Psychiatric Discourse: Scientific reductionism for the autonomous person

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Psychiatric discourse

1) Historical/current debates within psychiatry; *Of two minds* (Tanya Luhrmann)
2) Beyond psychiatry: Power, Impact on society (Michel Foucault)
3) Progress in psychiatry; Role of philosophy

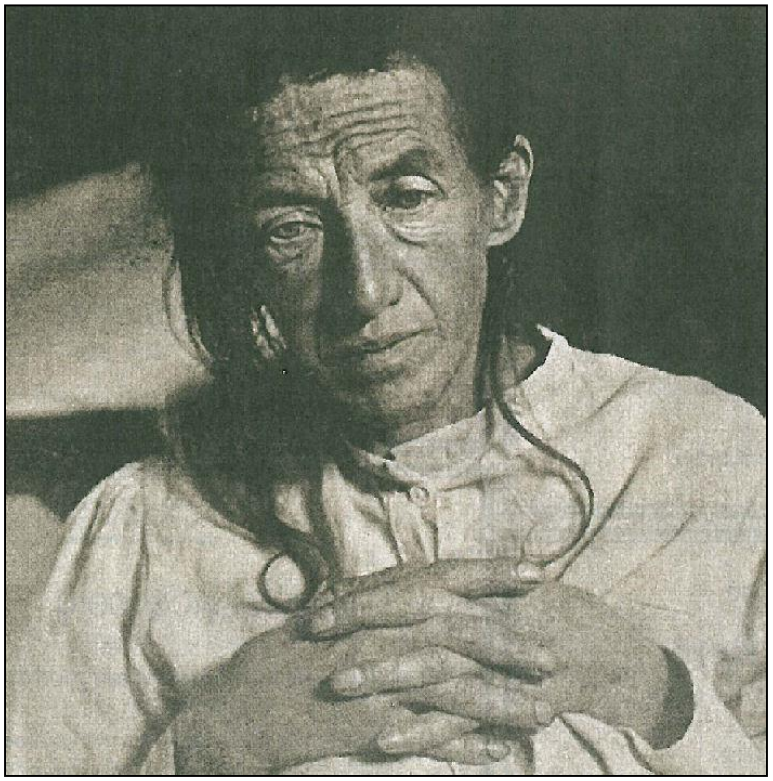
Scientific reductionism

1) Complex -> simple
2) x -> y; y is *prior to* x, *more basic than* x, *fully depends on* x [Mind -> Brain]
3) Levels of explanation
4) Hierarchy of explanatory models

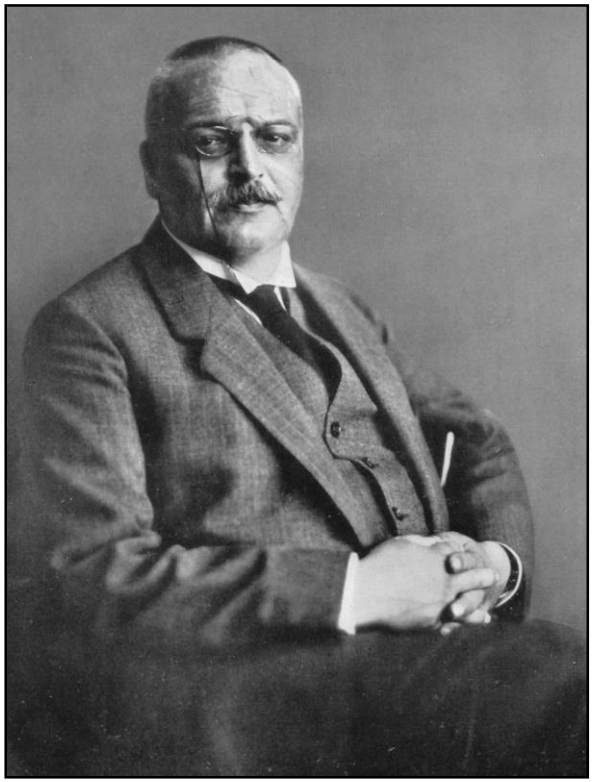
Autonomous person

1) Self-governing agent
2) Power to initiate action
3) Threats to autonomy: lack of reason, addiction
4) Self-efficacy (Albert Bandura): *belief* in innate ability to achieve goals

