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Titre du projet

Philosophie, Histoire et Sociologie de la Médecine Mentale

Proposal title

Philosophy, History, and Sociology of Mental Medicine

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1. Programme scientifique / Description du projet

Technical and scientific description of the proposal

1.1 Problème posé/Rationale

For approximately twenty years, mental medicine has gone through a major shift affecting its paradigms, its therapeutical techniques and its fundamental concepts. This shift can be characterized as follows: the classical questions of psychiatry (focused on mental illness and its possible treatment) were gradually replaced by much larger issues grouped under a new chapter: “mental health”. In the mental health paradigm, issues pertaining to the normal mind (*e.g.* its potential achievements, and even the positive enhancement of our quality of life through various forms of mental management) count at least as much as the traditional focus on the abnormal mind. Within this general framework, two major tendencies can be specified. On the one hand, the neurosciences, which were originally interested in the normal functioning of the mind, gave birth to psychiatric neurosciences, which have now become, along with neuroimaging, the scientific standard for research in all kinds of psychopathologies. In turn, age-old problems in clinical psychiatry, such as autism, affective disorders, schizophrenia, impulsive and compulsive behavior, have now turned into major problems for the many naturalistic theories of intentionality, of social cognition, and of emotions, which are currently being tested (see for example the idea that we are endowed with a “theory of mind” as a particular module of our cognitive equipment selected by evolution). On the other hand, mental health has become a major political and ideological challenge for policymakers in all developed countries. Well-being is increasingly being thought of in terms of mental health, and, conversely, the language of mental health offers new ways to manifest the individuals’ ill-being and ideals of moral autonomy (self-help, care *vs.* cure, etc.). New forms of empowerment emerge: patient advocacy groups reclaim not only the right to actively take part in psychiatric research on their conditions, but even promote, and this is a new trend, new lifestyles based upon them (*e.g.* the “neurodiversity” movement). The standards of effective, ethical, scientifically grounded psychotherapies have become a highly polemic topic, especially in France. Worldwide, psychiatric epidemiology, torn apart between genetics and social sciences, confront many epistemological dilemmas (for example, should we talk again about “race”?), which turn into politically loaded issues. But everywhere, norms and values, be they moral, sexual, or professional, are routinely evaluated according to mental health standards, as if it were a new mandatory way to manifest one’s ill- or well-being. Thus, mental health is one of the major sites in which the contemporary self is being shaped.

Mental health, for all these reasons, is not only an epistemological issue in the field of mental medicine, it is also a socio-anthropological one. Historically speaking, one of its most noticeable implications is the gradual recess, and even the decline of traditional psychology. For, either psychology is but a subdivision of neurosciences, and it is brain-based, or psychology dissolves into a broader spectrum of relational practices and techniques, the intelligibility of which is ultimately sociological.

Such a shift in mental medicine is well-documented in the international literature, and it has been the object of an intense scrutiny abroad. Many interdisciplinary programs are being launched, for example in the UK or in the USA, putting to work together clinicians, philosophers, sociologists and anthropologists, in order to address the many challenges of the new mental health paradigm. For these intellectual issues have a strong practical impact on public policies (What are, for example, the prospects for psychiatry services in the 21st century? How are we to define the boundaries of illness in relation to the need to treat mental illnesses, and how much can we afford to treat them? How is mental health to face the effects of globalisation?)

But in France no concerted effort has been launched so far in order to turn all these questions into a coherent interdisciplinary and problematic framework. We regard this as unfortunate, for France has a long tradition of intellectual commitment to the philosophical, sociological, and historical problems of mental medicine (from Pinel to Foucault). It also benefits from a clinical culture different from the Anglo-American one, because it still incorporates many aspects of the German psychiatric thought (notably, psychiatric phenomenology) and of psychoanalysis.

1.2 Contexte et enjeux du projet/*Background, objective, issues and hypotheses*

The current context of this project is characterized by three main trends:

1. In philosophy, a new interest in psychiatry has recently blossomed. But it is often limited to a standard application of the traditional naturalistic rationale in the philosophy of mind to the results and hypotheses of the new psychiatric neurosciences. It also relies on the same clinical assumptions, “mental” being described in the light of statistically relevant nosographic entities, in order, for example, to fit them into a neo-darwinian

account of abnormal psychology. This philosophy is mainly functionalist in its conception of the mind (or theory of mind), and it implicitly regards itself as being a positive theoretical contribution to cognitive sciences. Although still very much valued, phenomenological psychiatry is confined to the margins (with the exception of “naturalized phenomenology”), and psychoanalysis, once prominent, is simply excluded from the debate (with the exception of neuropsychanalysis). And although chairs of Philosophy and Psychiatry or Psychopathology exist in the U.S. and in the U.K. and even a chair in Philosophy and Mental Health in one institution with which we are establishing a partnership (the IPDMH at the UCLan), no such positions exist in France.

2. In sociology/anthropology, in a predominantly constructivist vein, theories of mental health are framed within the traditional perspective of social control (*viz.* normative strategies, economical interests, notably the psychotropic drugs market), or as new forms of subjectivation and individualism that constitute both the symptoms of new “social pathologies” caused by society, and the responses to this complex process of normalization/medicalization of personal experience. While psychiatric anthropology as a practical and as a theoretical field continues to exist and to prosper throughout the world, in France, it is replaced by a much contested and somewhat outdated ethnopsychiatry.

