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Beyond mind–body dualism: embracing pluralism in psychiatric research—introduction to the special issue, "Psychiatry and Its Philosophy"

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Abstract The special issue, "Psychiatry and Its Philosophy," focuses on addressing the mindbrain dualism and connected problems in the clinical and scientific contexts of psychiatry. Authors in this special issue address the theoretical disagreements that are manifest in the clinical and scientific goals of psychiatry and explore the possibility of reconciling the claim that research on psychopathology needs to be scientific with the claim that it needs to address the needs of patients in the clinic. Our approach is forward looking and concerned with drawing on ideas and methods from the philosophy of science (including philosophy of cognitive science and neuroscience) and philosophy of mind to promote pluralism in psychiatry.

Keywords Philosophy · Psychiatry · Science · Pluralism · Mind–body dualism

1 Introduction

Psychiatry's aspirations as a branch of medicine are sometimes in tension with its aspirations as a branch of science. As a branch of medicine, psychiatry aims to clinically address the complaints of individuals with mental disorders, including the subjective, first-personal aspects of psychopathology (e.g., feelings of worthlessness, auditory hallucinations, uncontrollable cravings for drugs). As a branch of science, on the other hand, psychiatry aims to investigate the objective, embodied, and third-person phenomena that is thought to underlie mental distress (e.g.; faulty dopamine circuitry

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in the brain). Traditional scientific frameworks such as the various editions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) have been created by the American Psychiatric Association (APA) to be used in the service of both the medical and scientific goals of psychiatry, as well as for various sociological, pedagogical, and forensic projects (APA 2013). Nonetheless, the attempt to serve too many purposes simultaneously has led to a virtually universal dissatisfaction with the DSM taxonomy of mental disorders. A crisis in contemporary mental health research emerged due to strong disagreements among those who argue that the way forward for psychiatric research is to prioritize the needs of the patients in the clinic and those who believe psychiatry should work harder to resemble the basic sciences (Poland and Tekin 2017).

For example, in a public statement on the DSM-5 development process, members of the American Psychological Association expressed their belief that the purpose of any diagnostic classification system should be to improve treatment outcomes and that it is pertinent to be sensitive to the impact of any new diagnostic system on vulnerable individuals, and groups, particularly children, older adults, and ethnic minorities. They were concerned, however, that the DSM-5 development process neglects such needs which is evidenced by attempts to over-medicalize aspects of normal life episodes, such as grief, potentially leading to the use of unnecessary and perhaps harmful interventions (APA 2012). In 2013, shortly after the publication of the DSM-5, the National Institute of Mental Health (NIMH), the agency that provides the largest amount of funding for mental health research in the US, announced that the DSM-5 is not a suitable guide for the scientific research in psychiatry. The argument was that the DSM categories are no longer sufficient for research purposes because they lack validity, and that a diagnostic system that aims to scrutinize mental illness should more directly reflect modern brain science, as "mental illness will be best understood as disorders of brain structure and function that implicate specific domains of cognition, emotion, and behavior" (Insel 2013). As an alternative to the DSM, the NIMH announced the Research Domain Criteria (RDoC) project, which attempts to create a new conceptual framework for psychiatric research that brings together the resources provided by various basic sciences, including genetics and neuroscience. Critics of the RDoC approach have argued that the primacy of neuroscientific and genetic research into psychopathology continues an unfortunate trend that ignores the crucial role of taking the experiences of those with mental illness in scientific research.

This tension between psychiatry's scientific and clinical interests stems in part from a metaphysical commitment to a contemporary form of mind–body dualism, in which psychiatric disorders are seen as either disembodied problems in living or as subtypes of somatic disease. There is a tendency to perceive the etiology of psychiatric disorders as either brain-based (organic or biological), to be investigated by the biomedical sciences, or mind-based (functional or psychological), to be investigated by behavior-based schemas such as the DSM or patient-centered approaches that take a more integrated approach to disorder. While significant work has been done to overcome the dualistic conception of persons in the contemporary philosophy of cognitive science and in the philosophy of neuroscience, the results of these debates have not been fully transferred to the domain of psychiatry.