Story of a patient and a doctor

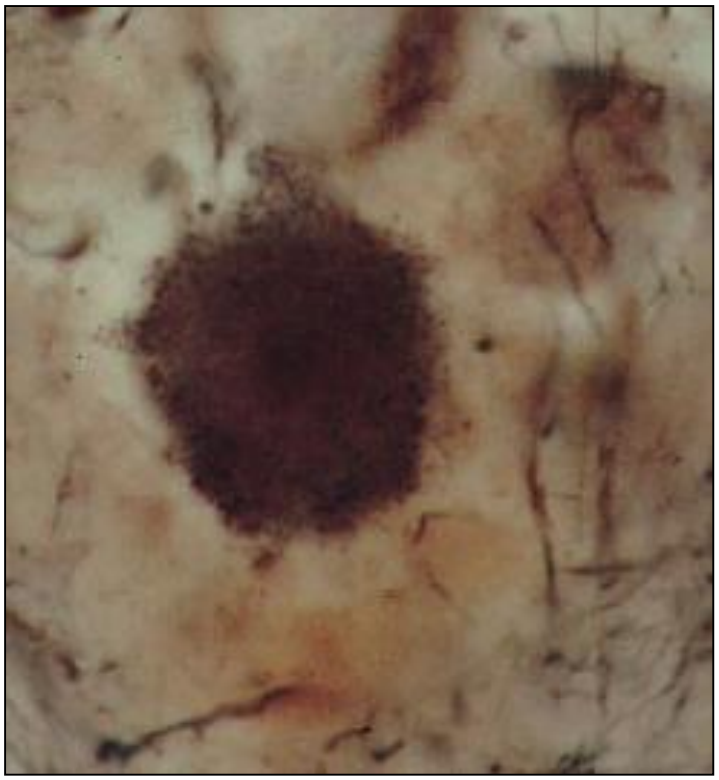


Auguste Deter (1850 - 1906)

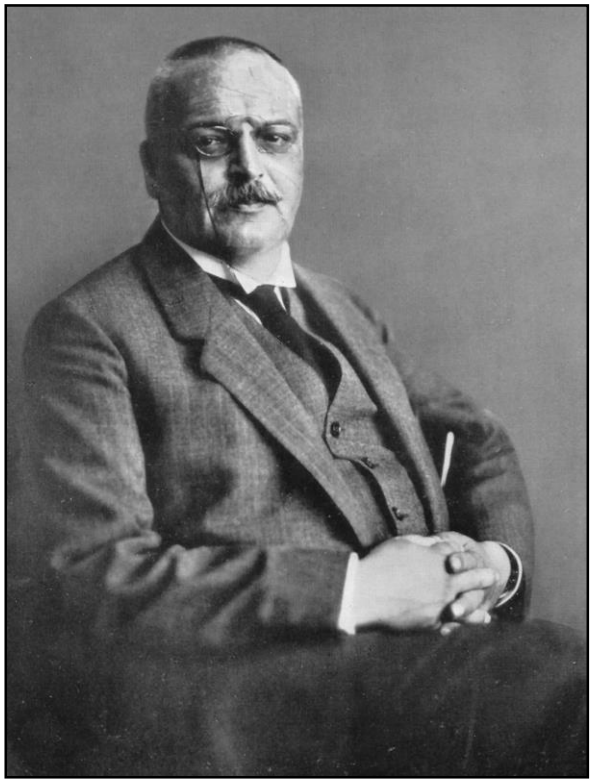


Alois Alzheimer (1864 - 1915)

Story of a brain and a doctor



Alzheimer, A. (1907)
A Z P P-G M, 64: 146–148.



Alois Alzheimer (1864 - 1915)

