

# History & Philosophy of Medicine & Pharmacy Case Studies and the Role of Analytic Philosophy

## Synopsis, Key Readings and Learning Points

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Through a case study and interactive exercises, this session will cover

- 1) The nature and scope of **philosophy and mental health**
- 2) The role of **linguistic analysis** as a particular philosophical method of enquiry important in the early development of philosophy and mental health
- 3) The role of **philosophical value theory** as an application of linguistic analysis to the language of values
- 4) Developments in **values-based practice** as a practical spin off from the application of philosophical value theory to the language of medicine

### **1) Philosophy and Mental Health**

The cross-disciplinary field of philosophy and mental health covers topics at the interface between philosophical theory and the practical challenges of policy, clinical work and neuroscientific research in mental health.

The field developed in the 1990s, partly as a response to advances in the neurosciences (the 1990s were heralded as “the decade of the brain”), and partly as a response to changes in service organisation and delivery (in particular the development of services that are user-centred rather than professional-centred and multidisciplinary rather than being dominated by any one professions, eg doctors, or psychologists).

Philosophy and mental health is both research driven, drawing on the resources of a wide variety of different areas of philosophy, but also highly focused on practical applications for policy, clinical work and empirical research in mental health.

Philosophy and mental health covers five main areas: conceptual analysis, history of ideas, philosophy of science, philosophical value theory, and philosophy of mind (including phenomenology).

Each of these areas is already having an impact on practice but we will be focusing in this session particularly on the first and fourth areas, conceptual analysis and philosophical value theory.

### **Key readings in Philosophy and Mental Health**

- Fulford, K.W.M., Thornton, T., and Graham, G. (2006). Progress in Five Parts. Chapter 1 in Fulford, K.W.M., Thornton, T., and Graham, G. The

Oxford Textbook of Philosophy and Psychiatry. Oxford: Oxford University Press.

- [NOTE: This textbook will be available from Spring 2021 as an open access publication at: [inpponline.com](http://inpponline.com)]

*This reading gives a brief summary of developments in each of the five main areas of philosophy of mental health (concepts of disorder, history of ideas, philosophy of science including diagnosis, value theory and values-based practice, and philosophy of mind and phenomenology). These areas are filled out in the book as a whole through guided readings supported by a CD ROM.*

- Fulford, K. W. M, Morris, K. J., Sadler, J. Z. and Stanghellini, G. (eds.) (2003) Nature and Narrative: an Introduction to The New Philosophy of Psychiatry. Oxford: Oxford University Press.

*This book, which launched a new series from Oxford University Press on International Perspectives in Philosophy and Psychiatry, includes examples of some of the best work in each of the main areas of the new discipline.*

*The introductory chapter gives an account of the development of the new field and of its historical setting in 20<sup>th</sup> century within its two parent disciplines, philosophy and psychiatry*

*The full series can be viewed and volumes ordered through the Oxford University Press at: <http://www.oup.co.uk/series/i/ipp/>*

- Fulford, K.W.M., Davies, M., Gipps, R., Graham, G., Sadler, J., Stanghellini, G., and Thornton, T. (2013). The Oxford Handbook of Philosophy and Psychiatry. Oxford: Oxford University Press.

*A more advanced reader with articles by many of the key philosophy contributors to the field. The Handbook is unusual in being organised around the stages of the clinical encounter rather than within traditional philosophical areas. It is supported by a website including a resource of service user literature.*

*This book is the launch volume for a series of Handbooks from OUP covering key areas of philosophy and mental health (see website below)*

## **2) Linguistic Analysis**

Linguistic analysis is a branch of analytic philosophy, developed in the middle decades of the 20<sup>th</sup> century by the ‘Oxford School’, that explores the meanings of complex or otherwise problematic concepts through the ways they are used in ordinary (ie everyday) language.

As a branch of analytic philosophy, and hence very abstract in focus, linguistic analysis might be thought to be somewhat remote from the contingencies of day-to-

day practice. Nothing could be further from the case! As we will explore in the session, linguistic analysis includes a number of key ideas that have highly practical applications not only in mental health and social care but, increasingly, across healthcare as a whole.

These key ideas include: 1) higher- and lower-level concepts; 2) definition and use; 3) mental health and theoretical physics; and 4) philosophical fieldwork and a more complete view.

### ***2.1 ~ Higher- and Lower-level Concepts***

Philosophy is concerned with the meanings of what might be called ‘higher-level concepts’. Such concepts include mind, causation, time, and so forth.

“Time” is a higher-level concept in the sense that it forms part of the meanings of many lower-level concepts (eg clock, hour, rhythm, etc., etc.)

The concept of mental disorder is one of a number of higher-level concepts with which philosophy and mental health is concerned. We will be the concept of mental disorder in the session and its relationship to other higher-level concepts such as that of bodily disorder.

