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Academic Psychiatry

ISSN 1042-9670

Volume 42

Number 4

Acad Psychiatry (2018) 42:559-563

DOI 10.1007/s40596-017-0853-7

American Association of Chairs of
Departments of Psychiatry

American Association of Directors of
Psychiatric Residency Training

Association for Academic Psychiatry

Association of Directors of Medical
Student Education in Psychiatry

Academic Psychiatry

Volume 42, Number 4
August 2018

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 Springer

40596 • 42(4) 443-586 (2018)
ISSN 1042-9670 (Print)
ISSN 1545-7230 (Electronic)

 Springer

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A Didactic Course on “Philosophy of Psychiatry” for Psychiatry Residents

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Received: 18 September 2017 / Accepted: 2 November 2017 / Published online: 13 November 2017
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The intersection of philosophy and psychiatry (also called “philosophy of psychiatry” [1]) has emerged as an important field of study in recent decades. There are many ways in which psychiatric concepts can be subjected to philosophical inquiry. At the core of the field lies the conceptual debate over the meaning and nature of mental disorder, along with its ethical and experiential dimensions. Additionally, philosophers of psychiatry have noted that psychopathological phenomena can help illuminate various philosophical issues in the philosophy of mind. The development of this field can be appraised by the success of the journal *Philosophy, Psychiatry, & Psychology* [2], the activities of the Association for the Advancement of Philosophy and Psychiatry [3], and the book series by Oxford University Press titled “International Perspectives in Philosophy and Psychiatry.” Despite the relevance of philosophy of psychiatry to practicing psychiatrists, little attempt has been made to incorporate philosophy of psychiatry in the didactic curriculum of US psychiatry residents. Philosophy of psychiatry is not included in the Accreditation Council for Graduate Medical Education (ACGME) psychiatry milestones or in the curriculums of the Psychiatry Resident-In-Training Examination (PRITE) or the American Board of Psychiatry and Neurology (ABPN) exam. In contrast, UK’s Member of

the Royal College of Psychiatrists (MRCPsych) exam curriculum [4] includes the category of “philosophy in psychiatry,” and Royal College of Psychiatrists’ competency based curriculum [5] has included “the history and philosophy of science as it relates to concepts of mental disorder” as a component in the past.

While many residency programs in the USA have components related to philosophy of psychiatry in their didactics, published reports on these courses are lacking. Among published reports of courses or curricula for psychiatry residents, our literature search led to only one report of a curriculum for child and adolescent psychiatry trainees which incorporated readings from traditional philosophy in domains such as logic, epistemology, ethics, etc. with the aim of improving critical thinking about psychiatric issues [6].

In this educational case report, we describe the development, curriculum, and implementation of a course on philosophy of psychiatry for psychiatry residents at Case Western Reserve University/University Hospitals Cleveland Medical Center (CWRU/UH). Awais Aftab (A.A.) developed and taught the course, Nassir Ghaemi (N.G.) offered guidance through an American Association of Directors of Psychiatric Residency Training (AADPRT) fellowship program, and Susan Stagno (S.S.) served as the institutional faculty mentor.

Didactics for psychiatry residents at CWRU/UH are divided into regular mandatory sessions, expected to be attended by all available psychiatry residents, and elective sessions, which are optional to attend for interested PGY2–4 residents. Often there are two or more competing elective options for the same time slot. The didactic course on philosophy of psychiatry, following this model, was also divided into mandatory and elective components. The course was taught from November 2016 to March 2017.

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Outline of the Didactic Series and Overview of Content

1. The Concept of Mental Disorder

The session started with a discussion of the varying connotations of the terms “disease,” “illness,” and “disorder” and how they relate to psychiatric conditions. The bulk of the session was focused on how “mental disorder” is conceptualized in the various editions of the DSM. The philosophical ambiguity surrounding various elements of the definition, such as “dysfunction” and “clinically significant,” was pointed out. Philosophical tensions inherent in the DSM concept of mental disorder were subsequently discussed, such as tensions between empiricism vs normativity, medical norms vs social norms, reliability vs validity, and medical model and the exclusion of meaning vs psychological explanations and the inclusion of meaning.

2. The Nature of Mental Disorder

The second (and the last mandatory) session built on the content from the first session and was devoted to the philosophical question of naturalism. According to naturalism, mental disorder can be defined on the basis of objective, natural facts, independently of our values and interests. Normativism is the opposing position which emphasize the essential role of norms. The objective was to become familiar with the philosophical notions of naturalism and normativism and critically appraise the DSM conception in relationship to them. Furthermore, the session emphasized the limitations of grounding mental disorder in simple biological causation, highlighting the need for a discriminative account of what sort of biological causes constitute disorder. This led to a discussion of the two leading naturalist theories of mental disorder, i.e., Boorse's Biostatistical Theory and Wakefield's Harmful Dysfunction Analysis. The session ended with an exploration of the consequences of abandoning the naturalist view of mental disorders.