Levels of AD Research

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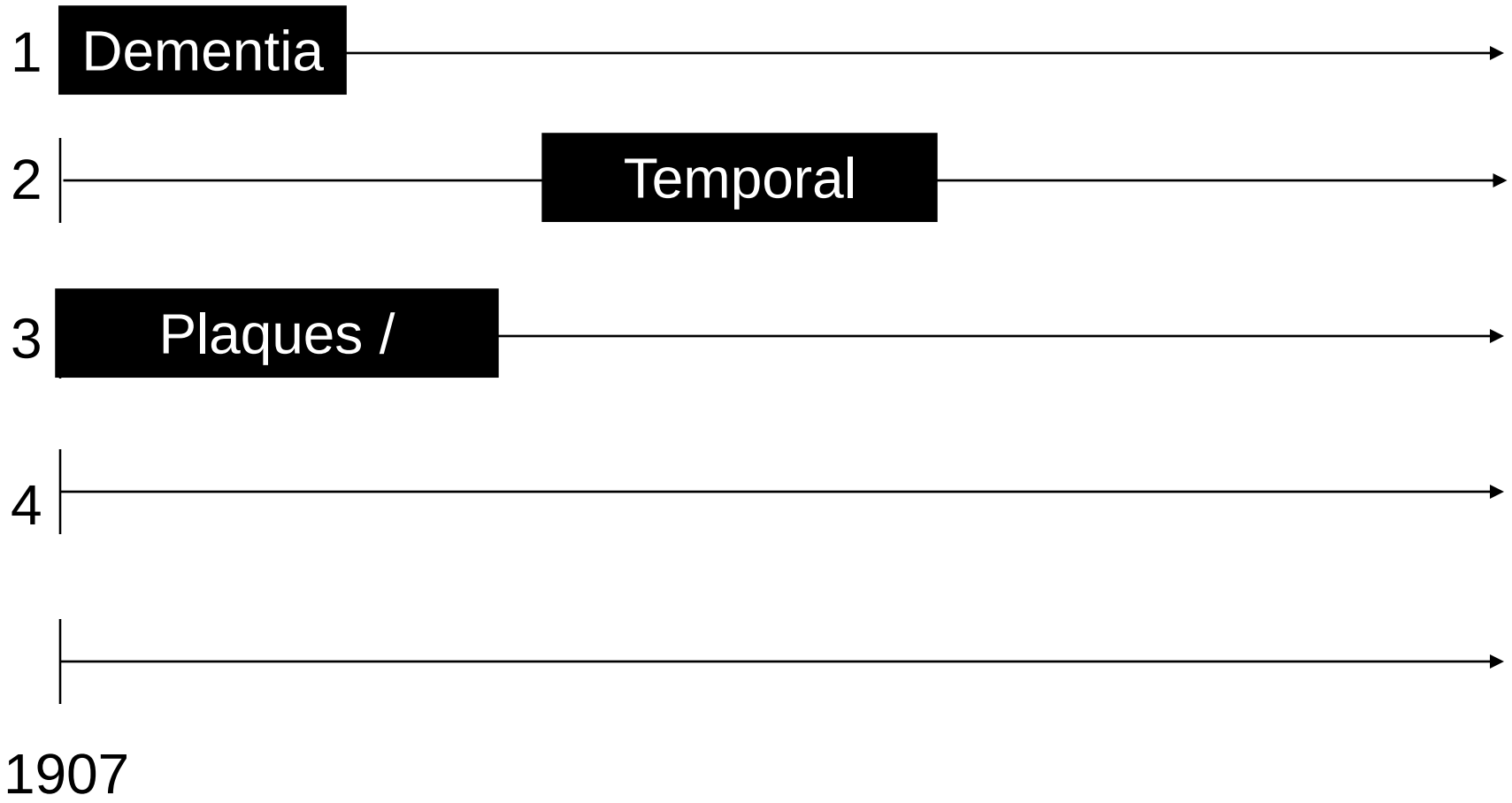