### ***2.2 ~ Definition and Use***

A key characteristic of higher-level concepts is that they are (in general) difficult to define and yet relatively **easy to use** in everyday discourse. The concept of ‘time’ for example, is difficult to *define* even though we all *use* it in most contexts without any difficulty at all.

### ***2.3 ~ Mental Health and Theoretical Physics***

However, the concept of time is problematic in some contexts, notably in theoretical physics.

In the session we will be looking at the parallels between mental health and theoretical physics in this respect. What will emerge is that the problems in use associated with the concept with mental disorder (in contrast with that of bodily disorder) reflect the fact that mental health is, in important respects, structurally similar to theoretical physics – ie both are areas in which if we are to make progress we have to take seriously not only the observational basis of our science but also the *concepts* that help us to structure and make sense of our observations.

### ***2.4 ~ Philosophical Fieldwork and a More Complete View***

JL Austin, a leading figure in the Oxford School, argued that we should draw on our ability to use higher-level concepts as a practical ‘hands on’ way of doing philosophical work on their meanings. We will be following Austin’s suggestion in the session, ie exploring the concept of mental disorder not in the abstract but by studying real cases and the actual texts used by psychiatry.

The outcome of Austin's hands-on way of doing philosophy as we will find, is not a full or final understanding of the concepts in question, but, no less important, a more complete picture of the rich variety of their meanings.

### **Key Readings in Linguistic Analysis**

- Austin, J.L. (1956-7) A plea for excuses. Proceedings of the Aristotelian Society 57:1-30. Reprinted in White, A.R., ed. (1968) The Philosophy of Action. Oxford: Oxford University Press, pps 19-42.

*This is the most explicitly methodological of Austin's papers. He explores the concept of action as a higher-level concept, not abstractly, but through real-life case examples of people giving excuses in court.*

*Towards the end of this article, Austin signals the importance of psychiatric case histories for philosophers. Sadly, Austin died relatively young and before he could pursue this idea. In many respects the emergence of the new field of philosophy of psychiatry, some 40 years later, can be seen as taking his idea forward.*

- Warnock, G.J. (1989) J. L. Austin. London: Routledge.

*Geoffrey Warnock, one of Austin's pupils, gives a balanced and very clear account of Austin's work in this book. The introductory chapter gives a very clear account of Austin's 'method' and of its strength and limitations.*

- Three chapters from Part I of Fulford, K.W.M., Thornton, T., Graham, G. (2006) The Oxford Textbook of Philosophy and Psychiatry. Oxford: Oxford University Press.

Chapter 2 - Philosophical *problems* in mental health practice and research.

Chapter 4 - Philosophical *methods* in mental health practice and research.

Chapter 6 - Philosophical *outputs* in mental health practice and research.

*These three chapters of the Oxford Textbook explore through a series of readings and other worked examples, the key ideas in linguistic analysis as they apply to work on concepts of disorder. Chapter 2 sets out how the **problem** of the concept of mental disorder should be understood; chapter 4 works through the **methods** of enquiry that are appropriate in this area; and chapter 6 illustrates the kind of **outcomes** that we can expect, thus paving the way for the practical applications of linguistic analysis explored in later chapters.*

*Each chapter includes (in addition to worked exercise), key learning points, self-test questions and extensive reading guides for further study.*

### **3. Philosophical Value Theory**

Philosophical value theory (sometimes called moral theory) is a particular strand of the work of the Oxford School focussing on the meanings of value terms.

In the session we will be drawing particularly on the work of one of Austin's successors, R M Hare, to illustrate how this very abstract area of the philosophy of values has come to have directly practical applications in everyday mental health and social care.

The starting point for these applications is the observation that the use of the concept of mental disorder is more overtly value-laden than the use of the concept of bodily disorder. The relatively value-laden nature of mental disorder has been taken by many to show that psychiatry is unscientific compared with other areas of medicine. Hare's work suggests an entirely different explanation, namely that the value-laden nature of the concept of mental disorder is a reflection of the *diversity of human values*. It is this diversity that is the starting point for Values-Based Practice.

This is how the line of argument runs:

### ***3.1 ~ The criteria for the value judgments expressed by value terms are descriptive criteria***

Hare made a 3-way set of distinctions that is helpful to us in thinking about the medical concepts: value *terms*, he said, express value *judgments*, the criteria for which are *descriptive* (or factual).

Thus the value *term* 'good apple' expresses the value judgment that a given apple is good. But this value *judgment* (at least where the apple in question is an eating apple) is made on the basis of such *descriptive* criteria as that the apple in question is 'grub free, crunchy, sweet, etc.

