The Problem of Mind/Body Dualism in Psychiatry- Part 1

There is nothing inherently dehumanizing or “stigmatizing” about a psychiatric diagnosis. Ironically, such inflammatory charges only worsen society’s animus and prejudice toward those with mental illness, by implying that having a psychiatric disorder is grounds for shame. Diagnoses in other medical specialties rarely provoke such a reaction...I believe that psychiatric diagnoses are castigated largely because society fears, misunderstands and often reviles mental illness [1]. There has been systematic discrimination against patients with mental illness for many decades by insurance companies. The coverage for psychiatric disorders was “carved out” from the coverage for other illnesses and payments for psychiatric services were declined or denied. The Mental Health Parity Act of 1996 (expired September 2001) had only limited effect and its provisions were easily circumvented [2]. The Surgeon General declared that “equality between mental health coverage is an affordable and effective objective” in 1999 (Mental Health: a report of the Surgeon General. Rockville, MD: DHHS, 1999). The report finds that mental disorders can be reliably diagnosed, impose an enormous burden, and can be effectively treated. The Mental Health Equitable Treatment Act of 2001 has not delivered a fundamental change in the treatment of patients with mental illness. State parity statutes vary and continue to restrict access to care [2].

The persistent stigma of mental illness [3] is an important factor driving such discriminatory policies. Public acceptance of a neurobiological concept of mental illness has increased in recent years, however, stigma among the American public appears to be surprisingly fixed [3]. A review of 33 studies showed that “biogenetic” causal attributions of mental illness do not result in increased tolerance but were in fact related to stronger rejection in most studies examining schizophrenia [4]. Psychiatry has failed to effectively address the stigmatization of mental illness. This failure may be traced to lack of clarity about the fundamental issue facing the field, the mind/body dualism pervasive in our culture. Dualism has consequences for defining what psychiatry is and what it aspires to become. Psychiatry is in an increasingly severe crisis as a result. It is a discipline built on a fault line straddling the tectonic plate of neuroscience, which includes neuro-psychopharmacology and other biological treatments on the one hand, and the tectonic plate of the "psychosocial “which includes a host of psychotherapies and social systems interventions. The unfortunate divorce of psychiatry from neurology occurred many decades ago. Psychiatry left the home of the brain and got involved in a long-lasting affair with psychoanalysis and other disciplines that emphasized the notion that there was more to the human mind and its afflictions than a reductionist “bag of enzymes [5]. " With the ascent of biological psychiatry, the tension between psychological and medical approaches increased and the synthesis of the “biopsychosocial” model [6] became the official philosophy of the American Psychiatric Association and its diagnostic manual, the DSM, now in its 5th edition. Despite the exponentially increasing literature supporting a "reductionist and materialistic" model of the mind /brain, most of us remain intuitive dualists. A study of 250 students at Edinburgh University and 1858 healthcare workers and members of the lay public studied at the University of Liege [7] found that the majority of participants regarded mind and brain as separate entities. A similar study of 136 mental health faculty members at McGill University showed that mental health professionals continue to employ a mind/brain dichotomy when reasoning about clinical cases, despite attempts to adopt an integrated bio-psychosocial model.
in psychiatry [8]. A number of psychiatrists have attempted to lay a foundation for a non-dualist approach to psychiatry. Cutting through ambivalence, announced that "no philosophical concept has been as widely influential in our fields or as potentially pernicious in its effects as that of Cartesian dualism [9]." He declared, "Cartesian dualism is false". He experienced difficulties, however, in sustaining a thorough monistic physicalist viewpoint by accepting the notion of "mind- to -brain causality." He denies reintroducing dualism “through the back door” by invoking a philosophical position of “nonreductive materialism”. We will attempt to show in subsequent sections of this paper that this position is not empirically supportable and incoherent. proposed that, "Mental illnesses have historically been distinguished from other medical illnesses because they affect the higher cognitive processes that are referred to as “mind” [10]. The relationship between mind and brain has been extensively discussed in contemporary philosophy and psychology, without any decisive resolution. One heuristic solution, therefore, is to adopt the position that the mind is the expression of the activity of the brain and that these two are separable for purposes of analysis and discussion but inseparable in actuality.” Eric Kandel discussed the expansion of psychoanalytically oriented psychiatry which eventually claimed medical illnesses such as hypertension, gastric ulcers, asthma and ulcerative colitis for its treatment domain under the banner of “psycho”-somatic theory and advocates for a thorough grounding of psychiatrists in genetics and neuroscience. However, he stays clear of the mind/brain dualism by suggesting that “the relationship between brain and mental processes is understood poorly and, and only in outline”. We will try to show that a great deal of progress has been made since Kandel wrote these words in 1998 [11].