 1970), philosophy of psychiatry could not be considered a mainstream discipline.

It is surely a fact that in recent years analytically oriented philosophers have acquired and sustained an interest for psychiatry. This movement, that concerns prominently philosophy but has also had some impact on psychiatry and cognitive psychology, has been given a name, the "new philosophy of psychiatry" (Banner and Thornton 2007). Psychiatry, as other branches of medicine, involves a theoretical dimension concerned with the description, classification and explanation of mental disorders and a practical dimension of intervention and treatment. The "new philosophy of psychiatry" focuses on conceptual issues emerging from both dimensions, with contributions coming from philosophical disciplines such as philosophy of science, philosophy of mind and moral philosophy broadly understood. Examples of research outputs that address these issues are the volumes published within the International Perspective on

Philosophy and Psychiatry series at Oxford University Press, and numerous articles in interdisciplinary journals such as *Mind & Language* and *Philosophy, Psychiatry and Psychology*.

A popular approach to the philosophy of psychiatry involves philosophers using particular empirical or theoretical results concerning mental illnesses to test their theories. For instance, some philosophers of mind have investigated how certain accounts of personal identity fare in relation to personality disorders (for an overview, see Radden 2004). Other philosophers, who are involved in the meta-ethical debate concerning the nature of moral judgement and motivation, have referred to psychopaths' specific impairments to investigate the faculties required for moral judgments (see Kennett 2010 and Maibom 2010 for critical surveys). This general approach is surely commendable, given that it enables philosophers to inform and constrain their theories by means of careful consideration of hypotheses and data in psychiatry. However, we think that there is scope to promote a closer and genuinely mutual collaboration between philosophy and psychiatry. Not only can philosophers appeal to psychiatric cases as a source of empirical constraints on their theories, but in turn they can contribute to research and clinical practice in psychiatry by exploring key concepts and suggesting new avenues for conceptually-sound empirical work (for a more detailed illustration and defence of this point, see Bortolotti 2010, 4-9).

This collection focuses on conceptual issues that arise within the theoretical dimension of psychiatry. In particular, the invited contributions centre on the nature of psychiatric classification and explanation by addressing important methodological issues. Two strategies are exemplified here. Either the authors directly contribute to foundational issues in psychiatry concerning the nature of psychiatric classification and explanation; or they provide a conceptual analysis that can play a role in developing adequate theories of specific psychiatric disorders.

The former approach is displayed in the papers that concern the notions of classification, natural kind, and explanation in psychiatry by Helen Beebe and Nigel Sabbarton-Leary, Dominic Murphy, John McMillan and partly Tim Thornton. They substantially advance core debates about the nature of psychiatry. The latter approach highlights the valuable role of conceptual analysis in the understanding of psychiatric disorders and in the development of satisfactory accounts of them, and it is adopted in the contributions by Doris McIlwain (on psychopathy), Hanna Pickard (on alien thought), and Tim Thornton (on delusions).

Let us consider the content of each contribution in more detail.

**Helen Beebe** and **Nigel Sabbarton-Leary** promote a methodological reflection on the existing literature on natural kinds in psychiatry, by applying to the debate all the sophisticated tools of contemporary metaphysics. They observe that certain assumptions in philosophy of psychiatry, such as crude essentialism about natural kinds and the claim that social norms cannot play a role in identifying natural categories, have prevented progress and generated unnecessary polarization. As the question whether

there are psychiatric kinds affects conceptions of psychiatry itself (whether it is a myth, and whether it has genuine scientific status), providing a satisfactory answer to that question is fundamental. Beebe and Sabbarton-Leary helpfully compare kinds in psychiatry not just to kinds in physics, but also to kinds in sciences such as chemistry and biology. They illustrate three alternative conceptions of natural kinds - the conventional account, the Kripkean account and the 'homeostatic property cluster' account - and conclude that we should not rule out the possibility that categories in psychiatry are natural kinds in the latter sense.