### ***3.2 ~ Value terms that express widely shared values may come to look like descriptive (or factual) terms***

Hare went on to point out that shared values go with shared descriptive criteria for the value judgments in question. Thus, for most people a good eating apple is one that (as above) is grub free, crunchy, sweet, etc. The result is that through repeated use (repeated association) the descriptive criteria for the use of that value judgment will come to be associated with the meaning of the value term to the extent that the term in question comes to 'look like' a *descriptive* term. People agree (by and large) that a good apple is grub-free, crunchy and sweet, and so these descriptions become attached by association to the meaning of the value term 'good apple'.

By contrast, for an area where values are *not* shared, the evaluative meaning remains prominent: for the value term 'good picture', for example, there are no widely shared descriptive criteria (ie people disagree about what is a good picture), and so the value term 'good picture' remains overly evaluative (it expresses aesthetic value) values.

### ***3.3 ~ Applying this to the concept of mental disorder***

Hare's observation about the way that value terms may come to look like descriptive terms where the values in question are widely shared, can be applied directly to explain the more value-laden nature of the concept of mental disorder compared with that of bodily disorder.

Thus, bodily disorders are associated with things like severe pain and imminent death, where our values are *shared* (severe pain and imminent death are, in and of themselves, bad by pretty well anyone's standards).

But mental disorder is associated with areas of human experience and behaviour, such as emotion, desire, volition, motivation and belief, where human values, far from being widely shared, are characteristically highly *diverse*.

If 'disorder' is a value term, then, the 'problem' with mental disorder (that it is more value laden than bodily disorder), ceases to be a problem and is seen to reflect a vitally important aspect of human diversity, namely our diversity of values (of course there are many other aspects to human diversity).

### **Key Readings in Philosophical Value**

- Hare, R.M. (1952) The language of morals. Oxford: Oxford University Press.

*Hare's first book, The Language of Morals, gives a good feel for his approach, including his arguments showing why some value terms may come to 'look like' descriptive terms.*

- Fulford, K.W.M. (1989, reprinted 1995 and 1999) Moral Theory and Medical Practice. Cambridge: Cambridge University Press.

*This book explores the applications of philosophical value theory to the 'language of medicine', including a detailed analysis of the many different uses of the concept of disease, and, drawing also on Austin's work on action theory, applications to the wide variety of different areas of psychopathology.*

*Moral Theory and Medical Practice provides the key philosophical theory underpinning values-based practice*

- Fulford, K.W.M. (2004) Ten Principles of Values-Based Medicine. Ch 14 In Radden, J. (Ed) The Philosophy of Psychiatry: A Companion, pps 205-234. New York: Oxford University Press.

*This chapter draws together some of the key applications of philosophical value theory to practice in the form of 10 key principles of Values-Based Practice. The principles are also illustrated by a detailed case history that runs through the chapter.*

*Further more detailed development of philosophical theory guiding values-based practice are given in chapters 18 and 21 of The Oxford Textbook of Philosophy and Psychiatry (see above).*

### **4. Values-Based Practice**

Values-based practice is a skills-based approach to working with complex and conflicting values derived by applying the work of Hare and others in philosophical value theory to the language of medicine.

### **3.4 ~ From theory to practice – Values-Based Practice**

Starting from the diversity of human values (above), values-based practice offers a skills-based approach to balanced decision-making where complex and sometimes conflicting values are in play.

As described further in the handouts, values-based practice was developed first for mental health in the form of a training manual, ‘Whose Values?’, produced jointly by the Sainsbury Centre for Mental Health and the Philosophy and Ethics of Mental Health programme at Warwick University.

‘Whose Values?’ was launched by the Minister, Rosie Winterton, at a conference in London in 2004 and became the basis for a number of policy and service developments in the Department of Health. We will be looking briefly at some of these, including applications to the *Mental Health Act 2007*, the *Delivering Race Equality* programme, *New Ways of Working* for service delivery, and a joint programme with WHO on assessment in mental health, *The 3 Keys*.

#### **Key Readings in Values-Based Practice**

- Woodbridge, K., and Fulford, K.W.M. (2004) [Whose Values? A workbook for values-based practice in mental health care](#). London: Sainsbury Centre for Mental Health.

