Causation and mental illness*

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In 1991, while the Royal College of Psychiatrists has been celebrating its 150th Anniversary, the new special interest Philosophy Group held its first residential meeting. The group provides a forum for philosophers and psychiatrists to meet and exchange ideas. Appropriate to this aim, at the conference, four pairs of speakers – one psychiatrist, one philosopher – presented papers on different philosophical aspects of causality relevant to our understanding of the aetiology of mental illness.

The opening speaker, Dr Patrick Campbell, discussed the theme of multifactorial determination. Although this may seem an all too familiar concept for psychiatrists (Dr Campbell reminded his audience how trainees are taught to evaluate physical, psychological and social factors when discussing aetiology) there is still a lack of sophistication in our understanding of causality in clinical practice. An uneasy feeling remains that if, as in the case of GPI, a necessary physical cause is found, the multifactorial model will fly out the window and the person with the illness disappears behind the medical diagnosis. According to Descartes, mental and physical phenomena are entirely distinct from each other but, as philosopher Mr Brian O'Shaugnessy (author of The Will) argued, even if there is an isolated selfenclosed mental world, it exists in the physical world. The situation is, however, more complicated since within the mental world there may be psychological elements caused by mental factors alone.

With the goal of a complete map of the human genome in sight, and also the tantalising possibility of using reverse genetics to identify faulty proteins, the genetic approach is compelling. But, even though evidence in favour of a genetic contribution to psychiatric disease from family, twin and adoption studies seems indisputable, there remains room for doubt over its absolute importance relative to familial and other non-familial environmental factors. In this debate, Professor Peter McGuffin reminded us of the family study of 'becoming a doctor' which demonstrated a 60 fold increase in the number of doctors among first degree relatives of Cardiff medical students, and an apparent model of inheritance com-

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Psychotherapist Professor Digby Tantam argued that psychoanalysts take a different view of temporality and causality from geneticists and natural scientists. He described psychoanalysis as a moral discourse whose evidential rules involve plausibility, expressiveness, enhancement and the mediation of new relationships; the therapeutic alliance enables a meeting of minds and so generates understanding and change in the patient. According to Freud's theory of psychic determinancy, every human action is motivated. The Cambridge philosopher Dr John Forrester went on to suggest that repetition is the key factor in psychoanalytic theory: insight into recent trauma is possible only through the revival of past traumatic memories, and the linking of one accident in time onto another.

The final two speakers opened up the discussion further by considering the special nature of human beings from two different points of view, the social and the theological. Professor Alex Jenner stressed the importance of understanding the individual as a member of society. Given the increasing realisation in the philosophy of science of the extent to which natural scientific theories may be social constructs, such findings are likely to be even more true of the social sciences such as psychiatry. Similarly, for the Rev John MacGuire, former Professor of Theology in Oxford, although a causal explanation may be adequate to explain the workings of nature, its use is questionable when considering human phenomena. Asking how we may introduce more freedom into our approach to the study of human beings, he developed an existential model which puts weight on the future man seeks to realise and drew the meeting to a suitably humane close reminding us that people differ from and are also more than natural phenomena.