3. Historians, on the contrary, are reviving their interest in psychiatric theories and classical texts of the past. In France, however, this current is institutionally weak, and the survival of the only French chair in History of Psychology is threatened. Moreover, many historians of science still tend to regard psychological and psychiatric objects as a secondary, of more literary than scientific import.

Nevertheless, France long held a prominent position in the studies on mental medicine based on interdisciplinary works on psychopathology, neurology, and, at the time, psychoanalysis. This legacy often evolved into landmarks of philosophy and epistemology, more generally (e.g. Maine de Biran, Comte, Bergson, Janet, Merleau-Ponty, Canguilhem, Foucault). But aside from the specific and narrow contribution of naturalist philosophers of cognition, there is almost no more room left today for a purely conceptual discussion of such obviously philosophical topics as the dependence of mental content on social context, the moral experience of mental illness as the rational justification of social and legal norms applied to deviant or criminal behaviour, *pr* for personal identity and its high-level troubles (*viz.* beyond schizophrenia and autism, but, rather, in more relational contexts, as in gender identity disorder or antisocial behaviour, etc.).

It is self-evident that these questions share a common dimension: they all involve a certain idea of intention and intentionality, precisely the one envisioned by the dominating philosophical paradigm as a mere target for scientific reduction, or even elimination. To that extent, the all-naturalist option does not constitute for us an *a priori* point of departure. But, conversely, neither does its constructivist counterpart. For, with all due respect to these conflicting conceptions of philosophy and sociology, our project attempts to reclaim the right of unprejudiced and scientifically non-biased inquiry, in order to evaluate on the basis of reasoned argument what is at stake in contemporary debates. Wittgensteinian and pragmatist references to reasons involved in the ordinary use of psychological concepts (as opposed to causes) count for some of us (Bolton and Thornton, even if they are otherwise on quite different grounds) at least as much as the clarification of contemporary cognitive psychopathology’s claims to the status of a science. Furthermore, moral philosophy (dealing notably with values, moral emotions, norms and their connections to the judiciary) can and must be a rational endeavour, without necessarily paying homage to cognitively-oriented methods of conceptual analysis. But moral philosophy is crucial to some of our group (Fulford, Granger and Castel), either because they examine value-based practices in mental health (a crucial issue for defining “recovery”, “care” and “cure”, for instance), or because they think that mental symptoms have a moral content *per se* (feelings of responsibility or anxiety are dimensions of our moral self, even in pathological cases, for instance with obsessions). It is also crucial for sociology and anthropology, for which a social fact is characterized by a moral dimension, at least in the holistic perspective developed by some of us (Ehrenberg), following Durkheim.

This endeavour comes along with a strong commitment not only to interdisciplinarity in general, but to an effective and systematic cross-analysis of our objects. In the social sciences, it is not possible to adequately conceive of mental illness or health without raising definitional issues. But these issues raise, in turn, questions about the kind of philosophy of mind implicitly or explicitly underlying what may look, at first glance, strictly descriptive or factual “observations” in mental medicine. One never sees an action as such, for example, but, rather, a displaying of intention which distinguishes a bona fide gesture from any kind of fortuitous jolt of a limb physically resembling a gesture. But intentions are elusive, and are, in some respect, theoretical constructs, or context-bound psychological inferences. Without multiplying the many instances of this predicament, one can then easily figure out why identifying the referents of the sociologist’s inquiry implies, in the field of mental health even more than anywhere else, to pay attention to the logical assumptions of the agents and of the observers as well. For when it comes to abnormal actions and intentional behaviour, and when

their proper evaluation requires to take into account the intentions of the agents *qua* intentions (and not their visible effects only), difficulties just double.

By the same token, what is true of the social sciences is true in the history of psychological sciences. How could a history of psychotherapy or psychoanalysis ever succeed without a strict delineation of the underlying ideas that the authors entertain about the essence of mind and intentionality? But this is a more general issue: we think that more could be achieved through a detailed cross-analysis of objects and practices (both philosophical and sociological) in mental medicine.

This is why our project relies on the conviction that we can make significant advances in the field by systematically conjoining cross-analysis of all the relevant themes in contemporary mental medicine, by paying attention to their anthropological import, and by detailing the historical background of their emergence as key-concepts.

In philosophy, the rather abstract question of whether intentionality is reducible to causal-functional mechanisms or not finds a new empirical and conceptual (or, more aptly, descriptive) scope when applied to psychopathology and neuropsychology. It is tempting to naturalize mental illnesses as fine-grained brain diseases. And clearly, many prominent writers display a high degree of virtuosity in accomplishing such a naturalization *in abstracto* (though few of them possess any knowledge of psychiatry or the clinical competence to work with real patients). But the latter stance loses its acceptability in the face of clinical considerations, or when interactions with real life patients in therapy or in social rehabilitation programs are viewed as intrinsic parts of the problem, rather than being pushed aside as pre-theoretical or even extra-scientific complications. Thus, neurosciences must not only be discussed at the conceptual level (what they say about neurons or mind), but also at the sociological level; that is, in actual context (for example, with regards to cognitive remediation in psychosocial rehabilitation, or to the practice of cognitive-behavioral therapy). This is why interdisciplinarity between philosophy and sociology-anthropology is crucial, and attention to clinical interactions our baseline (Granger, Bolton, Castel, Advenier, Plagnol, Moutaud).