*‘Whose Values?’ was developed with front-line teams working in mental health and social care as a training manual. The manual has subsequently become the basis for other training initiatives supporting the policy and service development programmes noted above.*

*A PDF is available on the website for The Collaborating Centre for Values-based Practice at [valuesbasedpractice.org](http://valuesbasedpractice.org) (follow the links **More about VBP/PDF downloads**)*

- Fulford, K.W.M., Peile, E., and Carroll, H (2012) *Essential Values-based Practice: clinical stories linking science with people*. Cambridge: Cambridge University Press

*This is the launch volume for a new book series from Cambridge University Press on values-based practice. It illustrates through a series of detailed case studies the applications of values-based practice in a range of health care contexts including cardiology, paediatrics, breast surgery, etc.*

*Other books in the series explore Values-based Commissioning (Chris Heginbotham) and Values-based Inter-professional Care (Jill Thistlethwaite). Forthcoming in 2014 is a collection of critical essays edited by Michael Loughlin (‘Debates in Values-based Practice’).*

*Available from CUP or via the website for The Collaborating Centre for Values-based Practice at [valuesbasedpractice.org](http://valuesbasedpractice.org) (follow the links **CUP Book Series** in the right hand column)*

- Handa, IA., Fulford-Smith, L., Barber, ZE., Dobbs, TD., Fulford, KWM., and Peile, E (2016) The importance of seeing things from someone else's point of view. BMJ Careers on-line journal (published in hard copy as 'Learning to Talk about Values') – also available via: [http://careers.bmj.com/careers/advice/The\\_importance\\_of\\_seeing\\_things\\_from\\_someone\\_else's\\_point\\_of\\_view](http://careers.bmj.com/careers/advice/The_importance_of_seeing_things_from_someone_else's_point_of_view)

*This article illustrates values-based in the context of surgical care*

## WEBSITE

For details of values-based practice including a detailed Reading Guide please see the website for the Collaborating Centre for Values-based Practice in Oxford: [valuesbasedpractice.org](http://valuesbasedpractice.org) (see also below, Further Information

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## **Key Learning Points from the Session**

1) **Philosophy and mental health** is an interdisciplinary field that developed in the 1990s as a response to advances in the neurosciences and changes in service delivery towards more person-centred approaches.

Philosophy and mental health covers five key areas: conceptual analysis, history of ideas, philosophical value theory, philosophy of science, and philosophy of mind.

2) **Linguistic analysis** is a branch of analytic philosophy that involves exploring the use of concepts as a way of gaining a more complete understanding of their meanings.

3) **Philosophical value theory** applies linguistic analytic methods to the language of values.

4) **Values-based practice** was derived by applying insights from philosophical value theory to the language of medicine.

As a skills-based approach to working with complex and conflicting values, values-based practice was developed first in mental health but is now being extended to other areas of both primary and secondary care.

## **Further information**

### **Philosophy and Mental Health**

**International Network for Philosophy and Psychiatry:** <http://www.inpponline.org/>



**IPPP (International Perspectives in Philosophy and Psychiatry) Book Series:**  
<http://www.oup.co.uk/series/i/ipp/>

**PPP (Philosophy, Psychiatry and Psychology) journal:**  
[http://www.press.jhu.edu/journals/philosophy\\_psychiatry\\_and\\_psychology/](http://www.press.jhu.edu/journals/philosophy_psychiatry_and_psychology/)

### **Masters Programmes in Philosophy and Mental Health**

- Available by local teaching and/or distance learning is:  
**MPhil in Philosophy & Ethics of Mental Health** at University of Pretoria, South Africa:  
[www.up.ac.za/pemh](http://www.up.ac.za/pemh)
- Available by distance learning is:  
**MA/PGDip/PGCert in Philosophy and Mental Health** at University of Central Lancashire, UK:  
[http://www.uclan.ac.uk/information/courses/ma\\_pg\\_dip\\_pgcert\\_philosophy\\_and\\_mental\\_health.php](http://www.uclan.ac.uk/information/courses/ma_pg_dip_pgcert_philosophy_and_mental_health.php)

### **Values-based Practice**

For a more detailed reading guide on values-based practice together with downloadable PDFs of many key publications and other resources please go to the website for The Collaborating Centre at [valuesbasedpractice.org](http://valuesbasedpractice.org) and follow the links **More about VBP/Reading Guide**

Resources for training in values-based practice in mental health and primary care are given on the website of The Collaborating Centre at [valuesbasedpractice.org](http://valuesbasedpractice.org) and follow the links **More about VBP/Reading Guide/The Practice of Values-based Practice/Teaching and Learning**(also **More about VBP/Full Text Downloads**)

Additional resources for training in values-based practice in secondary care are currently being developed by The Collaborating Centre. For a **Handbook of Values-based Practice in Clinical Care** and associated **Resources Library** based on our programme with the Nuffield Department of Surgical Sciences please go to [valuesbasedpractice.org](http://valuesbasedpractice.org) and follow the links 'What do we do/Training Manual and Resources Library'

If you want more information, are interested in attending a session in values-based practice or would like to get involved in helping to pilot our new materials, please contact us via the website for The Collaborating Centre at [valuesbasedpractice.org](http://valuesbasedpractice.org) and use the **Contact Us** link (top of right-hand column every page).