

Philosophy of Psychiatry

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See alsos: [Delusion](#); [Mental illness, the concept of](#)

Psychiatry is a branch of medicine that aims to scientifically understand the causes of mental disorders and develop effective clinical interventions to address the needs of those experiencing them. Philosophy of psychiatry is concerned with conceptual and practical issues pertaining to mental disorders, their diagnosis, scientific investigation, ethical treatment, and experiences of individuals affected by them, as well as philosophical issues on the place of psychiatry in broader areas of inquiry in medicine and bioethics. It encompasses a variety of topics of interest not only to philosophers, but also to the general public, including the definition of mental disorders, their diagnosis according to medical manuals, features of particular disorders (e.g., substance abuse disorders, depression, autism spectrum disorders), the sources of information about mental disorders (e.g., fMRI studies, clinical trials, first-person reports), ethical issues surrounding the clinical treatment of individuals with mental disorders, and cognate concepts such as the self, rationality, and responsibility.

A thoroughly interdisciplinary form of inquiry, philosophy of psychiatry developed out of both the traditional areas of philosophy, including [metaphysics](#), [epistemology](#), [philosophy of science](#)/cognitive science, social and political philosophy, [philosophy of medicine](#), and [ethics](#), and clinical contexts pertaining to medical treatment of mental disorders or [mental illnesses](#). In the last few decades, however, philosophy of psychiatry has evolved into a cutting-edge and

popular subdiscipline of philosophy in its own right, with its own dedicated journals, books, book series, societies, and conferences.

This entry provides an overview of important recent debates in philosophy of psychiatry as they map onto the fundamental areas of philosophy. §1 introduces the terminology; §2 focuses on [metaphysics](#), [epistemology](#), [philosophy of science](#), and medicine related themes; §3 examines themes in philosophy of mind, cognitive science, and neuroscience; §4 turns to social, political, and [feminist philosophy](#); §5 covers issues in ethics and applied ethics.

1. Terminology

The language used to discuss topics in philosophy of psychiatry is complex and can be controversial (Radden 2019), mostly due to the history of conceptualizing mental disorders as “undesirable” or “bad” experiences and the stigmatization of those diagnosed with mental disorders as “evil,” or “unworthy of respect and dignity.” Thus, some circles promote a language of “mental differences,” as opposed to “mental disorders” with the goal of preventing or overcoming stigma (Hoffman 2019). Contemporary scientific and clinical manuals, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5 [APA 2013]), published by the American Philosophical Association (APA), and the International Statistical Classification of Diseases and Related Health Problems (ICD-11 [WHO 2018]), published by the World Health Organization (WHO), use the language of “mental disorders,” while some scholars who publish in clinical, scientific, and philosophical contexts also use concepts such as “psychiatric disability”, “psychiatric disorder”, “mental illness”, “madness”, “psychopathology” to refer to mental disorders. In what follows, these concepts are used interchangeably and the choice of

terminology reflects that used by the presented view. Similarly, there is disagreement on how to refer to individuals with experience or diagnosis of mental disorders. Contenders are patients, ex-patients, survivors, ex-survivors, clients, consumers, etc. These terms are also used interchangeably, again reflecting the view presented.

2. Metaphysics, Epistemology, Philosophy of Science, and Medicine

A fundamental topic of philosophy of psychiatry is the nature of mental disorders, or the answer to the question, “What kinds of things are mental disorders?” Answers span [metaphysics](#), [epistemology](#), [philosophy of science](#), and [philosophy of medicine](#). [Metaphysics](#) is concerned with determining fundamental aspects of being, or in other words, individuating the properties that give a thing its distinctive character. Metaphysicians may contemplate mental disorders by examining their similarities to other objects of inquiry, such as biological species. However, to categorize or classify mental disorders, we also need to “know” about the properties of these conditions, thus taking philosophy of psychiatry into the territory of [epistemology](#), the branch of philosophy concerned with what knowledge is and how knowledge can be attained. Sources of knowledge for mental disorders include first-person testimonies, observations of the behavior of individuals suspected to have mental disorders, as well as scientific and medical data on their experiences and behavior. Accordingly, philosophers of psychiatry also have to tune into conversations in [philosophy of science](#) and medicine. [Philosophy of science](#) and medicine are concerned with the nature, methods, and implications of science and medicine. A central aim of science is to accurately represent the causal structure of the world; in the context of medicine, this is crucial because if we understand causal mechanisms of diseases through scientific research, we can facilitate clinical and preventative interventions. One way classifications help

us work toward these goals is by identifying the generalizable features of mental disorders. For example, if we learn, through scientific research, what the features of depression are (e.g., significant changes in sleeping habits or weight, significant loss of interest in previously enjoyed activities), we will more successfully identify an individual's experience as depression, therefore facilitate treatment.