**Dominic Murphy** illustrates and examines the peculiar complexity of mental illnesses. Two patients can be diagnosed with the same mental disorder although they might share very few symptoms. In addition, these symptoms might vary in time. Such complexity can be dealt with by different ways of representing mental illnesses. Given that these representations should constitute the principal *explananda* for psychiatry, deciding between them requires adjudicating between different accounts of psychiatric explanation. Specifically, Murphy individuates two types of representations that he names the "zooming-out" and the "zooming-in" approach. Zooming-out is based on the use of abstract models. Murphy articulates and defends an account of this descriptive and explanatory strategy. Zooming-in, on the other hand, involves explaining in causal terms simpler components of complex mental illnesses. Murphy criticises this strategy as exemplified in Bentall (2003).

**John McMillan** investigates what is "alive" and what is "dead" in Karl Jaspers's methodology for the study of mental disorders advanced in his *General Psychopathology*. Amongst the important and still valuable contributions to contemporary psychiatry, McMillan highlights Jaspers's discussion of the distinction between causes and understanding of mental disorders, his classification of psychopathologies, and his criticism to assumptions in certain neurological and psychodynamic approaches. However, he stresses certain flaws in Jaspers's empathic method for understanding mental disorders on the basis of the patients' reports about their private and subjective mental life. According to McMillan, Jaspers assumes, and he should do so, that meanings of mental predicates should be publicly available. However, as shown by Wittgenstein, private subjective mental states cannot ground the publicity of meanings of the expressions used to describe them. Thus, Jaspers's empathic methodology is undermined.

**Hanna Pickard**, coming from the perspective of empirically-informed philosophy of mind, offers five *desiderata* for philosophical accounts of alien thought. Such accounts should: (1) pay closer attention to the varied phenomenology of the patients' reports and rely on a richer diet of clinical examples; (2) be informed and constrained by cutting-edge cognitive science (e.g., the two-factor theory of delusions); (3) be constrained and informed by cutting-edge philosophical theories of self-knowledge and mental ontology (such as the notions of ownership and authorship of thought on the bases of which Pickard claims that people with alien thought fail to endorse an introspected thought); (4) vindicate the *continuum* model of psychosis (Pickard suggests that alien thought could be seen just as a more radical version of *akrasia* and this helps empathise with and understand people with that condition); and (5) encourage a critical attitude towards popular diagnostic labels.

**Doris McIlwain** aims at deepening the understanding of psychopathy from the perspective of someone who engages in psychological research with conceptual rigour. According to McIlwain, the constellation of psychological features characterising psychopaths (among which, lack of empathy, manipulation of others, scarce reactivity to threat and fear, strategic mental time travel) suggests that the biological underpinnings of psychopathy leave room for the contribution of developmental factors. Issues about the aetiology and the manifestations of psychopathy open up the question whether the condition is a psychiatric disorder or an extreme personality style. Psychopaths exhibit affective difficulties and may not tolerate inner states long enough to reflect on them, which causes their own memories, feelings and impulses to become disconnected. What appears as behaviour that embodies an extreme form of hypocrisy is rather the behaviour of a fragmented, affected flattened self.

**Tim Thornton** is interested both in explaining accurately the nature of particular psychiatric disorders and in addressing methodological issues concerning the philosophy of psychiatry in general. His paper contains a preliminary investigation of the nature of explanation. He takes issue with the recent suggestion, by John Campbell (2008; 2009), that some causes of behaviour are legitimately described as mental even if they do not meet criteria of rationality, and thus rationality is not a requirement for explanation in psychological terms. Campbell relies on a sober Humean understanding of causal relations, coupled with an interventionist account along the lines of Woodward (2003). In response, Thornton argues that a qualified notion of rationality, and thus a normative dimension, should be at the heart of psychiatric explanation. This general point is applied to the problem of making sense of delusions: for these mental states, Thornton invokes a form of understanding that is not exhausted by causal explanation and that can make certain beliefs and practices intelligible “from the outside”.

We believe that the papers in this volume will vastly contribute to promoting and advancing the “new philosophy of psychiatry” as a mature and exciting field in contemporary analytic philosophy. We would like to thank the Editorial board of this Journal for giving us the opportunity to edit this special issue, and we express our deepest gratitude to all the contributors for working at such high standards within a very tight time frame.

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