The Mind-Brain Problem, Epistemology, and Psychiatric Education

Phillip R. Slavney, M.D.

The mind-brain problem is the fundamental mystery in psychiatry and the chief obstacle to a coherent curriculum for its students. Rather than acknowledge the problem as a source of ambiguity and discord, some educators have attempted to abolish, finesse, or ignore it. An alternative to these tactics is found in the epistemological approach taken by Karl Jaspers and others, which seeks to determine what we know and how we know it. Educational programs based on such an approach seem more likely than others to produce students who are broad-minded, tough-minded, and fair-minded.

The mind-brain problem is the fundamental mystery in psychiatry and the chief obstacle to a coherent curriculum for its students. We know that mind and brain are related, but we cannot account for one in terms of the other. Synthetic explanations from the neuron up and reductionistic analyses from the thought down do not meet. Instead, they leave a gap so wide that the most meaningful characteristic of mental life, its subjective sense of self, appears disconnected from the objectively demonstrated dependence of that self on the brain. We can sometimes correlate the occurrence of mental events with neural processes, but the transformation of the latter into the former is unexplained. Thoughts and moods as experienced by the subject remain isolated from our knowledge of synapses and transmitters.

Mind and brain can neither be fully integrated nor completely separated—a fact that has had important consequences for educational programs in psychiatry (1).

ABOLISHING THE MIND-BRAIN PROBLEM

The major academic challenge presented by the mind-brain problem is how to ground a curriculum in a discipline that is inherently ambiguous. Which sources of knowledge, which methods of reasoning, should be fundamental to our teaching? A traditional way of responding to this challenge has been to end the ambiguity by fiat: to declare that the proper focus of psychiatric education is the brain and its diseases or the mind and its disquiets. The first of these stances ("brain" psychiatry) emphasizes scientific explanation and approaches the patient as an object/organism; the second ("mind" psychiatry), emphasizes meaningful understanding and approaches the patient as a subject/agent. Both positions have been championed over the last century, but in recent decades brain psychiatry has supplanted mind psychiatry as an educational premise for many academic leaders in the United States (2). Thus, Michael Taylor accepts as axiomatic the proposition "that all..."
mental events (dreams, desires, hopes, thoughts, loves, and hates) and all behaviors (interpersonal or otherwise) are expressions of neurobiologic processes" (3, p. 2). He proposes, in consequence, that the essential curriculum in psychiatry ought to be "primarily biological" and that students who wish to learn about psychodynamic theory and practice should do so in a postresidency fellowship (4). Indeed, because Taylor believes that "the brain is the organ of the mind, and that mental illness is as biological as illness in any other organ system," he calls for a "true rapprochement between psychiatry and neurology (joint residency training and fellowships, joint subspecialty board certification, and combined clinical and research programming)" (5, p. 238).

The abolition of ambiguity by fiat (whether in favor of mind or brain) makes teachers and students more confident, if only because they have less to worry about. Educators who would restrict discourse in psychiatry to the scientific explanation of brain diseases, for example, might employ the following syllogism as a basis for teaching:

**Major Premise:** Physicians treat diseases.  
**Minor Premise:** Psychiatrists are physicians.  
**Conclusion:** If the patient's complaints are not due to a disease of the brain, or what looks as if it will turn out to be a disease of the brain, then the treatment of those complaints is not a matter for psychiatrists, but for psychologists, social workers, and nurses.

An equally confidence-building (if currently unfashionable) proposal could be made by psychiatrists who would limit discourse to the meaningful understanding of mental distress: "If there is something wrong with the patient's brain, he needs to see a neurologist—they are the people who look after the nervous system." Both arguments are inadequate for grounding a curriculum in psychiatry because they are based on the mistaken notion that patients can be regarded as object/organisms or subject/agents, that scientific explanation or meaningful understanding is sufficient for our work.

**FINESSING THE MIND-BRAIN PROBLEM**

Another traditional way of dealing with psychiatry's inherent ambiguity avoids these errors. It recognizes that patients are object/organisms and subject/agents and therefore regards scientific explanation and meaningful understanding as essential to the education of psychiatrists. This approach began with Adolf Meyer's concept of "psychobiology" (6,7) and is most widely known today through George Engel's advocacy of a biopsychosocial curriculum (8).

Engel argues that the dominant philosophy in contemporary medicine is dualistic, reductionistic, and materialistic, and that it has proven unsatisfactory because it "leaves no room within its framework for the social, psychological, and behavioral dimensions of illness" (7, p. 130). He believes that general systems theory should serve as the basis for a new medical curriculum; this curriculum would include sources of information about illness and treatment that are neglected, even by psychiatrists. The theory proposes a hierarchical continuum of natural systems, each of which must be studied both for its own properties and for the contribution it makes to other levels of organization. Engel's biopsychosocial model designates the following systems for study: subatomic particles, atoms, molecules, organelles, cells, tissues, organs/organ systems, nervous system, person, two-person, family, community, culture-subculture, society-nation, biosphere (9). Psychiatrists concentrate on the person level of this continuum, but should remember that, in systems theory, "all levels of organization are linked to each other in a hierarchical relationship so that change in one affects change in the others" (7, p. 134).