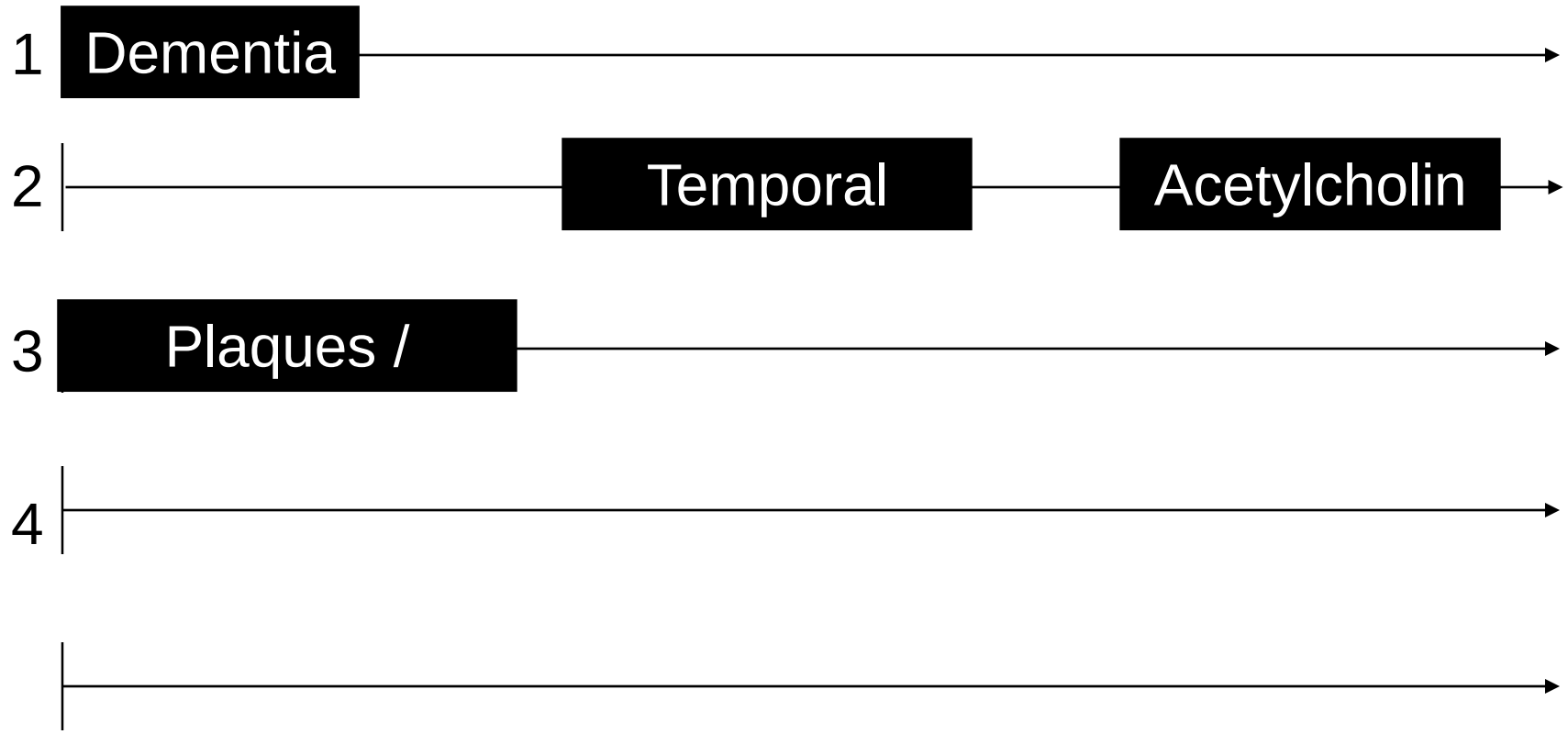
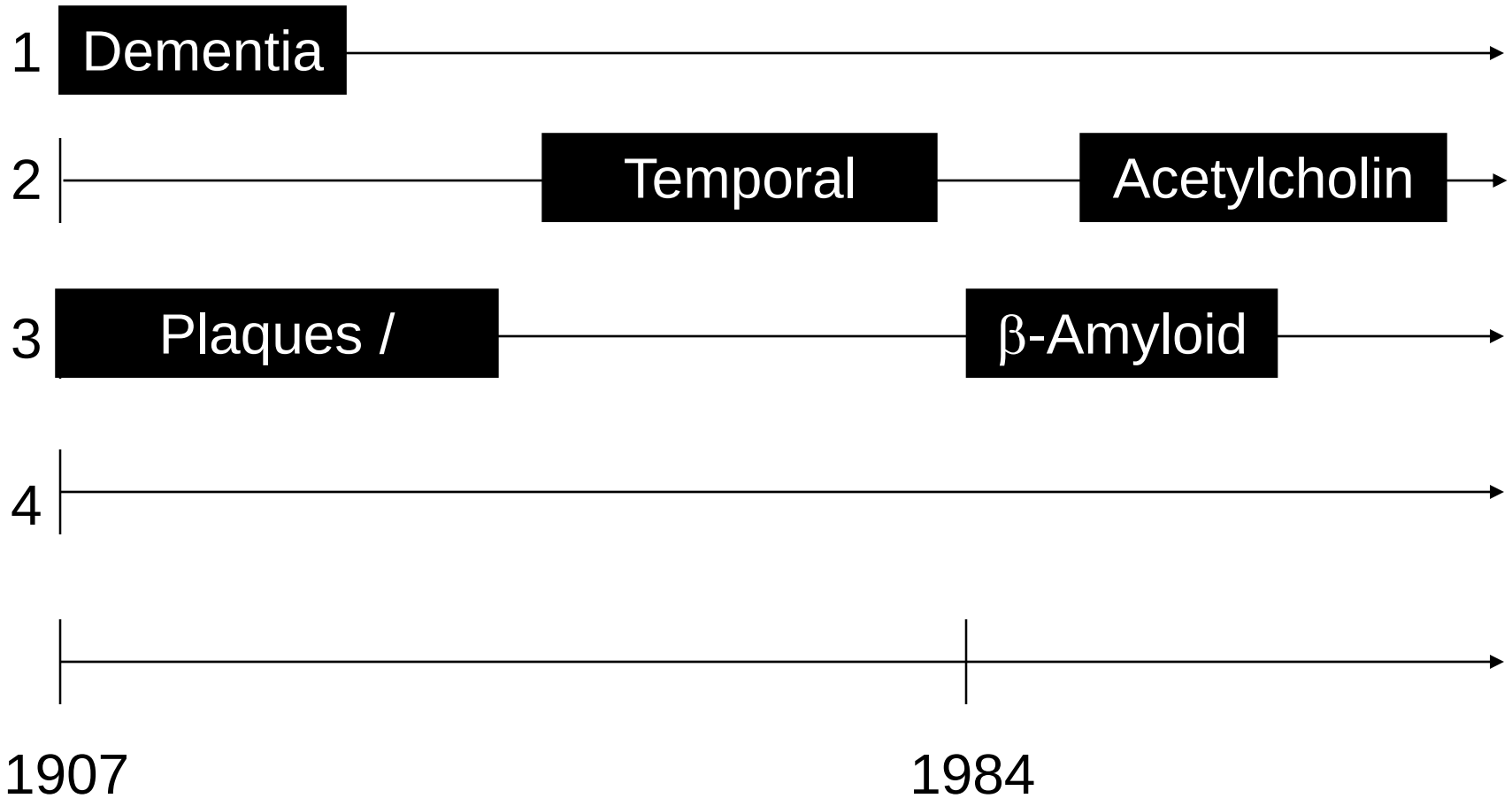