We are, on the other hand, far from neglecting the fascinating issues raised by evolutionary psychopathology (Faucher, Forest, Demazeux), by the new taxonomic conceptions they entail, or by clearly cognitive and naturalistic approaches of the mind. Nevertheless, we do not conceive our project as a conceptual tool in the service of cognitive psychopathology alone — be it critical (Thornton, Castel) or less so (Faucher, Forest). Our intent is philosophically broader. It cannot be severed from basic questions addressed to psychopathology such as: what counts as a proof? What are the models implied, and do they work? What is measurement? What can we learn from the history of psychometrics applied to entities like depression, for example? (Parot, Lovell, Le Moigne)

Lastly, we should take advantage of the French clinical tradition, which, reluctant to embrace psychometric regimentation of clinical interaction, judged the quality of clinical experience on interpersonal factors. The work of classical French clinicians from the end of the 19th onwards (from Ségla to Sérieux, Clérambault, Minkowski, Ey) remains a treasure trove, susceptible of offering very original clinical insights, some of which are not documented at all in the Anglo-American psychiatric tradition.

In sociology and anthropology, we are looking for new perspectives, being firmly convinced of the irrelevance today of the 20-year old debate of “scientist normalization” vs. “irrationalist constructivism.” We are more interested in the way psychiatric epidemiology, a discipline at the very centre of this project, made the social sciences and genetics work hand in hand on concrete issues of mental health, than in the abstract discussion about the very feasibility of such an endeavour (Lovell). By and large, the sociology of mental health is in a dire need of empirical studies, in which the conflicts about biological and sociological accounts of the same phenomena could be adequately scrutinized. Ethnological observation of the ordinary life of a neuroscience laboratory working on brain stimulation with psychiatric patients is an example of what should be achieved, in this respect (Moutaud). Another example could be a comparative study of the psychiatric care of schizophrenic patients in a neurobiologically-oriented ward, and on a psychodynamically-oriented ward, something that can easily be undertaken in France (Venturi). In any case, it is also a crucial point to understand what is the relative weight of scientific factors and administrative/managerial factors in the current reshaping of psychiatric care: which common or divergent representations of the psychiatric patients do mental health care managers and medical and paramedical professionals share? How do they negotiate the discrepancies? Managed care in psychiatry, to that extent, is another site where the balance between social and medical claims is constantly renegotiated; furthermore, it also is an immediate target for empirical work, be it historical or sociological (Henckes).

But, at a more general level, new themes are emerging, such as the idea of a “cerebral subject”, or “brainhood” as a social idea at the level of common sense, and maybe a “collective representation” endowed with the power

to modify not only self-perceived but objective social order as well (Vidal, Ehrenberg). Sentences like “I am not ill, it is my brain”, quite common in clinical practice or in patient advocacy groups (e.g. the consideration of different cognitive styles, or “neurodiversity”, Chamak), or the reinterpretation of hearing voices as a “normal” experience, must be considered with the full weight of social empowerment. It is no less clear to some of us that mental health offers a new idiom to the expression of ill-being in contemporary individualist societies, for example, with bullying in the workplace, or the integration of psychosocial risks in the management of human resources. A new psychologization of social ties emerged, for example, with the idea of “narcissism” in the 70s (see Lasch), of the “psychopathology of the social relation itself”, in France (with the discourse on “the crisis of the institution”) or in the US (with “the crisis of the self”), or of “personality disorders” which would be dependent on such a thing as “modern life” in American social psychology (e.g. Millon). Such phenomena cry out for sociological analysis. Furthermore, such an undertaking will require a more precise and above all empirical characterization of the subtle transformations of the relationships between the patients (users, clients, consumers, etc.), of how they conceive of their selves, their significant others, of psychiatric institutions and mental health institutions, and of the state of the art in biomedicine. All these topics are part of the belief that society causes “new social psychopathologies”, because of the social and moral context of values such as choice, self-ownership, individual initiative, etc. One of our goals will be to clarify the popular idea of new “social psychopathologies” linked to the social fate of individuals in contemporary societies (especially children psychopathologies). This idea is at the core of mental health, and constitutes a new belief in our typically individualistic societies, in which the individual is treated as a constitutive part of society as a whole, and, hence, as a potential threat to its overall cohesion.

In history of science, what was originally considered, some ten years ago, to be the origins and development of major concepts in the field is being put into question, particularly for 19th century psychological sciences. But what about the 20th century? With so little research having been carried out post-1945, a huge task awaits us. For example, no conceptual history exists yet of psychotherapies in general, since 1945. Psychoanalysis, of course, has been the object of numerous historical accounts, but seldom on a comparative basis, taking in consideration the concurrent rise of cognitive-behavioral therapies, or of family (systemic) therapies (Parot). The history of psychopharmacology also needs far more exploration (Granger). Psychometric instruments, which were and still are core issues in the development of psychiatry, also need both an epistemological and a historical description; interestingly, these instruments have a clear impact on the way the patients’ “selves” are conceptualized, and, henceforth, on the definition of what it is to be a psychiatric patient from a sociological point of view (Le Moigne). If we want to explore in details the gray area between neuroscientific advances and social representations of the self with which they interact (in a kind of looping-effect), the status of emotions in psychopathology is another promising field of inquiry.

