

Association for the Advancement of Philosophy and Psychiatry

Call for Abstracts

The Biopsychosocial and Other Models for Psychiatry: Philosophical Perspectives

24th Annual Meeting, Philadelphia, PA, May 5 & 6, 2012

Conference Co-Chairs: Christian Perring, Ph.D (Dowling College) & James Phillips, M.D. (Yale University)

In 1980 George Engel wrote: "The biopsychosocial model is a scientific model constructed to take into account the missing dimensions of the biomedical model. To the extent that it succeeds it also serves to define the educational tasks of medicine and particularly the tasks and roles of psychiatrists in the education of physicians in the future." Presented as a model for both medicine and psychiatry, Engel introduced the BPS model at a time when the biomedical model, already dominant in general medicine, was becoming ascendant in psychiatry. The article cited above was published in the American Journal of Psychiatry in the same year as the publication of DSM-III, itself a reaction to the expropriation of DSM-I & II by psychoanalysis, as well as to the threat of the anti-psychiatry movement of the 1960s and 70s. In calling for a more holistic model for medicine and psychiatry, Engel was reviving the holistic approach to psychiatry initiated by Adolf Meyer earlier in the 20th century. The BPS model has had an uneven course over the ensuing decades, defended as the best model for a multifactorial approach to psychopathology, criticized for being general and obvious to the point of saying nothing. Conceptualized initially in the context of general systems theory, it now lends itself to further development through complexity theory, as in Kendler's recent "Explanatory Models for Psychiatric Illness." As we develop DSM-5 in the context of the struggles of DSM-III & IV to achieve diagnostic validity, the questions raised by the BPS and alternative models continue to be relevant and unsettled. This AAPP conference will provide the opportunity for clinicians, researchers, and philosophers to debate the merits and limitations, as well as the philosophical underpinnings, of the BPS and alternative models of psychiatric illness.

Possible topics include, but are not limited to:

What is a "model" of psychiatry, and what are the necessary properties of an adequate model?

What are the metaphysical assumptions of biopsychosocial, biomedical, or other models?

The DSM claims to be atheoretical; is there an implicit model -- biopsychosocial, biomedical, other -- in the DSM?

How does the history of psychiatry illuminate debates between holism and reductionism?

Does a model of psychiatry have to accommodate psychodynamic and other psychological interventions?

Is the biopsychosocial model the only approach to psychiatry that does justice to holism, or are there other approaches that are more coherently holistic?

Does the debate between different models involve the mind/body problem?

Is the debate between models empirical or philosophical, and does it involve vested interests?

How are philosophical questions of reductionism, holism, and the relations between different levels of description of psychiatric phenomena relevant to psychiatric treatment and research.

Presentations will be strictly limited to 20 minutes, followed by 10 minutes for discussion.

Abstracts should be 500-600 words and should be emailed to both James Phillips (james.phillips@yale.edu) and Christian Perring (cperring@yahoo.com)

Deadline: November 15, 2011.

Abstracts will be blind reviewed, so the author's identifying information should be attached separately.

Notices of acceptance or rejection will be distributed in early January.