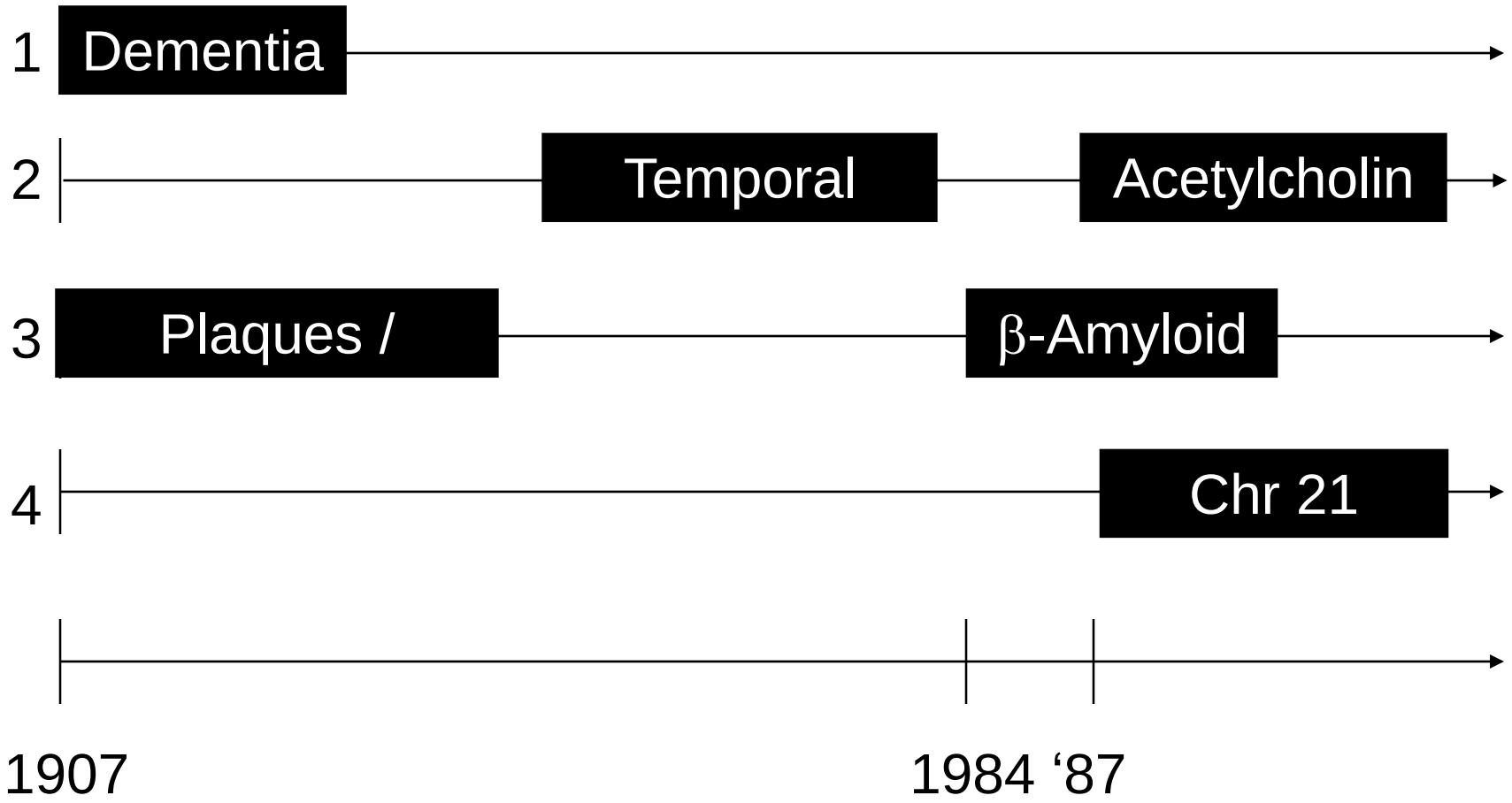
Levels of AD Research



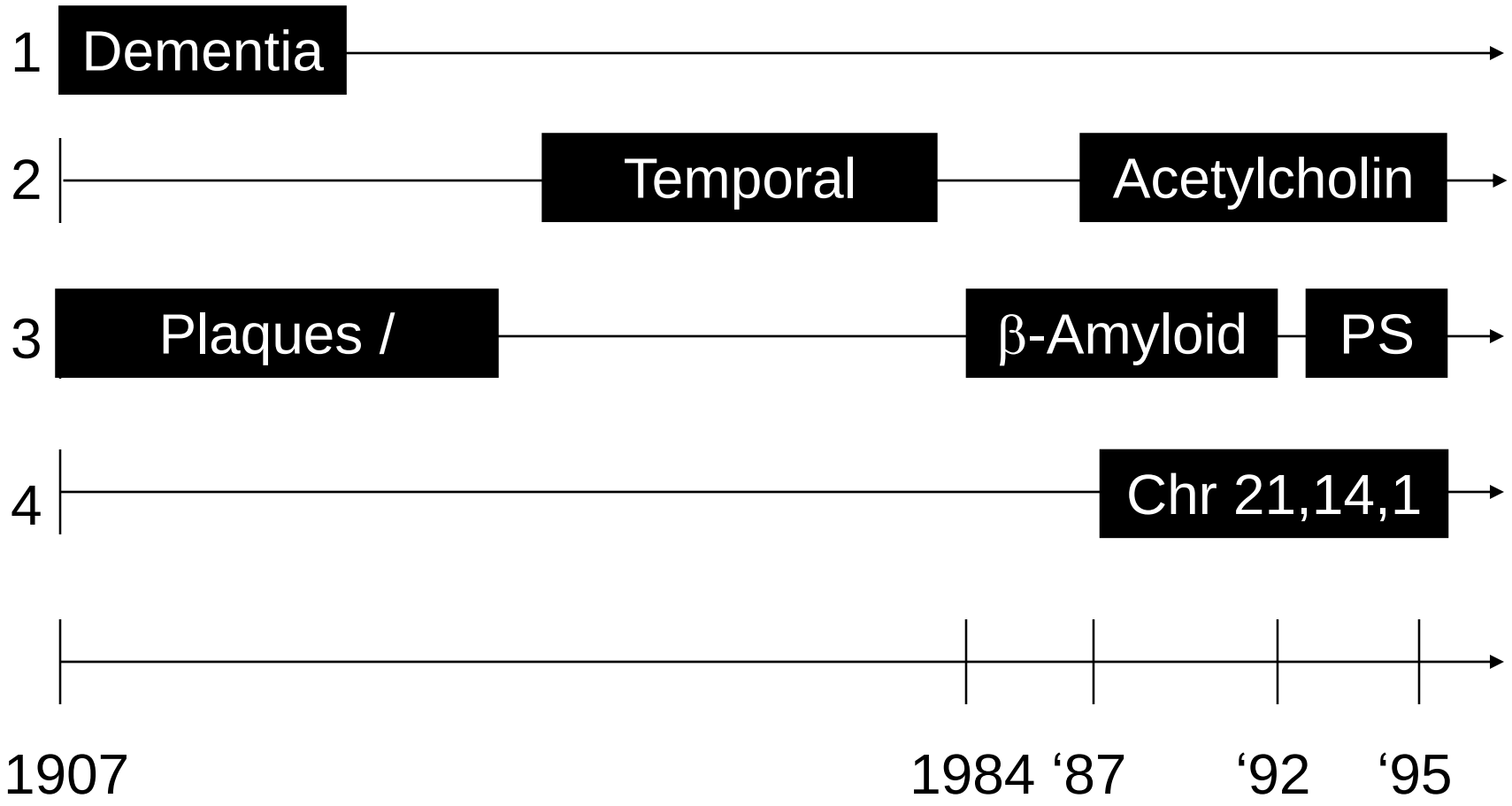
Levels of AD Research



Levels of AD Research



Levels of AD Research



Scientific reductionism in psychiatry

1) Psychiatric situation
2) Psychiatric diagnosis
3) Clinico-pathological correlation
4) Causal inference testing

Psychiatric situation

Dyadic/interactional encounter of two persons: [P1] Experience -> [P2]

Formulation

1)Karl Jaspers: *Verstehen* vs. *Erklären*

2)Martin Buber: *I-You* vs. *I-It*

3)Harry Stack Sullivan: Psychiatric Interview

Psychiatric diagnosis

Formulation -> Diagnosis

1) Categorical assessment of normal/abnormal
2) Dimensions
3) Heterogeneity
4) Limited validity; hierarchy of validators?

