THE NEW PHILOSOPHY OF MENTAL HEALTH

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Contents of the lecture

1. Historical reconstruction of the “Philosophy Lost”
2. Current issues of the EBMP
3. Current issues of the VBMP
4. Recent academic trends
5. Postmodern perspectives
Section I

HISTORICAL RECONSTRUCTION
Major prerequisite:

MIND-BRAIN PROBLEM

&

“Philosophy Lost”
Mind-brain problem in Antiquity:

*Hipocrates, Plato and Aristoteles*
Renaissance: Descartes

- Cartesian mechanistic materialism
- Cartesian dualism
Thomas Willis

- “Neurology”
- Basics of the localization theory
- Medical psychology:

“Two Discourses concerning The Soul of Brutes, Which is that of the Vital and Sensitive of Man” (1672)
Psychophysical debate: primary field

Mind-Brain problem

Monism

Dualism
Psychophysical debate: primary field

Monism

Monistic materialism: Democrites and atomists

Idealistic monism: Plato
French revolution: P. Cabanis
History of the two revolutions (1792):
The Commune and The Salpetriere
Enlightenment in Germany: Schiller

- “Versuch über den Zusammenhang der thierschen Natur des Menschen mit seiner geistigen, Stuttgart, 1780
- “Beschäftigungstherapie”
Johann Christian Reil: “Psychiatry”, 1807
Proto - scientific psychiatry: Griesinger (1845)
Carl Jaspers (1883-1969)
What happened in XXc.? 

- Technological revolution
- Overestimation of the empirical approach
- Therefore informational overload of the “mental health database”
Mind-brain problem decisions extension

Dualism

Interactionism: Descartes, Popper, Eccles

Parallelism: Vundt

Epiphenomenalism
Mind-and brain problem decisions extension

Monistic Physicalism

Reductive: Identity theory
Non-reductive: supervenience
Eliminative
Identity school of Adelaide (1955)

UT Place

JJC Smart
Francis Crick named

“NEUROSCIENCE”
(1958)
Section II

CURRENT ISSUES OF THE EVIDENCE - BASED MENTAL HEALTH PRACTICE
What does Machamer say (2001)?

- Cognitive theory depends on the data of neuroscience
- Extrapolation problem in animal models studies is to be reconsidered
Jacob Korf (2007 in press) and the "iso-energetic brain"

- Timing of the brain activity-electric potentials and metabolic recovery
- "Psychiatric brain" beyond determinism and dualism
Towards case study 3
Psycho-pharmacotherapy

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<th>Relevance of the choice</th>
<th>Proof based</th>
<th>Evidence based</th>
<th>Consensus based</th>
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1. The edge a “scientific anarchy” in psychiatric diagnostics, where
   Anything goes. The existing structures are temporary conventions

2. Therefore psychiatric therapeutics are based on instrumental empirism
Validation theory
The problem: cooperating data: how to transcribe the neuroscientific language to psychiatric research

- The first step is the complementary approach – ignore or minimize the difference, enforce the similarity:
  - E.g. the *endo-phenotype* concept: complying the views of neurobiology and psychology
Next step is synergetic: integrative function of neuroscience

- Synergetics means not just complementary bringing together different concepts
- Synergetics means cognitive pluralism. Synergetics aims higher additive effect from summing the Bio-psycho-social views
Main premise is: Achieving holism

J. Christian Smuts (1870-1950)

- The whole is greater than the sum of its divided parts
- I.e. Mind-and-Brain system as a whole is greater than the sum of its compounds
Basic statement: Evidence & Proof

1. The structured quantitative data from psychological and psychiatric evaluation are statistically significant "evidences"

2. The data from the penetrant, In vivo- and In hominis simultaneous studies of the brain activity are the "proofs"
The “evidence” in psychiatry is to be cross-validated with the proofs of neuroimaging.
This will make possible:

1. The psychiatric terms stability
2. Therefore the transfer of the results from the biological to the psychosocial branches in the BPS system
3. The attempt for the formulation of the universal language and thus the optimal interdisciplinary dialog
Section III

