The attitudes of psychiatrists to philosophy

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Questionnaires exploring the attitudes of psychiatrists to philosophy were distributed at two meetings of the Royal College of Psychiatrists. Out of a possible 240, 126 questionnaires were returned (53%). The results showed a surprisingly high level of interest in and support for philosophy. Over 50% of respondents indicated that they considered conceptual analysis, ethics, jurisprudence, the philosophy of science and the philosophy of mind to be practically important in psychiatry. Similarly, 89% believed that ethics, and 72% that other areas of philosophy, should be included in the MRCPsych syllabus. The significance of the study is reviewed briefly.

How special are the interests represented by a special interest group? The title itself suggests a clique, perhaps a pressure group. Yet the Philosophy Group has already over 600 members and other groups set up by the College are also flourishing. In contrast, a recent survey by letter of MRCPsych course organisers showed that only three out of a possible total of 21 included ethics in their teaching, and only one included other philosophical subjects.

The purpose of the two surveys reported here was thus to provide information about the possible extent of support for and interest in philosophy within the College.

The study

A sample of the College as a whole was beyond the resources of the present study. Instead we carried out two spot surveys during College meetings. The first was a session of a Quarterly Meeting concerned with biological psychiatry. The second was a one-day meeting of the Forensic Psychiatry Section.

The questionnaire was printed on two sides of a single sheet of paper and could be completed in under five minutes. The instructions at the top explained that it had been produced by the Philosophy Group to explore the attitudes of psychiatrists to philosophy. Descriptive statistics were derived by hand. (Full details of the questionnaire are available from the authors).

Findings

Seventy-six complete or largely complete questionnaires were returned from an estimated 120 delegates in the first survey (65% of 'biological' psychiatrists), 50 from an estimated 120 in the second (42% of 'forensic' psychiatrists). The overall response rate was therefore 53%. No information is available on non-respondents.

The questionnaires covered three main areas: previous experience of philosophy, views on the practical importance of a range of specific philosophical disciplines, and attitudes to the teaching of ethics and other areas of philosophy in the MRCPsych. The delegates were asked not to identify themselves unless they wished to.

Previous experience of philosophy

Respondents were asked to say whether they had (a) studied philosophy (or some part of it), (b) done a degree in philosophy, and/or (c) published original research in philosophy.

In all, 21 (32%) of 'biological' and 19 (38%) of 'forensic' psychiatrists had studied philosophy. Two respondents had philosophy degrees and two had published original philosophical research. Thus an overall total of 44 subjects (20% of respondents) had experience of philosophy.

The practical importance of philosophy

In this section respondents were asked to indicate whether they considered a number of specific philosophical subjects to be (a) practically relevant, (b) of interest only, or (c) neither practically relevant nor of interest.

The subjects covered were ethics, jurisprudence, conceptual analysis (e.g. concept of mental illness), philosophy of mind, philosophy of science, philosophy of action, philosophy of religion, Eastern philosophy, personal identity, logic, epistemology, and 'other (please specify)'.

Weighted scores were calculated giving 2 for 'practically relevant', 1 for 'of interest only', and 0 for 'neither practically relevant nor of interest'. This indicated the overall level of support for each philosophical subject. In addition, 'profile scores' were examined, that is unweighted

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scores for each of the three possible responses considered separately.

The results for the first survey ('biological' psychiatrists) are shown in Table 1. As anticipated, ethics scored highest. More surprising was the high level of support indicated for a number of other less obviously 'practical' areas of philosophy. Thus, over 50% of respondents believed conceptual analysis, philosophy of mind, jurisprudence and the philosophy of science were all not merely of interest but also practically relevant.

The second survey showed a closely similar pattern of results except that jurisprudence was rated second after ethics instead of fourth. This was presumably a reflection of the particular concerns of the forensic psychiatrists who were the subjects of this part of the study.

**Ethics and philosophy in the MRCPsych**

This part of the questionnaire looked separately at ethics and at other philosophical subjects considered as a whole. In each case respondents were asked to indicate whether they thought the subject should be: (a) examined in the MRCPsych; (b) taught but not examined; (c) encouraged, but outside the syllabus; (d) no more encouraged than, say, music; or (e) actively discouraged.

The results again suggested a rather striking level of support for the inclusion not only of ethics but also of other areas of philosophy in the MRCPsych. Thus in the first survey ('biological' psychiatrists), 92% of respondents thought that ethics should be taught in the MRCPsych, 48% believing that it should also be examined; 77% believed that there were other aspects of philosophy that should be taught in the MRCPsych, 30% believing that these should also be examined. There were no respondents who believed that ethics or other aspects of philosophy should be actively discouraged.

The 'forensic' psychiatrists in the second survey showed the same overall levels of support for both ethics and philosophy. However they were somewhat less inclined than 'biological' psychiatrists to believe that these subjects should be examined as well as taught.

**Comment**

The results of these questionnaire surveys suggest that there is a considerable level of interest in and support for philosophy within the College, extending well beyond the members of the Special Interest Group: a third of respondents had studied philosophy at some stage; over half believed that (in addition to ethics) the philosophy of science, the philosophy of mind, conceptual analysis and jurisprudence are practically relevant disciplines, and two thirds indicated that these areas of philosophy should be included in the MRCPsych. Even allowing for a 50% response rate, these results are striking indeed.

The surveys were merely spot surveys, of course, and so cannot be automatically extrapolated to the College as a whole. It is possible, for example, that psychiatrists who attend academic meetings (from whatever subspecialty) are better disposed to a reflective discipline like philosophy than those who do not.

That these findings have some validity, however, is suggested by the fact that the results of the two surveys were so closely similar. The two sample populations, 'biological' and 'forensic'
psychiatrists, might have been expected to show rather different levels of support for philosophy. But apart from more interest in jurisprudence among forensic psychiatrists, there were in fact few differences between the two groups.

Conclusions

The results of our two questionnaire surveys carried out at College meetings indicate a considerable level of support for philosophy as a practically relevant discipline. The very different topics of the two conferences (biological and forensic psychiatry, respectively) suggest that the findings may reflect opinion in the College as a whole, and hence that the remarkable growth of interest in philosophy among psychiatrists in recent years is not confined to a particular special interest group.

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