As stated below in each of our individual self-descriptions and bibliography, in the last ten years the French and foreign members of our group have read and commented each others’ work, under the hypothesis that the intersection of perspectives is fruitful. Most of us have come to the conclusion that:

- a) the naturalization of morbid mental states is more a problem (both conceptual and a sociological) than an *a priori* premise,
- b) the neo-Foucauldian opposition between medico-psychological normalization and the social construction of psychopathologies tends to obfuscate the importance of looking more closely at other phenomena (viz. “the new “brainhood” or “brain-subject”, the “narcissistic” view of modern personality, etc.), and, finally, that
- c) history of psychiatry requires close scrutiny of its conceptual and scientific content as such. Indeed, the pretense of psychiatry to be part a part of scientific medicine should not be discarded at once, as a rationalist frock thrown upon the naked inherent violence of social control.

Researchers from the IHPST (philosophy and history of science), from the CESAMES (sociology and anthropology), and their foreign partners from the IPDMH (philosophy and sociology of mental health) must now coordinate their work accordingly, in order to structure their problematics in truly interdisciplinary seminars, and to provide them with the mass effect required for them to be heard.

1.3 Objectifs et caractère ambitieux/novateur du projet/Specific aims, highlight of the originality and novelty of the project

This project is scientifically innovative in three ways:

1. From a philosophical standpoint, we regard the naturalization of morbid mental states as a problem that ought to be understood historically, and not, or not only, as an *a priori* point of departure for conceptual

analysis, made necessary by recent developments in psychiatric neurosciences. Naturalizing mental illness, for example in the quest for the neurobiological laws of “insanity”, inadequately covers the entirety of the field of rational inquiry on these topics, for two reasons. First, the characterization of mental illness concerns at least in part the interaction with individuals who, in some respects, violate the norms that limit the “good reasons” to act or to believe, or to feel in such and such a way, in precise circumstances, all of them being part of our human “form of life”, as Wittgenstein put it. They exhibit either irrationality, or - though this notion needs further explanation - unreason. Hence, that mental disorders consist only of the violation of social norms is not self-evident. They may also constitute violation of logical or epistemic norms. Notwithstanding, and this is the second point, one must take into account the institutional context in which these norms, either social or logico-epistemic ones, obtain, or fail to obtain. “Mental health” as a new social paradigm, displaces the stakes of the former strictly medical paradigm of psychosis-oriented psychiatry, thereby profoundly modifying the expectations of the agents and the normative and conceptual framework of their interactions. Mental health is not only about health, contrary to traditional psychiatry, but also about the sociality of the modern man. For our conceptions about health fix the general framework in which mental illnesses and/or neurobiological diseases are being defined. It is not sociology taking the place of philosophy. On pragmaticist grounds, and drawing on the history of conceptual problems, it follows that the meaning of major concepts in the field can only be understood through their actual uses. And this use is their social use. We are in any case worried about the use of mental illnesses as “faire valoir” for purely theoretical assumptions about the nature of the mind, without regard to the actual care or cure of psychic morbid conditions.

This is why the history and epistemology of psychotherapy matters so much to us, along with mental health care at large. We take it as essential windows opened on issues so far neglected by the traditional philosophy of mind when it deals with psychopathology. For psychotherapies assume that the mind is plastic enough to be fixed. But, actually, how plastic the mind really is? We must also pay attention to recent experiments on “crude empathy” or private motor mimicry, which point toward new possible therapies: how could those work (Faucher)? From a different standpoint, let us remember that Jaspers, the father of modern psychopathology, stressed the role of understanding in order to present a balanced psychiatry. Alongside contemporary developments in brain imaging and neuroscientific aetiological accounts of mental illness, there is also a need to balance the requirements for person-centred mental health care. This is reflected in the World Psychiatric Association’s Institutional Program for Psychiatry for the Person. But person centred psychiatry however raises questions about the kind of understanding involved and the model of psychiatric assessment. Is there a role for idiographic understanding? What is the nature of psychiatric empathy? To what extent is clinical judgment a tacit or implicit skill (Thornton)? Could we even envision a more formal account of clinical judgment, in terms of pragmatic logic and/or linguistics (Advenier)? All these issues should modify our current appraisal of what is at stake in psychotherapies and mental health care.

This is also why we want to offer a preliminary critical analysis of the origins, contemporary forms and stakes involved in psychiatric epidemiology. What is the relationship between social thinkers, eugenicists, public hygiene reformers, but also wars and colonial expansion, urban growth, migration, on the one hand, and the development of psychiatric epidemiology, on the other? What image of psychiatry, mental disorder and mental health is reflected in psychiatric epidemiological models? What are the effects, practically, of the categories mobilized by this discipline?

Consequently, there is much to explore if neuroscientific theories of mental illness are to be viewed in light of their social conditions of emergence (*viz.* what we mean by health, today), and if a connection is then made with the status of irrationality or unreason in practical interaction. This broadens the scope of critical inquiry. Indeed, philosophical analyses of psychotherapy and pharmacotherapy or of value-laden commitments in mental health policies are no longer minor issues, but stand on a par with more classical studies of action/intention disorders or deficits in schizophrenia, for example, or of the contribution of evolutionary psychology to the taxonomy of mental illnesses.

