

A symposium on the occasion of Patrick Suppes' 90th birthday
March 9-10-11, 2012
Stanford University, Barwise Conference Room, Cordura Hall

Saturday, March 10, 3:00 - 4:30

Neuroscience and Psychology, Chair : Alistair Isaac

The Psychiatrist's Dilemmas

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Intr.

Interacting with Suppes twice on this topic : (1) 2004 Stanford, Mind and brain seminar, Philosophy 389 (D. Follesdal, P. Suppes, J.P. Changeux, AFL), (2) 2005 Paris, College de France, Suppes' invited talk on 'Neuropsychological foundations of philosophy', and seminar with Prs Drs O. Dulac & C. Chiron, specialists of epilepsy in children.

1. The theoretical dilemma

Where do I (psychiatrist) belong ? (my ancestry, my school, my party) (choice is a matter of feeling, more than reasoning).

either : I am a **materialist**, I believe in biological psychiatry, psychiatric disorders have their cause in the brain, the domain of my research is the genetics of autism (a disorder of neural development) and of PDD-NOS (pervasive developmental disorder - not otherwise specified, that is, other than Asperger syndrome), in my publications you find statistical analyses eventually evidencing links between specific genetic polymorphisms and behavioral phenotypes (such as cognitive deficiencies).

or : I am a **humanist**, I believe in psychologically-oriented psychiatry, I am interested in the historical antecedents of my patients' troubles, language is my means of communication with my patients, I listen to them, I try to empathise with their mental and emotional experience, I publish case reports.

« In order to prevent future psychiatry from dissolving in a number of methodically defined subunits, and to further strengthen person-centered diagnostic approaches, we strongly need the historical perspective » (Paul Hoff, in: Salloum & Mezzich, 2009, p. 12).
Salloum Ihsan M & Mezzich Juan E, eds., *Psychiatric Diagnosis. Challenges and prospects*, Wiley-Blackwell, 2009.

words vs. numbers

2. The relational dilemma

How do I relate to the 'psy' patient, for example in the emergency room of a general hospital ?

either : I address the patient as a person, who is suffering of an ailment that he/she is unable to deal with by herself, and the fact that he/she is here means that he/she is asking for help ; I try to find out what kind of help is appropriate, I propose possible solutions, and let the patient choose.

or : the patient it out of his/her mind, he/she is intrinsically sick, discussing with him/her is wasting one's time, I have to make decisions for him/her ; I don't talk to the patient, I talk about the patient to nurses, prescribe whatever drug I deem necessary, and make a decision (the patient will be locked in a psychiatric wards, or he/she's put in a bed until he/she has sobered up).

This dilemma does not divide up psychiatrists along the same line as the first dilemma : see Ludwig Binswanger and his notion of *Daseinsanalyse* (see also : Plato, Kant, Adler, the innate choice of one's character)

« Susan Urban's history evidences an Eidos, the essence of terror as an essential possibility of human destiny. »
(Ludwig Binswanger, *Le cas Urban*, C, 1 ; fr. tr. p. 96).

Mental illness as « pathology of liberty » - « **pathologie de la liberté** » : Henri Ey, *Manuel de psychiatrie* (coll. Bernard et Brisset), Masson 1960, 7th edition, Elsevier Masson, 2010.

she has a disease vs. she is insane

3. The therapeutic dilemma

What treatment do I prescribe ? A matter of fashion ?

either : **drugs** - until 1949 there were practically no treatments of mental illness, except tentative shock treatments (malaritherapy, von Jauregg, 1917 ; insuline coma, Sakel, 1934 ; electroshock, Cerletti & Bini, 1938 ; frontal lobotomy, Moniz, 1936). Within one decade (1949-1959), all psychotropic agents were discovered : antipsychotic (or neuroleptic) drugs, antidepressants, benzodiazepine compounds (anxiolytics). From then on, there is virtually no consultation in psychiatry that does not end with a prescription of some chemical.

or : **psychotherapy** - note that psychotherapy in some countries, being not a 'medical' treatment, is not reimbursed by the health services (or « social security »). That makes it an elitist choice. Cognitive remediation, in that case, is reimbursed only when practiced by a psychiatrist.

« In the past forty years, largely under the impact of psychoanalysis, dynamic psychotherapy has become the principal and essential curative skill of the American psychiatrist and, increasingly, a focus of his training » (R.J. Kahana, 'Psychotherapy: models of the essential skill', 1968; cit. in: Kandel, 1998, p. 458).

« I couldn't restore them to health - then I listened to them » (Eugen Bleuler (1857-1939))

Concl.

« I entered Harvard to become a historian and left to become a psychoanalyst, only to abandon both of those careers to follow my intuition that the road to a real understanding of mind must pass through the cellular pathways of the brain » (2006, p. 429).

Kandel Eric R., *In Search of Memory. The Emergence of a New Science of Mind*, New York: Norton, 2006.