An interesting debate on mental disorders is whether to classify them as natural kinds. Philosophers disagree on the necessary and sufficient properties a class of individuals must possess for it to be designated a natural kind. For example, according to essentialism, a class of individuals is a natural kind if its members share intrinsic, stable, and mind-independent properties that are necessary and sufficient for membership in the kind (Wilkerson 1995). These similarities must be stable enough to allow reliable predictions about various properties of a kind (e.g., Boyd 1991; Machery 2009; Tsou 2021). For example, if we know a bracelet is gold, we can predict it will be resistant to most acids. According to homeostatic property cluster (HPC) view, however, natural kinds share stable clusters of similarities that allow reliable predictions about their properties. If we know Ozzy is a cat, we can predict he has four legs and two eyes. Unlike the essentialist view, HPC does not require these properties to be necessary and sufficient for kind membership; rather, members share an underlying mechanism that make the properties generalizable.

Philosophers of psychiatry writing on whether mental disorders are natural kinds may pick a definition of natural kinds, such as the HPC view (Tsou 2021, 2013) or use a comparative strategy (Tekin 2016), where they compare mental disorders such as schizophrenia to some

typical examples of natural kinds, such as dogs or gold (Hacking 1986, 1995; Cooper 2004a, 2004b; Khalidi 2010).

In a series of well-known books and articles, Ian Hacking argued mental disorders are not natural kinds because the properties of individuals who are subject to psychopathology change in response to the scientific labels they are given—sometimes because they are *aware* of their labels (e.g., Hacking 1986, 1995a, 1995b, 1999). This leads to changes in the very properties that characterize mental disorders (psychiatric kinds). Changes may become significant over time, necessitating the reassessment of the initial kind description. Thus, there is an interactive loop between a psychiatric kind, such as multiple personality, and the individual members of the kind, i.e., individuals with multiple personality (multiple personality tokens). Hacking calls this phenomenon the looping effects of human kinds. He considers the existence of looping effects an impediment to seeing mental disorders as natural kinds. If psychiatric kind X is sensitive to how those with X respond to being X, it means X lacks stable property clusters. This is problematic, he says, because without stable properties, scientific explanations, predictions, and interventions cannot be made.

Hacking's argument has faced significant criticism. Philosophers who argue that at least some mental disorders are natural kinds have deflated the significance of the phenomenon of looping effects by arguing these effects in natural kinds are on a par with those in human kinds (Cooper 2004a, 2004b, 2007; Douglas, 1986; Bogen, 1988; Khalidi, 2010). Comparing paradigm examples from the natural kind family to Hacking's human kinds, including mental disorders, they argue scientific practices in natural sciences result in looping effects, and our classifications

also alter some natural kinds. Examples include the effect of being classified as harmful on microbes, the influence of legal bans on the shape of marijuana, the influence of selective breeding on animals, and the effect of training on the domestication of dogs (Douglas 1986, Bogen, 1988; Cooper 2004a, 2004b, 2007; Khalidi 2010). Thus, the existence of looping effects does not pose a challenge to identifying mental disorders as natural kinds.

The topic of the status of mental disorders as natural kinds remains popular amongst philosophers of science in the context of the nature of scientific classification and scientific explanation (Kincaid and Sullivan 2015; Poland and Tekin 2017). However, the debate has turned into more epistemological and [philosophy of science](#) and medicine-related questions about how to scientifically investigate the properties of mental disorders, such as, “What is the best way is to enhance knowledge on mental disorders?” or “Are first-person reports good sources of knowledge for understanding mental disorders?” Philosophers of psychiatry who are interested in kinds thus have turned their attention to epistemological questions. For example, Şerife Tekin criticizes the natural kinds debate by arguing that both the proponents and opponents of the view that mental disorders are natural kinds make the false assumption that scientific investigability of mental disorders is contingent upon their status as natural kinds, an argument prominent in Rachel Cooper’s and Ian Hacking’s works (Tekin 2016, 2015). She invites philosophers to decouple questions about scientific investigability of mental disorders from their natural kind status and argues for using actual empirical research on mental disorders and first-person accounts in determining their properties so we can develop effective interventions, a central goal of psychiatry as a branch of medicine. In a similar epistemic move, mental disorders have been assigned to a category of “practical kinds”; membership depends on