To our knowledge, such an approach has never been adopted in France, and quite rarely in foreign countries, with the notable exception of our British partners from the IPDMH, who have been a crucial source of inspiration. On the contrary, one option (naturalistic/biologically inspired or constructivist/sociologically inspired) of mental health and illness is regarded as *a priori* confuted by the other for meta-reasons of various kinds, whilst the third option (ours), which starts from the basic intertwining of social and rational norms, is always neglected. But we do not seek to reconcile conflicting readings of mental health and illness, as it were, to take up an intellectual challenge. We wish to move beyond the exploitation of mental illness for the sole sake of purely theoretical assumptions about the nature of the mind, without regard for the actual care or cure of psychic morbid conditions. For a methodological shift as ours should offer a positive contribution to a better definition of the clinical objects in psychopathology, and even to better treatment (be it psychological, chemical or social) of real life patients.

For all these reasons, the style of philosophy we propose to engage in might be termed “psychopathological philosophy” (Faucher), that is, a philosophy of psychopathology as a science (its methods, concepts, proofs, demarcation criteria, norms of scientificity, as usual in philosophy of science), along with a philosophy of psychopathologies (*viz.* of specific nosographic entities in the psychiatric field, as far as they reveal, to some extent, more or less interesting traits of our mind or behaviour). But so far, in our view, the narrowness and conformism of empirical references at the background of most current debates greatly reduce the possible range and scope of such a psychopathological philosophy. So much exists on schizophrenia and ‘theory of mind’ in autism, and so little on gender identity disorders, or pure paranoia, or dissociative disorders of a hysterical nature. Furthermore, in the continental psychiatric and neuropsychiatric tradition, there is no way to discard either phenomenological or psychoanalytical contributions to the very delineation of what is deemed to be pathological in our mental life, even though current mainstream conceptions in psychopathology today (in the Anglo-American tradition) long ago renounced that particular insistence on clinical details drawn from individual cases, in favor of a more statistical and psychometric tableau of mental conditions. But such in-depth historical references would be useless without the necessary conceptual preparatory work to be initiated, whilst building up a new vision of the complexity of mental disorders. How then to proceed? That is exactly the question we wish to raise in our project.

2. The second way in which our project strongly distances itself from current arguments is by our insistence on transcending a common opposition between cognitivist naturalism and critical or hypercritical studies about the new forms of “medicalization of behaviours” (of which, in some radical formulations, neurosciences themselves are but an ideological component). This constructivism, as a way of thinking, originates in part from antipsychiatry and from Michel Foucault. With sociologists Thomas Scheff or Peter Conrad as different sources of inspiration, it gradually evolved into a social-control paradigm of mental health, in the context of a sociology of norms and deviance. It now merges with considerations mixing the late-Foucaldian ideas about the self, on the one hand, and, on the other hand, the new forms of subjectivation linked to the post-individualist “return of the subject”, as exemplified by Giddens, with intimacy and narrative self-identity as its key words. Thus two dimensions will be privileged: the idea of “new” psychopathologies and the notion of “social psychopathologies”, on the one hand, and the extension of the scope of neuroscientific theories and explanations to individual subjectivity and social links of all kinds (even those which have a normative content) on the other.

(i) The notion of “social pathology” has accompanied the spread of new pathologies (depression, narcissistic pathologies, PTSD, etc.). They are considered as social because they result from social changes in values and norms, and, more accurately, from a weakening of social links due to an emphasis put on individual subjectivity. This topic is an occasion to clarify the relationships between symptoms, personality and society and the relationships between clinical psychology (and psychoanalysis) and sociology/anthropology. Notably, we will examine the concepts of “care”, “empowerment”, “disability”, “quality of life” and “enhancement”, all of them being key words in the new mental health paradigm (Ehrenberg).

(ii) Neuroscience has contributed to changing the social value of the brain: it now has a new value, not only in psychiatry, but also in society and culture (Vidal, Ehrenberg). We aim to clarify how scientific innovation, the reappraisal of what we mean with our concepts of “sick” and “healthy” mind/self, and lastly; some original lifestyles born out from the depathologization of traditional psychiatric entities (Asperger syndrome, for example), contributed together to give to the brain its new social value. Three perspectives will be discussed along these lines: Foucaldian “biopower”, constructivist sociology and reductionist naturalism. Asking these questions from an elaborate descriptive and empirical standpoint also distances and differentiates us from the tendency to just bemoan the plight of sufferers, a trope so common in the field, notably in France.

3. Finally, we would put the emphasis upon a deliberately reflexive and conceptual history of mental medicine, or a historical-genetical understanding of its problems and possible scientific solutions, envisioned as a logical complement of any strictly analytic/internal inquiry about its epistemological consistency (Parot, Champion). Quite surprisingly, this approach is somewhat original in the French context, still dominated by the idea that psychiatric rationality was only a pretence, or the make-believe of mental pseudo-medicine as a last-resort repressive instrument of modern normative order. But the project to seriously consider the various philosophies of mind involved in major breakthroughs of modern mental medicine is not so common in the current historiographical context. Envisioning systems of mental medicine as philosophical answers to anomalous interactions, and exhibiting their premises as such, evaluating their logical and epistemic coherence, is a very challenging undertaking (Castel, Fouré, Advenier).

Another relevant particularity of our historical background is that many of us were schooled in a clinical orientation very different from mainstream international trends. Some of us highly value German and French

clinicians' holistic depictions of mental illnesses, built up through assiduous contact with patients. For phenomenology and even more so psychoanalysis remain not only respectable intellectual references in France, but also clinical practices kept alive by competent, experienced psychiatrists and psychologists. This may very well be the French exception in world psychiatry, but we take it as fortunate. But, despite the attraction of 19th century psychiatric knowledge as an object of inquiry, we prefer to work on more recent theories and practices. Hence, we will emphasize, within history of science, 20th century psychiatry and more particularly post-1945 techniques and methods (including, studies on effective therapies, be they chemical, behavioral, cognitive, or psychodynamic).

