Working for a philosophical context for psychiatry.

Williams Marion*

Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, United States

Introduction

Unknowingly, adopting certain stances on a number of philosophical topics, two of which are particularly important, is a requirement for practising or conducting research in the field of mental health. The nature of the interaction between the brain and the mind is the first such problem. The second is to comprehend the ideal ways to relate the numerous explanatory stances that might be made toward psychiatric diseases. Psychiatry is particularly prone to preconceptions since our area deals with fundamental concerns about what it means to be human. These assumptions can significantly affect the weight we give to various methodological views. With the advancement of neuroscience and molecular biology, psychiatry is poised to gain deep insights into the fundamental processes governing the human body [1].

An Introduction to the Mental World

This framework's fundamental tenet is that the study of psychiatry is inextricably bound to the study of the mind. The issues surrounding whether or whether it is appropriate to study mental processes, which have been central to the history of psychology, are simply unrelated to psychiatry. The alleviation of human suffering brought on by dysfunctional changes in certain first-person, subjective experience domains, such as mood, perception, and cognition, is our primary objective as a medical discipline. The majority of the descriptions in our nosological conceptions are of first-person experiences. We must continually evaluate and understand the first-person accounts of our patients as part of our clinical practise in psychiatry [2].

Shedding the Chains of Descartes

The first step is to face one significant piece of past baggage. No philosophical idea has had as much of an impact on our area or the ability to have as negative of an impact as Cartesian dualism. It is time for the field of psychiatry to proclaim that Cartesian substance dualism is wrong, even though some psychiatrists may still support it for their own personal or religious beliefs. The idea that the mind and brain represent two fundamentally distinct and ultimately incommensurable types of "material" must be categorically rejected. Instead, we should draw the conclusion that the human first-person world of subjective experience comes from and is totally dependent upon brain functioning in accordance with an overwhelming amount of clinical and scientific evidence. The mental realm cannot exist apart from the brain, where it is physically manifested. Rejecting Cartesian dualism entails abandoning the idea that the mental and biological are inherently distinct from one another. Instead, the mind and body become two distinct perspectives on and/or degrees of investigation of the mind-body system [3].

The Limits of Biological Reductionism

A biological reductionist perspective has become more prevalent within psychiatry during the past few decades. According to proponents of this viewpoint, comprehending psychological functioning or psychiatric problems only makes sense in terms of fundamental neurobiological mechanisms. Usually, multilevel models are disregarded or only accepted with the condition that all of the "actual" causal effects take place at the level of fundamental biology. This is especially true of models that include mental and social explanatory aspects. The three examples I just gave are excellent examples of the limitations of biological reductionism. Contrary to Guze's claim, it is possible for psychiatry to be overly biological in the same way that it would be wrong for Jackie to concentrate on subatomic particles in her physiological research, for Bill to try to solve his statistical analysis problem by using a soldering iron, or for Kathy to use psychopharmacology to change Brian's career choice. Please take note that I do not dispute the biological basis for all psychiatric disorders. The ideal level in the underlying cause processes of psychiatric illness at which intervention can be best targeted and understanding most easily attained is at issue here [4].

Acceptance of Inconsistent Reductions That Lead to Piecemeal Integration

A thinking experiment could be useful. Consider that there are 15 distinct levels, with the mind-brain connection between DNA on the first and clinical schizophrenia symptoms on the second. Linkage and association studies are being conducted by researcher 1 in an effort to directly link levels 1 and 15, but they do not offer any insight into the intermediate levels. In order to get from level 1 to level 2 or 3, researcher 2 is attempting to comprehend, at a fundamental molecular level, the effects of a potential changed gene transcript. Meanwhile, researcher 3 is attempting to establish the relationship between levels 13 and 15 in order to comprehend the cognitive abnormalities in schizophrenia [5].

***Correspondence to:** Williams Marion, Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, United States, E-mail:- marion_w6754@hotmail.com

***Received:** 30-Sep-2022, Manuscript No. AAAJMR-22-81222; **Editor assigned:** 04-Oct-2022, PreQC No. AAAJMR-22-8-81222(PQ); **Reviewed:** 18-Oct-2022, QC No AAAJMR-22-81222; **Revised:** 24-Oct-2022, Manuscript No. AAAJMR-22-81222(R); **Published:** 31-Oct-2022, DOI:10.35841/aaajmr-6.10.150*

***Citation:** Marion W. Working for a Philosophical Context for Psychiatry. Allied J Med Res. 2022;6(10):150*

Conclusion

We are inevitably exposed to some of the most significant and difficult questions that people can encounter when working in the field of psychiatry. How do the mind and brain interacts, as well as how can we reconcile the various explanatory viewpoints on mental illness, are two topics that are of utmost significance for our area. In the aim that they would help develop a practical integrated rubric for psychiatric research, I have attempted to offer provisional answers to these concerns. We should be hoping that psychiatry will develop scientifically so that we can exploit and incorporate future scientific advancements.

References

1. Spitzer RL, Williams JB, First M, et al. A proposal for DSM-IV: Solving the" organic/nonorganic" problem. J Neuropsychiatry Clin Neurosci. 1989.
2. Guze SB. Biological psychiatry: Is there any other kind? Psychol Med. 1989;19(2):315-23.
3. Kety SS. A biologist examines the mind and behavior: Many disciplines contribute to understanding human behavior, each with peculiar virtues and limitations. Science. 1960;132(3443):1861-70.
4. Keel PK, Klump KL. Are eating disorders culture-bound syndromes? Implications for conceptualizing their etiology. Psychol Bull. 2003;129(5):747.
5. Becker AE, Burwell RA, Herzog DB, et al. Eating behaviours and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls. J Br Psychiatry. 2002;180(6):509-14.

Citation: *Marion W. Working for a Philosophical Context for Psychiatry. Allied J Med Res. 2022;6(10):150*