

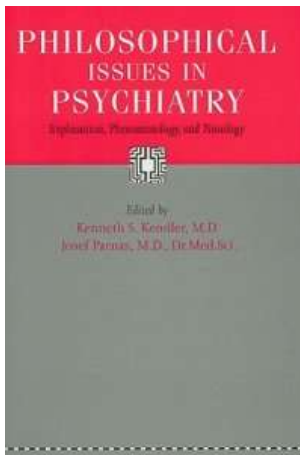
Book Review

Philosophical Issues in Psychiatry. Explanation, Phenomenology and Nosology

Edited by Kenneth S. Kendler and Josef Parnas
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Human behavior and experience are stunningly complex. The problem underlying all the contributions collected in *Philosophical Issues in Psychiatry. Explanation, Phenomenology and Nosology* (edited by Kenneth S. Kendler and Josef Parnas for Princeton University Press) is to understand how to tame such complexity. How can we explain it? What are the conceptual tools we need in order to properly deal with it? What can count as a cause of psychiatric disorders? How are we supposed to explain them? What is a good explanation we can provide for them? Does it suffice to use operational criteria? Do we need other kinds of concepts? How can we classify behavioral disorders?

All these questions make the book travel across the boundaries of philosophy and psychiatry. And this is the conceptual domain in which the volume finds its natural place, across the boundaries. In its pages the intimate link connecting psychiatric research and philosophical reflection is developed and further elaborated, rather than questioned or challenged. In this way the book turns out to be a very useful tool for whoever, from both shores of the river, aim to understand the fruitful interplay between philosophical analysis and the scientific practice of psychiatry.

The volume is divided into three main sections. The first (*Explanation*) is organized around the two closely interrelated problems of *causation* and *explanation*. Here the approach is mainly analytical in nature. The second (*Phenomenology*) is intended to show the important contribution that the continental, phenomenological tradition has made, and can still make, to the way we conceive both psychiatric categories and psychiatric methods of investigating disorders. The shift from the first to the second section can be seen also in the change in conceptual focus from the notion of *explanation* to that of *description*. The last section (*Nosology*) deals finally with the problems of classification and categorization of psychiatric disorders and seems to be the place where, maybe in the future of psychiatric research, *explanation* and *description* might be fruitfully put at work together.

In her contribution (*Explaining Complex Behavior*) Sandra Mitchell addresses the problem of how we can address the complexity of human brain and mind. How can we understand such a complex biological system? Beginning from what she calls a *taxonomy of complexity* (i.e. complexity can be compositional, dynamic and evolutionary) she moves on to consider the main strategies that can be employed to deal with complex systems, say *localization* and *decomposition*. She turns then to the kinds of complex systems that can be found in the study

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of nature, namely *aggregative*, *component* and *integrative* systems. The more interesting for the study of behavioral traits are the *integrative systems*, characterized by nasty properties and by a very low degree of decomposability. The etiological systems that influence MDD (Major Depression Disorder) are an exemplar case of *integrative system*, because of the nasty, non additive and both bottom-up and top-down kinds of interactions characterizing their causal pathways. On these bases, Mitchell ends up criticizing the exclusive use of reductionistic strategies for the explanation of psychiatric disorders.

In the second chapter (*Etiological Models in Psychiatry*) Kenneth Schaffner tackles the problem of the nature of explanation in psychiatry. The choice is between a *reductive model* of explanation and a *non-reductive* model, say between two alternative etiological models. An example of the first kind is represented by Kendler's et al. attempt to study MDD. The model is statistical in nature and contains high-order elements. It is a genetically informed path-analytical model. The second, reductionistic kind of explanation is represented by the experimental hunt for the single candidate genes that might influence the risk for schizophrenia developed by Harrison and Weinberg. This model is instead biological in nature and contains only bio-molecular factors. Another example of reductionistic explanation is given by the attempt to explain simple behaviors in the worm *C. elegans*. Schaffner discusses the potentiality of several kinds of heuristics in order to produce more adequate models for the study of behavioral traits: common pathway models, dominating factors, searching for emerging simplifications, localization and decomposition. "The take-home lesson ... is that etiological accounts in psychiatry are possible, will be difficult to develop and test, will be mixed (interlevel) models, and will likely focus on narrow areas of application in their initial stages" (p. 84).

The article by Dominic Murphy (*Levels of Explanation in Psychiatry*) takes on the critical issue of the levels of explanation in psychiatry and is a sort of deep dialog with Marr's analysis of levels of explanation. The article is divided into two main parts. In the first one Murphy deals with the form of explanatory systems in a mature psychiatry, say with what would be the explanatory levels in psychiatry. The fundamental character of psychiatric explanations will be *cross-level*, where no one of the levels can be said to be the fundamental one. According to Murphy, levels (for instance the level of the gene or the level of environment) do not represent different epistemic perspectives on the same process, rather they are substantively different processes. The second part focuses on the kinds of things that can be explained in such explanatory systems. The notion of *exemplar* is here employed and developed in order to account for the object of study of psychiatry. Murphy puts forward a definition of *levels* as 'qualitatively different causal processes': levels are substantively different from each other and not only epistemically distinguishable.