Clinico-pathological correlation

Signs/Symptoms/Diagnosis -> Brain

1) Pathology
2) Genetics
3) Neuroimaging
4) Psychiatry = Clinical Neuroscience ?

Causal inference testing

Mind -> Circuits -> Cell -> Protein -> Gene

1) Experimental medicine
2) Randomized controlled trial
3) Rescue capabilities, prevent deficits

Types of reductionism

1) Reducing complexity:
   - [P1] Experience->[P2] Formulation
   - Formulation->Diagnosis
2) Correlation: Signs/Symptoms/Diagnosis->Brain
3) Causation: Mind->Circuit->Cell->Protein->Gene

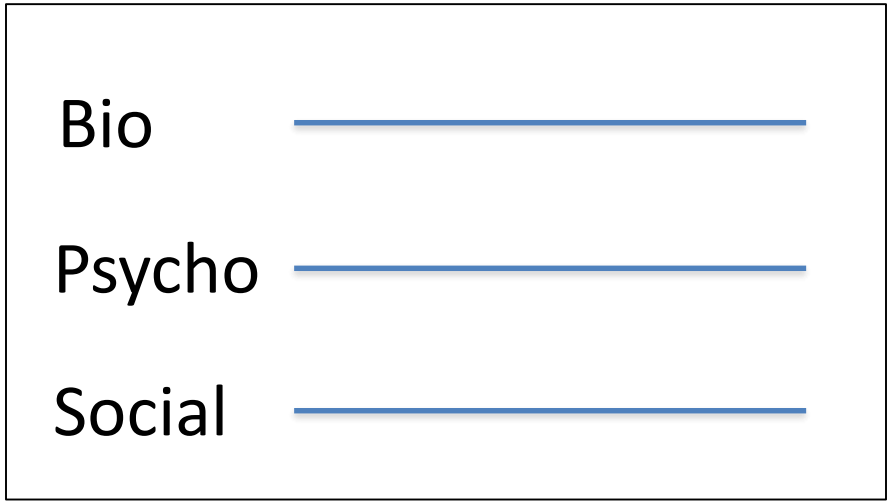
Does reductionism work?

1) Validation of clinical diagnosis [EEG, MRI]
2) Population health [syphilis]
3) Predictive validity [allelic variation]
4) Drug development