The special issue, "Psychiatry and Its Philosophy," focuses on addressing the mind-brain dualism and connected problems in the clinical and scientific contexts of psychiatry. Authors in this special issue address the theoretical disagreements that are manifest in the clinical and scientific goals of psychiatry and explore the possibility of reconciling the claim that research on psychopathology needs to be scientific with the claim that it needs to address the needs of patients in the clinic. Our approach is forward looking and concerned with drawing on ideas and methods from the philosophy of science (including philosophy of cognitive science and neuroscience) and philosophy of mind to promote pluralism in psychiatry.

In the first article, "On the neurobiological redefinition of psychiatric symptoms: elimination, reduction, or what?" Maël Lemoine opens up the discussion of the mind—body problem in psychiatry with an invitation to reframe the "reduction" debate in the philosophy of psychiatry. He evaluates what he calls the biologization of mental disorders, i.e., the idea that mental and behavioural symptoms may 1 day be explained in terms of neurobiological dysfunction, and suggests that the concept of reduction is not fit to explain the phenomenon of biologization. Consider some examples of biologization: 'addiction is an alteration of the mesolimbic dopamine pathway,' 'depression is serotonin deficiency,' and 'schizophrenia is a disturbed and hyperactive dopaminergic signal transduction.' It is misleading to call such attempts to biologize psychiatric constructs "reduction", according to Lemoine, because this process doesn't involve derivation of laws or reduce the number of entities involved in explanations. Rather, referring to mental disorders in terms of serotonin, dopamine, etc. increases the number of phenomena that needs explanation. Using examples from neuroscience and psychiatry such as research on anhedonia in depression, Lemoine encourages philosophers to replace the term 'reduction' and instead, define biologization in terms of redefinition.

Next, in "Confabulation and constructive memory" Sarah Robins elaborates on how the debate on memory in the philosophy of psychology and neuroscience bears on the problem of confabulation in psychiatry. A puzzling clinical phenomenon for both patients and clinicians, confabulation involves production of fabricated or distorted memories about oneself or the world, without a conscious intention to deceive. The very definition and thus treatment of confabulation hinge on how (typical) memory is defined. According to a popular view in contemporary philosophy of mind, i.e., Constructivism, memory is a capacity for constructing plausible representations of past events. On this view, memory errors are not evidence of malfunction in the memory system. Despite its strength in making sense of memory errors in typical cognition, as phenomena to which we are all susceptible, Constructivism does little to explain confabulation in psychiatric diagnoses because it does not explicitly distinguish confabulation from typical memory errors. As Robins argues, Constructivism risks being unable to explain how and why confabulations are evidence of malfunction. Robins concludes with a proposal for distinguishing between kinds of false memory—specifically, between misremembering and confabulation—that may provide a recipe for accommodating confabulation within constructivism. Robins's proposal offers a good example of how cross fertilization between philosophy of psychiatry, philosophy of psychology and neuroscience leads to promising frameworks for treating mental disorders in the clinic.

Catherine Stinson, in "The absent body in psychiatric diagnosis, treatment, and research" addresses the tension between research and clinical priorities in psychiatry by focusing on an important mental disorder that has received surprisingly little attention by philosophers of psychiatry, i.e., "Anorexia Nervosa" (AN). Stinson argues that the individuation of AN as an eating disorder in the DSM-5 is misguided and has negative implications for both research and treatment in psychiatry. Referring to recent literature, as well as the first-person accounts of those with AN, Stinson argues that AN involves anomalies in body perception. Given also the rates of high comorbidity between AN and Body Dysmorphic Disorder, AN must be considered both as an eating disorder and as Body Dysmorphic Disorder, Stinson suggests. The root of DSM-5's characterization of AN as exclusively an eating disorder is its strict taxonomic structure; it assumes that disorders can only be located on one branch (either in the Eating Disorder or Body Dysmorphic Disorder category). Thus, the DSM-5 obfuscates cross-category connections between mental disorders. According to Stinson, poor outcomes for treatment of AN may be due to it being pigeonholed as an eating disorder, when a disturbance of body perception may be a more central symptom than food restriction. Bringing recent literature in philosophy of science on the criss-crossing of scientific categories, Stinson proposes restructuring the DSM taxonomy to allow for a pluralistic classification of disorders.