3. Philosophical Aspects of the Antipsychiatry Movement

The session started with an overview of the prominent philosophical themes and figures in the antipsychiatry movement, including its historical transformation. This overview was followed by an in-depth examination of the philosophical arguments presented by Thomas Szasz—who argued that mental illness is a metaphor or a myth—and Michel Foucault, who offered an account of the sociological origins of psychiatry.

4. Introduction to Pluralism in Psychiatry

Participants were introduced to Jasper's methodological pluralism, followed by a detailed critique of the biopsychosocial model from the perspective of pluralism; the *Perspectives* approach by McHugh and Slavney was then discussed as an example of a pluralistic model.

5. Philosophical Issues in Psychiatric Nosology

The session highlighted some of the philosophical difficulties inherent in the process of psychiatric classification and explored how from a philosophical perspective many ways of classification may be equally valid depending on what the intended uses of the classification are. A “deflationary account” of psychiatric classification offered by Derek Bolton and ethical problems with psychiatric nosology brought up by Rachel Cooper were discussed.

6. Philosophy of Mind and Psychiatry

Some of the major philosophical positions related to the mind-body problem in philosophy were discussed, followed by a conversation on Kenneth Kendler's article “Toward a philosophical structure for psychiatry” which not only dissects how certain philosophical positions, such as substance dualism and epiphenomenalism, are inconsistent with psychiatry, but also sketches a conceptual framework of explanatory pluralism, making it ideal for the concluding session.

Source materials for the course contents are listed in Table 1.

Format of the Sessions

The first two sessions consisted of a mixture of didactic material (in the form of PowerPoint presentations) and group discussions. Various questions were posed to the residents to explore their conceptualizations of mental disorder and to facilitate discussion on the nature of mental disorder. For instance, in one group activity residents were asked what sort of evidence would they need to determine whether ego dystonic homosexuality (former disorder from DSM-III), pedophilic disorder (current DSM-5 disorder), and internet gaming disorder (proposed disorder for future manuals) were mental disorders or not. The four elective sessions consisted of 20–30 min of initial reading time in which participants read through excerpts from book chapters/articles/handouts, followed by 1 h of group discussions.

Table 1 Source materials for the “philosophy of psychiatry” course contents

Books
• <i>What is Mental Disorder?</i> by Derek Bolton [7]
• <i>The Concepts of Psychiatry</i> by Nassir Ghaemi [8]
• <i>The Perspectives of Psychiatry</i> by McHugh and Slavney [9]
• <i>Philosophical Issues in Psychiatry II: Nosology</i> edited by Kendler and Parnas [10]
Book chapters
• Naturalist Accounts of Mental Disorder by Elseijn Kingma [11] from <i>The Oxford Handbook of Philosophy and Psychiatry</i>
Articles
• DSM in Philosophyland: Curiouser and Curiouser [12]
• Evolution of the antipsychiatry movement into mental health consumerism [13]
• Mental Disorder and Naturalism [14]
• Mental Illness vs Brain Disorders: from Szasz to DSM-5 [15]
• Notes on Antipsychiatry [16]
• The Myth of Mental Illness [17]
• The Myth of Mental Illness: 50 Years Later [18]
• The Rise and Fall of the Biopsychosocial Model [19]
• Toward a Philosophical Structure for Psychiatry [20]
Encyclopedia
• <i>Stanford Encyclopedia of Philosophy</i> online entries on Mental Illness [21] and Philosophy of Psychiatry [1]

Attitudes of Residents and Reception of the Course

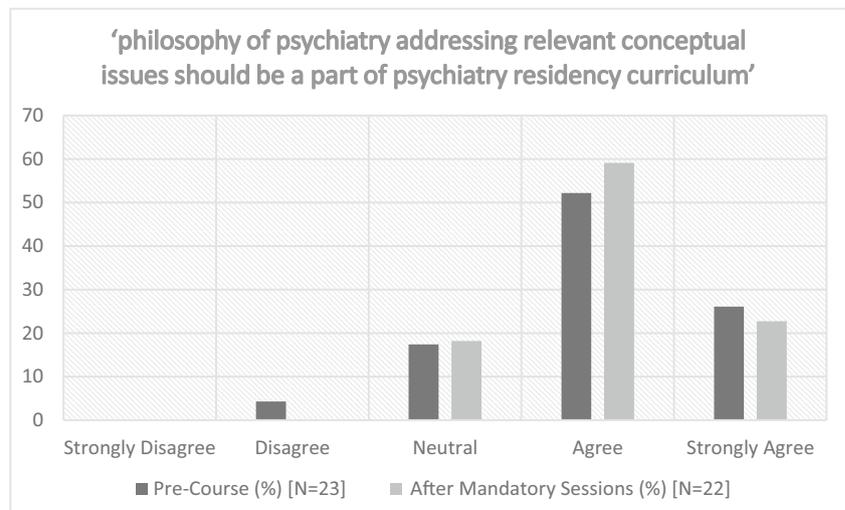
The regular sessions were accompanied by brief anonymous and voluntary surveys, each survey consisting of 2–3 questions, to assess attitudes toward philosophy of psychiatry and the reception of the didactic course. University Hospitals Cleveland Medical Center IRB