Reductionism vs. Pluralism

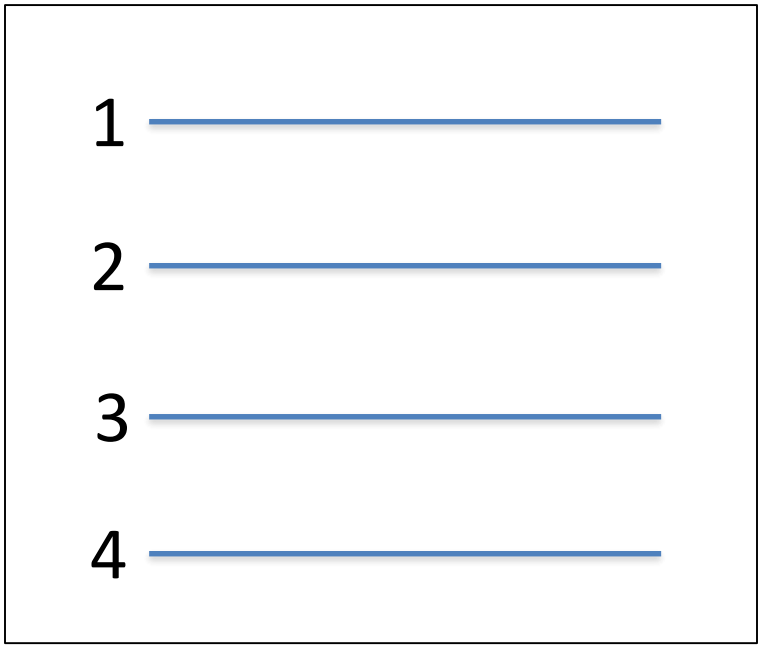
1) Psychiatric movements: from sects to science (Leston Havens)
2) Bio-psycho-social model (George Engel)
3) Psychiatric perspectives (Paul McHugh)

Pluralism



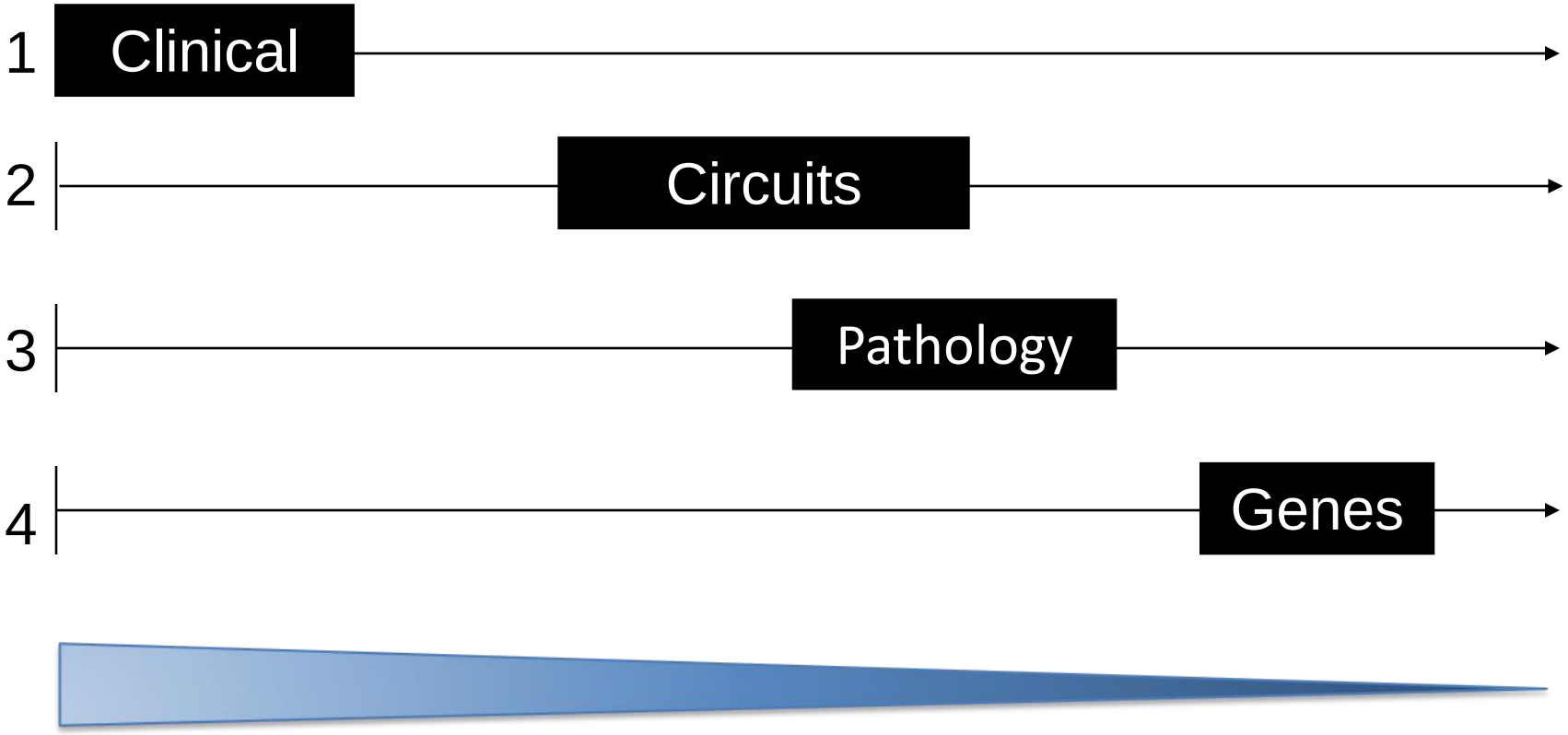
- Independence?
- Convergence?
- Explanatory power?
- Progress?

Reductionism



- Eliminative?
- Causative links?