some external criterion that is pragmatically relevant in the clinical context, such as a certain degree of functional impairment, and remains unrelated to the underlying structure of the kind (Zachar 2014). Along with practical kinds, mental disorders may be further classified according to their status as dimensional, discrete, and fuzzy kinds, and there is little reason to suppose mental disorders are all of one kind (Haslam 2002). Adding to this debate, Kathryn Tabb (2019, 2015) points to what she calls diagnostic discrimination, whereby the assumption that categories of mental disorders are kinds has thwarted progress in empirical research. She argues that since psychiatrists pursue piecemeal causal explanations about constructs beyond the level of the diagnosis, philosophers should follow Kincaid (2008) in leaving the question of diagnostic kindhood behind and turn their attention to the ways psychiatry stabilizes its objects of inquiry across disciplinary boundaries (e.g., Sullivan 2014). Recent work in [philosophy of medicine](#) is in line with this epistemic turn, with a focus on the nature and justification of medical knowledge, assessment of diagnostic tests, and appropriate methods and standards for clinical research (Stegenga et al 2016; Delehanty 2019). For example, an important literature has been on psychiatry and evidence-based medicine (Bluhm and Borgerson 2011; Gupta 2007).

Last but not least, there has been a surge of interest in thinking about epistemic injustice in the context of mental disorders. Epistemic injustice matters in psychiatry because of the persistent negative stereotypes targeting people with mental disorders and leading to a credibility deficit (Crichton, Carel, Kidd 2017). Consequently, patient testimonies and interpretations may not be acknowledged as credible, and patients may be undermined in their capacity as knowers and contributors to the epistemic effort to reach a correct diagnosis and treatment. (Bueter 2018, Tekin 2020; Varga and Radden; Gagné-Julien 2021)

3. Philosophy of Mind, Cognitive Science, and Neuroscience

Philosophy of mind is concerned with the connection between the mind and body. It examines how mental states, such as beliefs and desires, or psychological states, such as sadness, relate to our physical states, such as the physiological processes of the brain or hormonal mechanisms.

What is called the mind-body problem is intimately relevant to the problems of psychiatry; if we understand how mental states relate to physical states, we can understand what is going on in the body when, say, a person suffers from a mental state such as depressed mood. If we understand how mental states relate to physical states, we will be able to explain why an individual who is trying to quit drinking alcohol might be triggered by social gatherings in alcohol-serving environments. Special sciences, such as cognitive science and neuroscience, are especially important for psychiatry because as interdisciplinary and empirical forms of inquiry, they offer theories about how the mind works, how mental phenomena relate to behavioral phenomena, and how brain mechanisms connect to mental states. While empirical findings about mental lives and the brain mechanisms are important in answering these questions, many puzzles in the field still require philosophical reflection, including the distinction of mental states from physical states.

An example of how philosophers of mind, cognitive scientists, and neuroscientists work together to examine topics in philosophy of psychiatry is research on addiction, or what is now termed substance use disorder (SUD). An important question is whether SUDs can be individuated and explained as disorders of the brain, fully understood and treated as neuroscience matures (reductionism), or must be explained at multiple levels, not just at the cellular level, but also at the individual, social, and cultural levels (pluralism), requiring the cooperation of philosophy and

the sciences.

Recent advances in brain imaging methods and increased sophistication in neuroscientific modeling of the brain's reward systems have facilitated the study of neural mechanisms associated with SUDs, such as processes associated with motivation, decision-making, pleasure-seeking, and inhibitory control. According to the Brain Disease Model, SUD is a "chronic and relapsing brain disease that results from the prolonged effects of drugs on the brain" (Leshner 1997, 45). SUD is thus considered a consequence of fundamental changes in brain mechanisms. The goal of treatment under this model is either to reverse or to compensate for those brain changes through pharmaceuticals or behavioral interventions (Leshner 1997). Elucidation of the biological mechanisms underlying SUDs is seen as the key to the development of effective treatments, particularly anti-addiction medications. The brain disease model of addiction is pervasive in the medical and scientific communities, as it may be the key to remove the stigma of addiction (Leshner 1997; Volkow et al 2012; Volkow 2018).

