

## Philosophy and Mental Health Conference\*

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Dr Martin Roth's conference address touched upon many of the philosophical issues that most of the conference participants would have wondered about at some time or other. His main theme, however, was consciousness. What is consciousness? Is it a causal agent? Sir Martin concluded on the question of a model for the mind and consciousness. He was forced to the conclusion that for the foreseeable future it would not be possible to develop a single model, and we will have to settle for at least two models in tandem in a hope of achieving anything like an overall representation of the human mind.

The rest of the conference was divided into sessions held in parallel, forcing the participants to choose between a wide range of philosophical issues, all relevant to psychiatric practice. A myriad of questions were looked at, including the mind/body problem, free will and responsibility, what constitutes personal identity, and can psychotherapy be "scientific"? Gallant attempts to look at such topics in 20 minute sessions often made sweeping reference to vast and controversial philosophical theories without being able to do them justice; for example Dr Denman attempted to answer the question "Can we construct a science of the mental?" by looking at the great epistemological problem; "What is a science?", as well as alluding to utilitarianism, and Davidson's theory of action. Similarly, Dr Heubal's interesting talk was no mean feat – to clear up misunderstandings in Kant in 20 minutes!

Many times during the conference issues were dealt with as dichotomies, e.g. mind/body, determinism/free will, and theory/practice. In many ways these dichotomies mirrored the underlying division between psychiatry and philosophy. Are they com-

patible? Can they be of help to one another? Jonathan Glover touched on these later questions in his welcoming presentation, and was clearly of the view that psychiatry and psychiatrists can benefit from a philosophical approach. For their part philosophers can gain rich and varied clinical material from psychiatry which supplies them with a focus and application for philosophical thought.

Professor Michael Gelder, however, entered a note of caution. Philosophers coming fresh to a practical discipline like psychiatry have sometimes been tempted to offer substantive answers to clinical questions. There is nothing wrong with this in principle but the answers they come up with may be naive from the practitioner's point of view. One of the difficulties of using clinical material to address philosophical questions in such short presentations is the temptation to stay with the clinical and avoid the philosophical. This was nicely illustrated when Drs Moore and Hope presented the dilemma of using lithium to treat a patient with mild mania. On the one hand the patient felt better and more creative off lithium, but he drove more safely and got on better with his wife when on lithium. Issues around well-being and personal identity were presented, but the first question from a philosopher in the audience was: "Can't you just lower the dose of lithium?"!

The conference was truly international with speakers and participants from all over the globe. This highlighted the vast range of knowledge, experience and interest in the field. It was therefore exciting to hear the announcement by Dr Fulford and colleagues of proposals for an International Association for Philosophy and Psychiatry and a new journal – *Philosophy, Psychiatry and Psychology*. We look forward to its launch, planned for about 18 months time.

\*Held at St Catherine's College, Oxford, 28–30 June 1991.