determined that the surveys were exempt from IRB review. Surveys were conducted at 4 points: prior to participation in the didactic course, after session #2 (last mandatory lecture), after session #3 (first elective session, on antipsychiatry movement), and session #6 (concluding elective session). Paper survey questionnaire was distributed to the residents in attendance, and responses were returned to the instructor collectively to preserve confidentiality. These survey questions were exploratory in nature and were not designed to assess objective pre- and post-differences in outcomes. Responses to survey questions were in the five-point Likert scale format. Depending on the specific question, the options ranged from definitely yes to definitely no or from strongly agree to strongly disagree.

In the pre-course survey ($N = 23$) 21.7% of the respondents answered the question “Do you ever struggle with conceptual and philosophical questions related to psychiatry?” with “definitely yes,” and 43.5% responded with “yes,” which highlights the prevalence of these philosophical challenges. 13.0% responded with “definitely yes” and 52.2% with “yes” to the question “Do these conceptual and philosophical issues have any influence on how you approach your patients?” Only 4.3% indicated that the training so far in the residency had adequately prepared them to address these philosophical challenges, which points to a deficit in the existing curriculums and an unmet need.

In the survey conducted after the mandatory sessions ($N = 22$), 22.7% of the respondents strongly agreed and 59.1% agreed that the course had made them aware of philosophical and conceptual issues related to psychiatry that they were not aware of before; 22.7% strongly agreed and 59.1% agreed that philosophy of psychiatry should be part of psychiatry residency curriculum (Fig. 1). 9.1% strongly agreed that

Fig. 1 Percentage of responses to the survey statement



philosophical and conceptual issues related to psychiatry have an impact on how practicing psychiatrists approach their patients.

In the survey following the session on philosophical aspects of the antipsychiatry movement ($N = 13$), 61.5% of residents strongly agreed that it is worthwhile to engage with the philosophical arguments of key antipsychiatry thinkers, and 30.8% strongly agreed that engagement with philosophical aspects of the antipsychiatry movement should be a part of the residency training curriculum. Only six residents responded to the final survey conducted after the last session. All six respondents stated they would strongly recommend the course to their colleagues; one respondent strongly agreed and four respondents agreed that the didactic series had changed how they think about psychiatry. In their open-ended remarks as to how their thinking had changed, respondents stated that the didactic series had inculcated a pluralistic outlook of psychiatry, made them appreciate the limitations of biopsychosocial model, led to an interest in the philosophy of mind and the hard problem of consciousness, developed an appreciation that the antipsychiatry movement has philosophical arguments worth engaging, and made them re-evaluate their prior notions regarding the nature and classification of mental disorders. The last two surveys were conducted during the elective phase of the course, so it is not surprising that the answers were overwhelmingly positive as only those residents interested in and curious about the subject were in attendance.

Aside from anonymous survey questions, participants also had opportunity to provide verbal feedback to the instructor. Several participants expressed that they would have preferred further breaking down and simplification of the philosophical terminology. Participants strongly recommended the course to be continued but also suggested that the course should predominantly remain elective, rather than mandatory, only for interested residents. Many participants voiced that given their previous lack of familiarity with the subject, the passion of the instructor (A.A.) for the subject had influenced their decision to sign up for the course, and they wondered if they would have signed up for it if it was being taught by a different, less enthusiastic instructor.

In conclusion, based on the experience with residents at CWRU/UH, it appears common for psychiatry residents to experience struggle in their minds regarding conceptual and philosophical issues related to psychiatry, which they feel unequipped to address adequately. A didactic curriculum on the intersection of philosophy and psychiatry, taught over six sessions detailed above, was well-received and demonstrates that academic endeavors in this area are not only sorely needed but also can be

successfully implemented. This content and format of this course is just one example of an approach to teaching the subject of philosophy of psychiatry to psychiatry residents. It is our hope that this report will stimulate further academic endeavors in this area.

Acknowledgements We would like to thank Cathleen Cerny and Sarah Nagle-Yang for their instrumental support in the implementation of this course. We would also like to thank Chandan Khandai for his valuable feedback in the development of the survey. Gratitude is additionally due to AADRT's International Medical Graduate Fellowship award (now called Nyapati Rao and Francis Lu IMG Fellowship Program) which established the mentoring relationship leading to the birth of this project.

Compliance with Ethical Standards The protocol for the survey conducted along with the didactic course was submitted to Institutional Review Board (University Hospitals Cleveland Medical Center) approval, who determined that the survey met criteria for exemption from review. IRB# EM-16-30.

Disclosures All authors report no conflicts of interest. Awais Aftab and Susan Stagno report no disclosures. S. Nassir Ghaemi has received honoraria and consulting fees from Sunovion Pharmaceuticals. He was also employed by Advance Medical. He has nothing else to disclose.

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