Levels of Psychiatric Research



Psychiatric matrix

		P1	
		YES	NO
P2	YES		
	NO		

Psychiatric matrix

		P1	
		YES	NO
P2	YES		
	NO		NO/NO

Psychiatric matrix

		P1	
		YES	NO
P2	YES	YES/YES	
	NO		NO/NO

Psychiatric matrix

		P1	
		YES	NO
P2	YES	YES/YES	
	NO	YES/NO	NO/NO

Psychiatric matrix

		P1	
		YES	NO
P2	YES	YES/YES	NO/YES
	NO	YES/NO	NO/NO

Psychiatric matrix

		P1	
		YES	NO
P2	YES		NO/YES
	NO		

Personality Disorders

1) Abnormal pattern of inner experience and behaviors that leads to distress and impairment in functioning
2) Stress vs. distress; normal / abnormal
3) Category vs. dimension

Neurodevelopmental Disorders

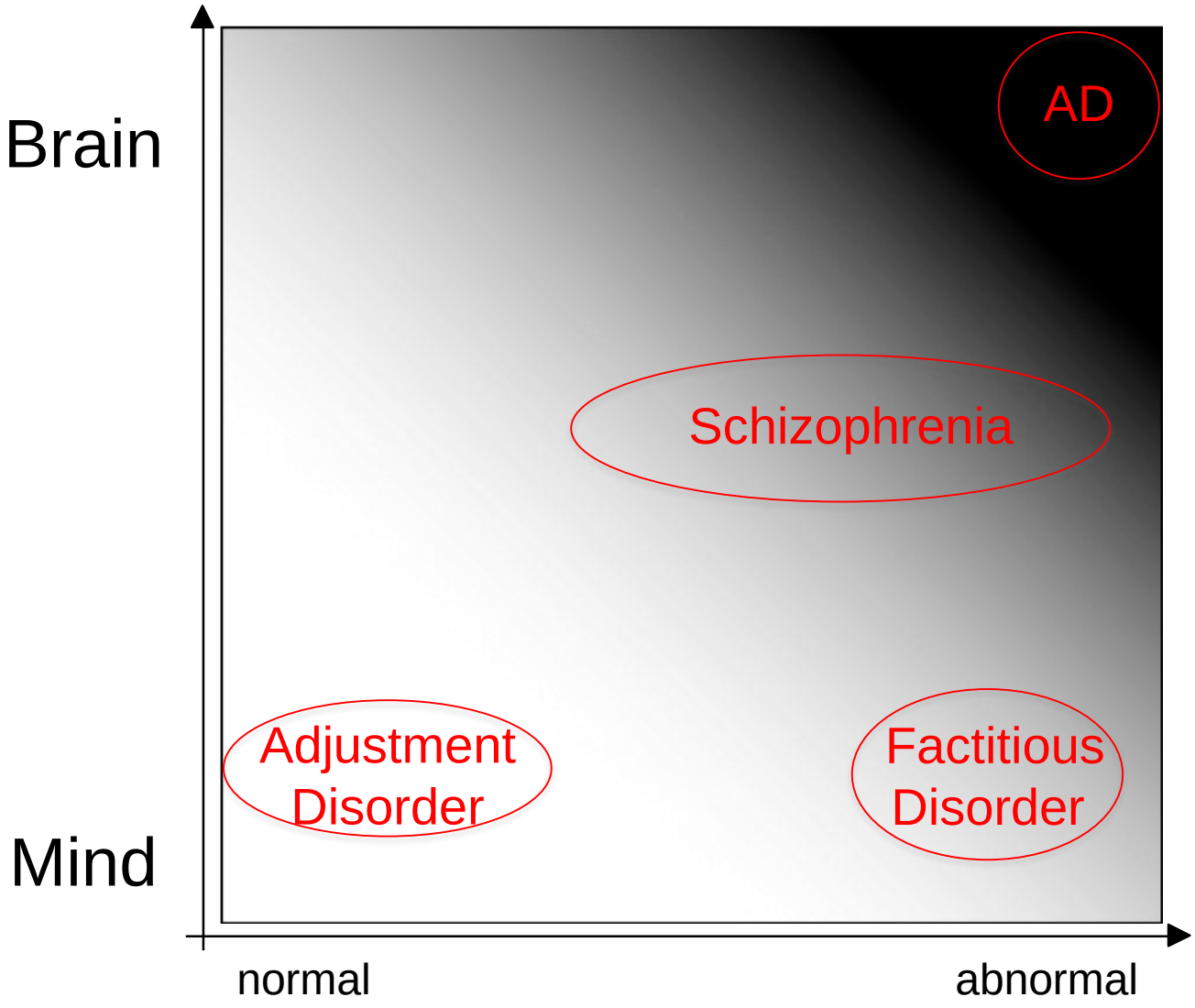
1) Autism Spectrum
   - Recent prevalence estimates
   - Access to services
2) Neurodiversity

Psychotic Disorders

1) Reality distortion
2) Baseline rates
3) Social impairment
4) Insight

Psychiatric disorders

1) Reliability and validity differences
2) Need for treatment
3) Agency is a constraint for scientific reductionism in psychiatry


Brain
Mind
AD
Schizophrenia
Adjustment Disorder
Factitious Disorder
normal
abnormal
Need for treatment

Psychiatric discourse

1) 4 Levels of explanation

   (Clinical, Circuits, Pathology, Gene)

2) Psychiatric matrix

   (P1 & P2 dis-/agreement)