Yet the model has faced criticism both from philosophers and psychologists (e.g., Satel and Lilienfeld 2013; Tekin, Flanagan, Graham 2017; Pickard and Ahmed 2018; Flanagan 2013a; Tekin 2018). One objection is that the brain is plastic and responds to more than the repeated drug use, including changes in the physical and social environment. Arguably, therefore, anomalies in the brain's reward system that contribute to the development of addictive behavior can be corrected not only by anti-addiction medications but also by psychological and behavioral interventions (Satel and Lilienfeld 2013). Another important limitation is the model's lack of focus on the complexity and multi-dimensionality of the lives of individuals with SUDs, such as

that of veterans, despite the need to develop clinically effective strategies for recovery (Tekin *et al.* 2022). This implies the brain is the most important and useful level of analysis for understanding and treating addiction. Yet drug use and abuse do not emerge in a vacuum independent of an individual's history, interpersonal relationships, socio-economic status, etc., and successful treatment requires targeting and analyzing these dimensions. The individual reasons people start drug use (e.g., to remedy shyness in social contexts, to cope with dysfunctional relationships, to adopt the social expectations of a particular group) are as important in understanding addiction as the neurochemical underpinnings. In short, the personal, social, and cultural context of addiction is as important as the neurobiology, and the brain disease model does not easily lend itself to this type of study.

Unfortunately, the conceptual and empirical frameworks for studying addiction continue to target brain mechanisms, not recognizing the value of a conceptual and empirical framework that includes person-level understanding, using resources, say, from cognitive psychology, sociology, anthropology, etc. Accordingly, a plethora of treatment strategies that go beyond drug-related interventions remain under-explored. Scientific psychiatry may be missing valuable opportunities to study the complex factors that contribute to the development of addiction and other mental disorders (Tekin 2019; Tekin 2018; Schaffner 2013).

4. Social, Political, and Feminist Philosophy

Social, [political](#), and [feminist philosophy](#) are concerned with how we live and ought to live together in a society, and how intersectional components of an individual's identity, such as race, gender, socioeconomic status, and health status, affect the way they are treated by society and the

government. Topics include fairness, justice, human rights, and the responsibilities of government. Questions about mental disorders related to issues in social, [political](#), and [feminist philosophy](#) include: the influence of medical, social, and political systems on the emergence and treatment of mental disorders; connections between privilege, oppression, and mental health; relationships among sexism, racism, and other forms of bigotry and how they are supported by the institutional structures and systems. Understanding the social and cultural make-up of a society is important to understand the experiences of, and attitudes toward, individuals with mental disorders.

An important debate in philosophy of psychiatry that relates to social, [political](#), and [feminist philosophy](#) centers on the limitations of the idea that mental disorders are best approached from a scientific perspective—a dominant perspective in clinical practice, medical education, and research funding allocations. For example, during the “anti-psychiatry” movement of the 1960s, some argued the experiences and problems we associate with mental disorders are not signs of illness, but reactions to social problems. Thomas Szasz, a psychiatrist, famously described mental illness as a myth, arguing we should instead understand people’s experiences and behaviors as either “brain diseases” or reactions to “problems in living” (Szasz 1961). In his view, if something is a disease, it involves a malfunction of a physiological process; behaviors therefore cannot be diseases. Because the conditions psychiatry “treats” are *not* diseases, psychiatry should not provide medical (e.g., pharmacological or surgical) treatments. This is especially important in cases when an individual faces the prospect of being treated against their will (because they are deemed to be incompetent to refuse treatment). Otherwise stated, Szasz

criticized psychiatry for serving as a means to control behavior, bringing the authority of medicine to bear on social judgments of how people choose to live.