Obviously, the originality of these three orientations in the current context implies a substantial effort towards interdisciplinarity (or, as we put it above, a systematic cross-analysis of our objects). For one cannot know what is at stake in psychopathological philosophy, and in sociology of mental health either, without a historical clarification of the genesis of relevant notions. Conversely, how to specify any precise object in the history of psychological sciences without a solid grasp of the logical and conceptual constraints imposed upon it, on the one hand, and, on the other hand, without paying attention to the sociopolitical context of its emergence (modern individualism, the material development of neo-liberal societies, and the normative pressure that led to a systematic appraisal of psychic deviances and suffering)?

1.4 Description des travaux : programme scientifique/Scientific Program

From what we said, it is clear that the originality of this project relies upon the fact it is mind-society focused rather than mind-brain focused. More precisely, it envisions the accent usually put on mind-brain research as a twofold problem: a philosophical one (what does naturalizing mental illness mean?), and an anthropological one (what does it imply for a wide range of social issues, from public policies to representations of the contemporary self?).

To progressively unfold this problematic, we suggest to proceed in three steps, following the three-year program below:

2009: Problematization of the project in three domains of inquiry: philosophy of mind, history and epistemology of psychotherapy, history and epistemology of psychiatric epidemiology, sociology of mental health. It will take the form of a common bibliographical seminar.

We will also start to publish online our first lectures and documents on the project's website.

2010: History and epistemology of psychotherapy and psychiatric epidemiology: comparative perspectives and conceptual issues. These seminars will raise the core issue of our project: how, within the new mental health paradigm, did mental illnesses become a sociologically relevant problem in distinct ways from the classical psychiatry paradigm? For concepts of the mind and concepts of the brain interact with social representations of the self and its morbid conditions in entirely new ways.

2011: This final year will be devoted to the moral and political implications of our approach of mental health. How do the new values and norms promoted by the mental health paradigm impact not only our conceptions of the self, but, even beyond, those of "race" and "population", and of public expertise and mental health services management as well.

At the end of the project, we will hold a conclusive three-day international conference in Paris.

2009

The core of our activity in 2009 will be a common bibliographical seminar offered by all the senior French members of the project, with F.Parot (IHPST) and A.Ehrenberg (CESAMES) as main organizers. Twice a month, we plan to read and comment major papers and book chapters in the field of epistemology, history and socio/anthropology of psychiatry and mental health. They will be circulated in advance, the discussions recorded and made available online. Some texts will be drawn from our foreign partners' works, which is not necessarily known to our students or to our expected audience. We think that, in an interdisciplinary project, establishing a common vocabulary and conceptual framework is a mandatory step before we proceed further on.

In parallel, we will run **three seminars** dedicated to the problematization of the major issues of the project.

1. P.-H. Castel's three-year seminar: **Philosophy of psychopathology and mental health**

Year 1: "What does mental illness teach us about the mind ? (If it does teach anything, indeed...)"

This seminar will be held once a month jointly with the UCLan group in philosophy of psychiatry and mental health (W.Fulford and T.Thornton), whom we will invite on a regular basis to deliver lectures and comments on the ongoing work. This two-semester doctoral seminar is offered by the graduate school of philosophy (Ecole doctorale) of Paris 1 University to Master's Degree and PhD students. It will take advantage of L.Sass' sabbatical leave from Rutgers at the IHPST, from August 2008 to August 2009.

The major issues we would like to discuss are the following: assuming that the categories and distinction are valid and that one can teach us about the other, what exactly is the mind? For instance, if a lot of what we think of as mental illnesses is of genetic origin, and not caused by "mental factors", then they might not be considered mental illnesses, but physical illnesses. A definition of mental illness will hence have an impact on which scientific disciplines are relevant to psychiatry (genetics and neurophysiology, or psychotherapy and even various forms of social engineering dedicated to psychiatric patients).

But mental health care, in a distinctive way, also combines explanation and understanding. Against what was at the time a widespread emphasis on developing brain science, Jaspers stressed the role of understanding in order to present a balanced psychiatry. Alongside contemporary developments in brain imaging and neuroscientific aetiological accounts of mental illness, there might also be a need to balance the requirements for person-centred mental health care, as reflected in the World Psychiatric Association's Institutional Program for Psychiatry for the Person. Person centred psychiatry however raises questions about the kind of understanding involved and the model of psychiatric assessment. Is there a role for idiographic understanding? And to what extent is clinical judgment a tacit or implicit skill?

But mental illness, from an epistemological standpoint, can also tell about the mind because if one adopts, like many prominent experts in cognitive psychopathology, a modular model of the mind, breakdowns should be specific (double dissociation, for instance, indicates the existence of separate component of the mind). But this model is one, and can be challenged by a more global one (not on moral or anthropological grounds, but for strictly conceptual reasons). If it is the case, then, a large part of the approach of cognitive neuroscience would be invalidated, at least partially. But what would it amount to? To limiting sharply the scope of neuroscience, or to enlarging it dramatically?

One approach to test these hypotheses could be to return to a very basic question: is there a clear distinction between mental illness and mental health, and if so, what is it? For absence of a clear distinction is connected to a large range of current issues and controversies having to do with the boundaries between the two (*e.g.* are we pathologizing "normal" sadness, or "active" boys?).