In chapter 4 (*Cause and Explanation in Psychiatry*) James Woodward addresses issues about the nature and structure of causal explanation within the framework of the interventionist perspective by him developed in *Making things happen* (2003). The basic and fundamental idea is that we learn best about *what causes what* in the world by trying to intervene in the world. Through the distinction between 'upper level' (coarse-grained) and 'lower-level' (fine-grained) causes, Woodward works out a fine-grained critic of hard reductionist agendas, also renamed '*causal fundamentalism*', that argues that upper level explanations can be reduced to lower level explanations. As to the specific domain of psychiatric explanation, Woodward addresses the problem of how we can judge the quality of an explanation or of a causal claim about psychiatric disorders. The answer is that the more general (or stable) the explanation, the better it is, since it means that the set of conditions under which it operates turns out to be broader. One of the main and most original points of the article addresses the problem of



what is the level of the causal nest constituting the etiology of a behavioral disorder in which it is worth to intervene. For instance, if we are confronted with a behavioral trait that has both many biological (say, genetical and neural) causes and other psychological, higher-level, coarse-grained ones, where is it convenient to intervene? On the low level of biological causes or at the high level of the psychological ones? Woodward's answer is that intervening at the higher level will be likely more effective and generalizable. Higher level causes are highly effective. This being said, it must be remembered that: "From an interventionist perspective, there are circumstances in which higher-level causal claims may be more satisfactory ... and also circumstances in which lower-level claims will be more satisfactory ... Depending on the details of particular cases, these desiderata may trade off against one another in different ways" (178).

The sixth chapter (*Varieties of phenomenologies*) by Josef Parnas and Louis Sass opens the second part devoted to the comparison of phenomenological psychiatry with more traditional approaches to psychiatric research. Phenomenology is intended here as a *description and understanding of the patient's subjectivity*. The main notions addressed are indeed those of *description, understanding and explanation*. The first question they tackle, in fact, regards what should be the nature of description in psychiatry and how results of (neglected) descriptive analyses can be put in touch with the categories we use in our DSM and ICD manuals together with the implicit and unquestioned operationalism that permeates them. Moreover they give a satisfying account of how the phenomenological method can be fruitfully applied in psychiatry and of what are its main features: typification, search for invariance and exploration of subjective structures.

Shaun Gallagher's chapter (*Self-agency and Mental Causality*) finds its natural place on the crossroad between cognitive sciences, phenomenology and philosophy of mind. In his article he explores the concept of mental causality and how it bears on questions about free will and agency within the general framework of an embodied and situated account of human agency. The overarching methodological perspective sees phenomenology, on the one hand, and cognitive and neurosciences, on the other hand, as complementary approaches to the study of both mental activity and body-mind interactions. A complex notion of agency is developed by the author, a notion that must take into consideration both intentional aspects and bodily movements.

The third part of the book devoted to nosological problems is opened by an article by Peter Zachar (*Real Kinds but not true Taxonomy*) in which he focuses on many problems related to the question: what kinds are psychiatric disorders? And, by what principles should we classify them? The approach employed is a pragmatic one that sees in the notion of 'practical kind' the conceptual tool to be used in order to account for the sort of *kinds* that are psychiatric disorders. The problem remains though to understand in which way we should classify and organize our disorders. From the thing to be investigate Zachar moves on to analyze the criteria to be employed, suggesting to take a closer look at the long-running debate in biology about taxonomy and classification. His final invitation is a pluralistic and pragmatic one, since different approaches to behavioral disorders are said to have both strengths and limitations. In fact " ... what inferences one can make about kinds depend on how classifiers group them together, psychiatrists shouldn't be too literal about any single organizational strategy" (352).

The volume is closed by a brief article by the curators (*The Incredible Insecurity of Psychiatric Nosology*) and by an *Epilogue* by Parnas. Central to the first is a sort of invitation to push forward a stabilization of psychiatric disorders, say "psychiatry should evolve in the direction of valuing increased stability...". In the *Epilogue*, besides, Parnas sums up the important achievements of the volume in the broad framework of a 'sensitization of the reader against dogmatism'.



Apart from the significant contributions represented by the single articles, *Philosophical Issues in Psychiatry* represents an achievement also if considered as an entire whole. Its being built across the boundaries of different methodological and theoretical approaches is the most valuable feature of the book, since it seems to be the most promising.

One of the most appealing messages of the book is that, although difficult, the attempt to tame behavioral complexity can be patiently undertaken. To this end, several authors in the volume seem to aim at the refinement and empowerment of multilevel, or cross-level, explanatory strategies. Others seem to suggest that we ought to work out classificatory criteria that allow to tackle that complexity in alternative ways, i.e. in ways that are not traditionally provided by the nosology of DSM manuals.

Providing such criteria could be not only useful and fruitful, but also challenging with respect to the way we conceive *explanation* and aetiological relations in psychiatry. The challenge would be thus also philosophical. Both the notion of *description* and that of *explanation*, in fact, seem to emerge from the pages of the volume as the two sides of the same coin, they need each other in an essential way, at least in the domain of psychiatric disorders, and of behavioral phenomena. That is why the huge store of knowledge, observations and descriptions represented by the phenomenological tradition should be carefully reconsidered from the analytical side. In this way the dialogue between the two traditions will be likely to lead to innovative and useful results. In so doing, the analytical perspective of the first section and the continental approach of the second one might converge in a more comprehensive and fine-grained, philosophical understanding of behavioral phenomena and psychiatric disorders.