Contemporary resistance to medical approaches to the conceptualization of mental disorders takes a variety of approaches: some movements are generally accepting of psychiatry but want to ensure the perspectives of service-users are central in health-care practice, policy, and research. Others are critical of current practices and call themselves “survivors” of the medical, psychiatric system (For some examples, see Chamberlin 1979; Oaks 2006). Some philosophers of psychiatry have engaged with these movements in examining the role of patient perspectives in psychiatric research and treatment (e.g., Rashed 2019; Tekin and Bluhm 2019).

Ethics and Applied Ethics

Ethics involves examining and systematizing the concepts of right and wrong. Insofar as psychiatry involves experiences of individuals diagnosed with mental disorders and their treatment in social and clinical contexts, themes of ethics and applied ethics are central to philosophy of psychiatry. For example, philosophers employ normative ethics to contemplate the capacity of those with serious mental disorders to make rational decisions and their ability to act as rational, autonomous agents. Another important theme is the determination of the agency and autonomy of persons with mental disorders, as this has profound implications for their clinical, social, and legal treatment (e.g., Pouncey and Merz 2019; Adshead 2008). Key questions include the nature of informed consent in psychiatry, the ethics of forced treatment, and insanity defense in the law. In areas of applied ethics and bioethics, philosophers of psychiatry examine the ethical dimensions of psychiatric diagnosis and treatment (e.g., electroshock therapy) and how to

determine effectiveness of clinical treatments.

Annotated Bibliography

Adshead, G. (2008). "Psychopaths and Moral Identity." *Philosophy, Psychiatry, & Psychology*, 20(4): 339–343.

Examines moral responsibility of people diagnosed with psychopathy.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition, Washington DC: Psychiatric Press.

Diagnostic manual that offers a common language and standard criteria for the classification of mental disorders. It is used by clinicians, researchers, drug regulation agencies, health insurance companies, pharmaceutical companies, the legal system, and policy makers.

Bogen, J. (1988). "Comments on "The Sociology of Knowledge about Child "Abuse"". *Nous*, 22, 65–66.

Criticizes Hacking's distinction between human and natural kinds.

Bueter, Anke (2018). Public epistemic trustworthiness and the integration of patients in psychiatric classification. *Synthese* 198 (Suppl 19):4711-4729.

Argues for the integration of patients' perspectives in psychiatric classifications in order increase public epistemic trustworthiness.

Boyd, R. (1991). "Realism, anti-foundationalism, and the enthusiasm for natural kinds. *Philosophical Studies* 61: 127-148.

Examines relationship between philosophical realism and the debate on natural kinds.

Chamberlin, J. (1990). "The Ex-Patients Movement: where we've been and where we're going". *The Journal of Mind and Behaviour*. 11 (3&4): 323–336.

Provides a historical overview of the patients' movement in psychiatry.

Cooper, R. (2004a). "Why Hacking is Wrong about Human Kinds? *British Journal of Philosophy of Science*, 55, 73–85.

Examines Hacking's argument against classifying mental disorders as natural kinds.

Cooper, R. (2004b). "What is Wrong with the DSM?" *History of Psychiatry* 15(1), 5–25.

Examines the fundamental philosophical issues in the Diagnostic and Statistical Manual of Mental Disorders.

Crichton, P.; Carel, H.; Kidd I.J. (2017). Epistemic injustice in psychiatry. *BJPsych Bull*. 2017 Apr;41(2):65-70.

Examines how individuals with mental disorders may be subject to epistemic injustice in psychiatry.