CURRENT ISSUES OF THE VALUES - BASED MENTAL HEALTH PRACTICE
The unified science of mind-and-brain

Pro-psychiatry
(R.Kandel)
Anti-psychiatry (Szatz; Foucault)
Premises for the New philosophy of Psychiatry:

Cambridge school (J L Austin, RM Hare) and the "third way"
Integrating scientific proofs and values-based approach: *natural and narrative reality*

*KWM Fulford, 2004*
The New Philosophy of Psychiatry

- Values VS evidence OR
- Values – AND - proof
- Values based mental health practice and the program for Comprehensive assessment (2006)
Division IV

RECENT ACADEMIC ACHIEVEMENTS AND POSTMODERN PERSPECTIVES
Recent academic trends in PPP

- A Philosophy Group, set up in The Royal College of Psychiatrists in the UK, has grown rapidly in membership to become the second largest section of the College (it has over 2000 members).
- New sections have been launched in both the World Psychiatric Association and the Association of European Psychiatrists.
- An International Network for Philosophy and Psychiatry (Chaired by Lord Adebowale) has been launched from South Africa.
- An international peer-reviewed quarterly journal, "PPP - Philosophy, Psychiatry, & Psychology," was launched by the British and American groups through The Johns Hopkins University Press: supported by a strong Editorial Board representing many of the national groups and chaired by Dame Mary Warnock, PPP has been expanded by 25%, and is now in its fourteenth year.
Recent academic trends in PPP

- an International Network for Philosophy and Psychiatry (Chaired by Lord Adebowale) has been launched from South Africa and Britain to support international developments in the field; among other activities, the Network coordinates a series of annual international conferences (booked through 2013)

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Recent academic trends in PPP

- A new international book series has been launched by Oxford University Press on *International Perspectives in Philosophy and Psychiatry*, edited by KWM Fulford (Oxford), JZ Sadler (Dallas), G Stanghellini (Florence) and K Morris (Oxford). The latest book in the series is the first major textbook for the new field ‘The Oxford Textbook of Philosophy and Psychiatry’ (authors, Bill Fulford, Tim Thornton and George Graham). There have also been new book series from Dutch, German and French publishers.

- The first "Chair" for Philosophy and Mental Health was established at Warwick University in the UK, and there have been three subsequent Chairs, at the Institute of Psychiatry in London (Derek Bolton), at the University of Central Lancashire (Tim Thornton), and at Leiden University (Gerrit Glas).
Recent academic trends in PPP

- There have been a number of other teaching and research initiatives at several universities around the world, the most recent being a new institute Chaired by Lord Patel at the University of Central Lancashire (with £1m funding for new posts for research linking philosophy and service development in mental health and social care).
- Practical tools derived from the new discipline to support policy and service development in mental health are being developed in the UK and in a number of partner countries. The Department of Health in the UK has recently appointed a Special Advisor (Bill Fulford) to support these developments.
BALKAN ACADEMY FOR PPP
ATHENA PALLADA

Founded in Thessaloniki on Nov, 30\textsuperscript{th} 2007
Mind-and- Brain historical programme I  (by Lacatos I)

1. Introduction of the “proof” category in psychiatry
   ● Accepting the new cognitive framework of the proof in psychiatry may be the platform for the more effective integration of psychodiagnostics and psychopharmacology with neuroscience in the III-IV stages of the clinical trials
2. Exploring the VALID simultaneous correlations of the neurobiological events with the elements of the psychological clinical instruments (scales, items, series).
3. Revision of the existing terms in the psycho-diagnostic inventory

- **Equability and inter-playability** of the both methods in consequent studies

- Economical **minimization** through maximization of the proof significance
Applied consequences from the validation theory

- The correspondent notions and categories specified will cause revision of the psychiatric qualifications and classification systems.
- The same references may determine the proof-based drug choice in psycho-pharmacotherapy as well as the pharmaco-psychological monitoring of the treatment.
Introduction of the VBM

- Restatement of the qualification (health-disease continuum)
- and classification (taxonomy of the “broad” diagnosis) criteria
- Person-centered care (J. Mezzich, 2006):
  Bringing together individual and public mental health services