Kathryn Tabb, in "Philosophy of Psychiatry after Diagnostic Kinds" draws attention to a significant literature in philosophy of psychiatry about "diagnostic kinds." Its focus has been on the ways in which mental disorders have been individuated or categorized in common psychiatric frameworks, such as the DSM. Philosophers contemplating diagnostic kinds have investigated questions such as whether mental disorder constructs in the DSM are natural kinds, or whether these constructs have utility in clinical practices. Tabb invites these philosophers to respond to the most recent changes in the scientific frameworks in psychiatry, notably the abandonment of the DSM framework by the NIMH and their RDoC initiative, which seeks to exclude diagnostic categories from experimental designs and focus on other sorts of psychiatric kinds. Tabb encourages philosophers to either counter psychiatrists' growing suspicion about the hegemony of diagnostic categories in the clinic and the laboratory or join in redirecting their efforts toward the development of robust accounts of other sorts of psychiatric objects and processes.

The following two articles in the issue put forward novel research targets in psychiatric epistemology. Şerife Tekin, in "The Missing Self in Scientific Psychiatry" offers a historical and philosophical criticism of psychiatry's sidestepping of the concept of the self as an explicit research target despite the concept's centrality in the clinical contexts. According to Tekin, these clinical traditions rightly emphasize the importance of understanding patients as reasons responsive, in their full mental health relevant complexity, if their mental disorder is to be treated successfully. The self has been a blind spot as a target of scientific research, Tekin argues, due to an unexamined presupposition that the self is not empirically tractable and its use will hinder psychiatry's goal to be scientific. Tekin challenges this presupposition and argues that the empirical investigation of the self would yield successful explanations of and interventions on mental disorders. She illustrates how psychiatric epistemology would benefit from this important concept through an analysis of addiction.

In the last paper "Collectively Ill: A Preliminary Case that Groups can have psychiatric disorders", Ginger Hoffman, offers a framework for individuating mental disorders that affect groups of individuals rather than individuals. Adding to previous conceptual work by Jerome Wakefield and Christian Perring, Hoffman argues that the concept of collective disorders is compatible with key metaphysical commitments of contemporary scientific psychiatry. If one accepts the existence of mental disorders in individuals as medical, then one has good reasons to accept the existence of collective disorders as medical. More specifically she argues that collective disorders are reconcilable with both the harmful dysfunction model of disorder and a denial of mind–body dualism. In conclusion, she spells out ways in which this recognition may have empowering effects for some would-be patients; for example, by providing substance to the notion of a 'sane response to an insane world.'

This is an invigorating time to be doing philosophy of psychiatry. The current climate of controversy as well as the recent developments in the landscape of psychiatric research have made philosophy even more relevant to mental health research and practice. As this special issue illustrates, general philosophers of science, as well as philosophers of special sciences have much to offer in addressing the fundamental questions in scientific research and clinical work in psychiatry. What makes philosophers' participation to this engaging area of scientific research in psychiatry even more pertinent is that, in a Neurathian fashion, researchers of mental illness are like sailors who must reconstruct their ship on the open sea, but are never able to start afresh from the bottom, because of the urgency to address mental disorders in a timely manner. Philosophers offer conceptual and methodological resources for researchers to help them replace the old beams with the new ones while the rest of the ship is used as support. It may take time, but we hope that the tools offered by philosophers will make a significant contribution to the gradual reconstruction of scientific inquiry in the nature and treatment of psychopathology. With *Psychiatry and Its Philosophy* we provide a sampling of work that contributes to psychiatry's reconstruction.

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