- Delehanty, M. (2019). The changing landscape of the philosophy of medicine. *Philosophy Compass* 14 (8).
Provides an overview of recent work in philosophy of medicine through which recent work in philosophy of psychiatry can be better understood.
- Douglas, M. (1986). *How Institutions Think*. Syracuse, NY: Syracuse University Press.
Critically evaluates how institutional structures influence and shape knowledge.
- Gagné-Julien, A.M. (2021). “Towards a socially constructed and objective concept of mental disorder.” *Synthese* **198**, 9401–9426 (2021).
Develops an objective definition of mental disorder that is responsive to social structure of psychiatric science.
- Gupta M. (2007). “Does evidence-based medicine apply to psychiatry?” *Theor Med Bioeth.* 2007;28(2):103-20.
Examines whether and how principles of evidence-based medicine apply to psychiatry.
- Hacking, I. (1995a). *Rewriting the Soul: Multiple Personality and the Sciences of Memory*. Princeton University Press.
Examines the evolution of multiple personality diagnosis in relation to scientific research on memory.
- Hacking, I. (1995b). “The Looping Effects of Human Kinds.” *Causal Cognition*. D. Sperber and A.J. Premack (eds). Oxford University Press, 351–383.
Contrasts human kinds (kinds of people, their behavior, their emotions, etc.), studied by social sciences, to natural kinds, studied by natural sciences.
- Hacking, I. (1986). “Making Up People.” *Reconstructing Individualism*. T. Heller, M. Sosna and D. Wellberry (eds). Stanford, CA: Stanford University Press, 222–236.
Develops an account of looping effects by considering how classifications made by human sciences interact with the very people who were classified.
- Haslam, N. (2002). “Kinds of kinds: A conceptual taxonomy of psychiatric categories.” *Philosophy, Psychiatry, and Psychology* 9 (3):203-217.
Examines natural kinds debate in philosophy of psychiatry.
- Khalidi, M.A. (2010). “Interactive Kinds.” *British Journal of Philosophy of Science*, 61, 335–360.
Criticizes Hacking’s argument that human kinds cannot be natural kinds.
- Kincaid, H.; Sullivan, J.A. (2014). *Classifying Psychopathology: Mental Kinds and Natural Kinds*. MIT Press.
An edited collection of essays on classification and taxonomy related issues in philosophy of psychiatry.

Kincaid, H. (2008). "Structural realism and the social sciences." *Philosophy of Science* 75 (5):720-731.

Examines implications of structuralism for thinking about causal explanation and nonreductive pictures of the unity of the science.

Leshner, A. I. (1997) "Addiction is a brain disease, and it matters", *Science* 278(5335): 45–47. Argues for why thinking about addiction as a brain disease is important.

Machery, E. (2009). *Doing without Concepts*. New York: Oxford University Press. Evaluates the status of concepts in cognitive science.

Pickard, H., & Ahmed, S. H. (Eds.). (2019). *The Routledge handbook of philosophy and science of addiction*, Oxon, UK: Routledge Press.

Provides an overview of pressing philosophical and scientific approaches to addiction.

Poland, J., & Tekin, Ş. (2017). *Extraordinary science and psychiatry: Responses to the Crisis in mental health research*. Cambridge, MA: MIT Press.

Brings together a number of articles that examine issues in psychiatric taxonomy in the wake of the publication of the DSM-5.

Radden, J. (2019). "Mental Disorder (Illness)", *The Stanford Encyclopedia of Philosophy*, Edward N. Zalta (ed.), URL = <<https://plato.stanford.edu/archives/win2019/entries/mental-disorder/>>.

Provides a detailed overview of philosophy of mental disorders.

Radden, J., and S. Varga. (2013). "The Epistemological Value of Depression Memoirs: A Meta-Analysis." In *The Oxford Handbook of Philosophy and Psychiatry*, edited by K.W.M. Fulford, M. Davies, R.G.T. Gipps, G. Graham, J. Z. Sadler, G. Stanghellini, and T. Thornton, 99–115. Oxford University Press.

Raises concerns about epistemic value of first-person accounts of depression.

Rashed, M.A. (2019). *Madness and the Demand for Recognition a Philosophical Inquiry into Identity and Mental Health Activism*, New York: Oxford University Press.

Evaluates philosophical implications of mental health activism.

Steel, D.; Tekin, Ş. (2021). "Can Treatment for Substance Use Disorder Prescribe the same Substance as that Used? The Case of Injectable Opioid Agonist Treatment." *Kennedy Institute of Ethics Journal* 31 (3):271-301.

Examines the concept of "treatment" in psychiatry through an example of analysis of treatments for Opioid Use Disorder.

Satel, S. and Lilienfeld, S. O. (2013) *Brainwashed*. New York: Basic Books.

Critically evaluates neuroscientific claims about roots of mental disorders.

Schaffner, K. (2013). "Reduction and reductionism in psychiatry", in K. W. M. Fulford, M. Davies, R. Gipps, G. Graham, J. Sadler, G. Stanghellini, and T. Thornton (eds), *The Oxford handbook of philosophy and psychiatry*, Oxford, UK: Oxford University Press.

Taxonomizes reductionism in science through an analysis of sweeping reductionism and creeping reductionism.