At the same time, L.Faucher (UQAM) will present his **first Graduate Seminar on psychiatry and philosophy** at the Philosophy Department of the **UQAM** in Montreal: "Psychiatry and philosophy of science".

We will use our project website, run by M.-J.Pierrat (CESAMES) to exchange lectures and bibliographical references.

A first philosophy workshop, organized by D.Forest (IHPST) will be held in **Spring 2009 at the IHPST**: "Neurology and psychiatry: Towards a new deal?"

Argument: The distinction between psychiatry and neurology used to be relatively clear (at the time of Meynert or Wernicke, for instance), but it is now widely challenged for a number of reasons. There is certainly an explanatory program in contemporary cognitive neuroscience whose ambition is to place on an equal footing neurological syndromes and at least some clinical manifestations of psychiatric disorders, as is the case for instance with agency disorders. Crucial to the distinction between the two fields used to be the difference between what disturbs a circumscribed mental capacity like vision, language or memory, and what disturbs the self of a patient. This distinction is strikingly similar to the Fodorian distinction between peripheral modules and central processes.

Even if these distinctions are no longer accepted, there are still different options available. First, neuroscientific explanatory strategy does not necessarily lead to a modular view of the mind. Second, neuroscience could provide explanations of the occurrence of mental disorders (as in 'ascendant' explanations of delusional syndromes) rather than explanations of mental disorders themselves. Moreover, philosophy of science is only beginning to provide answers to the question of what the norms of neuroscientific explanations really are, and an examination of the relations between neuroscience and psychiatry would certainly benefit from this recent work (for instance, the reflexion about levels). Finally, in order to know how much psychopathology can learn from neuropsychology, we may fruitfully take into consideration puzzling neurological disorders that do not have the profile of classical agnosias and aphasias, and represent types of disorders of self-awareness (Anton's syndrome and its reversed form, disorders of episodic memory, or somatoparaphrenia).

A second workshop will be held at the IHPST in **Winter 2009**, organized by A.Plagnol (IHPST), in the presence of L.Sass: “Biological and psychological etiologies before and after the rise of neuroscience : Implications for conceptualizing and treating schizophrenia”.

Argument: After a long period of time during which clinicians were first of all interested in social conditions, family, and development, it is well known that the contemporary dominant perspective on schizophrenia put the emphasis on genetic and neubiological factors. This displaces the long established contrast between “organic” and “psychologic” etiologies. What does the organicity of a mental disorder mean in the age of neuroscience? Which role do the mind/brain controversies, beyond clinical evidence, assume in the reshaping of this opposition? Which consequences does it entail for psychiatric care and psychotherapy? We will try to confront epistemologists with the diverging views of psychiatrists and psychologists working within different theoretical frameworks, but sharing a clinical interest for schizophrenia.

2. A.M.Lovell’s seminar: **The making of psychiatric epidemiology: Exploring the history and epistemology of an international discipline**

Year 1: “How did mental illness become a problem for epidemiologists?”

This will be a two-semester doctoral seminar offered once a month by the graduate school of social sciences (Ecole doctorale) of Paris 5 University to Master’s and PhD students.

This seminar engages in a critical analysis of the origins, contemporary forms and stakes involved in psychiatric epidemiology. Psychiatric epidemiology has its roots in the social sciences, particularly urban sociology, the Chicago School, Durkheimian functionalism and social psychology. While it shares, in this sense, much with social epidemiology, it maintains an important specificity, for example in introducing psychological and subjectively-measured variables and catalysing the development of specific measures of reliability and validity to objectify the perennially vague categories of mental disorders and mental health. As such, as A.Young has shown, the development of psychiatric epidemiology played a crucial role in legitimizing psychiatry as a branch of medicine.

But to what extent do recent biological variables in psychiatric epidemiology naturalize mental disorders? And how do socially-oriented psychiatric epidemiology and genetic psychiatric epidemiology interact? Asking these questions, our explicit intent is to develop a history of the present times: whence do contemporary theoretical conflicts in the discipline originate, and what is the place of psychiatric epidemiology in epidemiology at large?

3. B.Granger’s seminar: **History and philosophy of psychiatry for clinicians**

Year 1: “Psychotherapies: Historical and conceptual issues for clinicians”.

This will be a two-semester seminar offered by the Faculty of Medicine, Department of psychiatry of Paris 5 University, to residents in psychiatry for the Diplôme d’Etudes Spécialisées (DES). It will take advantage of the invitation of G.Makari in Paris at the Institut d’Etudes Avancées, in March 2009, to start our collective work on psychotherapies. Ten sessions are scheduled during the academic year 2008-2009, from November to May. It will be devoted to the history, development and philosophy of the main stream of psychotherapies.

In **Spring 2009**, F.Vidal (Max Planck) will offer a two-day workshop on “Neurocultures” at the Max Planck Institute for the History of Human Sciences, Berlin. So far a number of members of the group have been invited to give a lecture. The official abstract of the workshop will be published by the Max Plack Institute.

In **June 2009**, all philosophers, sociologists and historians involved in the project will gather for a second **two-day symposium at the IHPST**: “Are child disabilities in the brain?”, organized by the IHPST members.