Stegenga, J.; Kennedy, A.; Tekin, Ş.; Jukola, S. and Bluhm, R. (2015). "New Directions in Philosophy of Medicine." In James Marcum (ed.), *Bloomsbury Companion to Contemporary Philosophy of Medicine*. Bloomsbury Academic. pp. 343-367.

Provides an overview of recent epistemological issues in Philosophy of Medicine.

Sullivan, J. A. (2014). "Stabilizing Mental Disorders: Prospects and Problems." In Harold Kincaid & Jacqueline Sullivan (eds.), *Classifying Psychopathology: Mental Kinds and Natural Kinds*. MIT Press. pp. 257-281.

Argues for the need to stabilize mental disorder constructs used across different research frameworks.

Szasz, T.S. (1961), *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*, New York: Paul B. Hoeber.

Defends the claim that mental illness is a myth.

Tabb, K. (2019). "Philosophy of psychiatry after diagnostic kinds." *Synthese*. 196 (6):2177-2195.

Evaluates epistemic issues pertaining to psychiatric classifications.

Tabb, K. (2015). "Psychiatric Progress and The Assumption of Diagnostic Discrimination." *Philosophy of Science* 82:1047-1058.

Argues that debates about the kind status of mental disorders have prevented progress in scientific research, and invites philosophers to examine epistemic questions pertaining to psychopathology independent from the ontological status of mental disorders.

Tekin, Şerife (2021). "Self and mental disorder: Lessons for psychiatry from naturalistic philosophy." *Philosophy Compass* 16 (1): e12715.

Provides a historical and philosophical overview of the self-related issues in philosophy of psychiatry.

Tekin, Şerife (2019). "The missing self in scientific psychiatry." *Synthese*. 196 (6):2197-2215.

Criticizes contemporary scientific approaches to mental disorders for sidestepping the complexity of the self and offers solutions.

Tekin, Ş. (2018). Brain mechanisms and the disease model of addiction: Is it the whole story of the addicted self? A philosophical-skeptical perspective. In H. Pickard & S. Ahmed (Eds.), *The Routledge handbook of philosophy and science of addiction* (pp. 401–410). Routledge.

Defends a creeping reductionistic approach to understanding addiction.

Tekin, Ş. (2016). "Are Mental Disorders Natural Kinds?: A Plea for a New Approach to Intervention in Psychiatry." *Philosophy, Psychiatry, and Psychology* 23 (2):147-163.

Criticizes the debate on the natural kind status of mental disorders for not taking seriously the empirical research and first-person accounts of patients.

Tekin, Ş. (2014). "The Missing Self in Hacking's Looping Effects." In H. Kincaid & J. Sullivan (eds.), *Mental Kinds and Natural Kinds*. MIT Press.

Provides a detailed criticism of the shortcomings of Hacking's arguments about looping effects.

Tekin, Ş. and Bluhm, R. (eds.) (2019). *The Bloomsbury Companion to the Philosophy of Psychiatry*, London: Bloomsbury Academic.

Offers introductory readings to main debates in philosophy of psychiatry.

Tekin, Ş., Flanagan, O. J., & Graham, G. (2017). Against the drug cure model: Addiction, identity, and pharmaceuticals. In *Philosophical Issues in Pharmaceutics: Development, Dispensing, and Use*, Ho, D., ed., Springer Press, 221-236.

Criticizes the brain disease model of addiction.

Tsou, J.Y. (2021). *Philosophy of Psychiatry*. Cambridge: Cambridge University Press.

Provides an overview of philosophy of science related issues in philosophy of psychiatry.

Tsou, J.Y. (2016). "Natural Kinds, Psychiatric Classification and the History of the DSM." *History of Psychiatry* 27 (4):406-424.

Defends the view that mental disorders are natural kinds.

Tsou, J.Y. (2013). "Depression and Suicide are Natural Kinds: Implications for Physician-Assisted Suicide." *International Journal of Law and Psychiatry* 36 (5-6):461-470.

Defends the view that depression and suicide are natural kinds and that this has implications for Physician-Assisted Suicide.

Wilkerson, T. E. (1995). *Natural Kinds*. Aldershot: Avebury.

Examines natural kinds.

Zachar, P. (2014). *A Metaphysics of Psychopathology*. Cambridge, MA: The MIT Press.

Develops the argument that mental disorders are practical kinds.