Child disabilities (which run all the gamut from ADHD and autism, speech acquisition and language learning problems, to mental retardation of various etiologies) are a central issue in the current debate about the respective weight of cerebral and environmental factors in mental conditions (be they illnesses or handicaps). Indeed, they imply a specific developmental factor which blurs any too sharp distinction between the two. It also involves a crucial difference between adult psychiatry, and child and adolescent psychiatry, the latter entailing different ways of diagnosing and treating mental affections. Child psychiatry is also subject to wide discrepancies between local medical traditions (exemplified by the well-known reluctance of French clinicians to use drugs as extensively as their North-American colleagues). We will ask philosophers of science, historians, and sociologists, to clarify whether medical and moral concepts on the one hand, and, on the other hand, social representations of children’s mental health and well-being (even informal or popular ones) could

be disentangled in the current debate about these conditions, or not. We would like R.Rapp to join us on this occasion to tell us about her recent research.

2010

In 2010, all the participants will return to their respective disciplines and fields of specialization. We will keep on with the one seminar per week periodicity, so that all colleagues and students can attend all the sessions and share questions and comments. Thus, we will offer five seminars in France.

1. P.-H. Castel's three-year seminar: **Philosophy of psychopathology and mental health**

Year 2. "Seeing mind and psychopathology from the standpoint of psychotherapies: Unconscious, behaviour, cognition, empathy."

This is a novel approach in so far as it considers a range of therapies, *e.g.* psychoanalysis, family and cognitive-behavioural therapy. What (working) assumptions about mind and pathology are made by these various therapies? How are they similar or different? The issue is all the more potent in France, because the rise of CBT appears to many psychoanalytically-oriented psychotherapists to endanger a number of normative stances they endorsed, regarding the nature of mind, of interpersonal relations, and of cure or recovery. Nevertheless, the emerging notion of empathy in affective neuroscience, to some extent, may very well offer an indirect path back to classical Freudian conceptions. But not necessarily so: recent works about "crude empathy", or private motor mimicry, also point toward new possible therapies, which do not rely upon verbal nor symbolic exchanges between patient and therapist. The use of virtual reality in psychotherapy is an entirely new and fascinating domain, not yet fully explored by epistemologists. How could these therapies work? Is "neurotherapy" going to become the standard of effective "psychotherapy", and what will psychotherapy mean, if the proof of psychotherapeutic effectiveness is taken from neuroimaging rather than from self-descriptions and/or subjective feelings of getting better?

Among the general issues to consider, the following looks crucial: psychotherapies assume that the mind is plastic enough to be "fixed" in some ways. But how plastic the mind really is? This is a way to investigate what is ultimately cerebral, but, so to speak, the other way round: starting not from neurobiological assumptions about what kind of constraints our brains must impose upon our mind in order to make it fit (*viz.* evolutionary fit) for social interaction, but, rather, starting from what is not so plastic nor adaptative in our minds in order to elucidate the kind of neural wiring we have to abide by.

At the same time, L.Faucher (UQAM) will present his **second Graduate Seminar on psychiatry and philosophy** at the Philosophy Department of the **UQAM** in Montreal: "Philosophy of psychopathologies". This seminar will discuss the problems posed by particular psychopathologies, questioning how some psychopathologies can challenge current philosophical views about the mind.

In Winter 2010, P.Le Moigne (CESAMES) will organize a **workshop at the IHPST**: "The measurement of mental illness: historical and epistemological questions on testology in psychiatry and mental health."

Argument : The history of mental illness measurement, at the interesection of psychology and biology, built up in the 20th century by tackling with a series of difficulties. We aim at dealing with four of the most salient : 1) Are psychological phenomena mesurable at all, that is, in a potential isomorphism with numbers? 2) Which validity criterion are we to give to psychometric instruments, in order to secure the adequation of measurements to the psychopathology to be measured ? 3) Should measurements in psychopathology proceed from a significant grouping of symptoms (categories, syndromes, clusters), or, rather, from an internal set of relations specific to the symptomatology (factors, dimensions)? 4) How to measure the evolution of a mental disorder when using psychometric instruments which were, originally, designed to give a structural appraisal of it?

For psychometric instruments are used throughout the entire field of psychiatry and mental health care. But which kind of discrepancies should we expect when they are placed in the hands of a psychologist, of an epidemiologist, of a psychopharmacologist, or of a policymaker with a political agenda? Under this respect, we hypothesize that they might be a good analyser of the ongoing transformations of the mental health paradigm, and not only a sort of "contact-language" between its many professional tribes.

We would invite Roger Blashfield, the world specialist of these questions, to talk about them at the IHPST.

2. F.Parot's two-year seminar: **Epistemological history of psychotherapies in the 20th century, in their relation to psychopathologies.**

Year 1. Major psycho-therapeutical trends in France and Europe: A comparative approach.

The first goal of this seminar will be, exclusively on the basis of archives, to retrace the history of the introduction and development of different kinds of psychotherapy in France. For, beyond the history of psychoanalysis, well-documented by other historians, we ambition to bring to light the history of behavioural, and then cognitive behavioural therapy, of (systemic) family therapy, and of some less formalized psychotherapies (to be determined later on). How were they put to use by psychiatrists, on the one hand, and, on the other hand, by psychologists and psychotherapists? How were they taught in psychology and psychiatry? So far, the historiography of this question is either non-existent, or flawed, or biased by ideological prejudices. However, these issues are decisive in order to bring to light the discrepancies between the ground conceptions of psychiatrists and psychotherapists.

This first objective needs some epistemological background if we are to specify which options are available in psychotherapy. To put to test the consistency of these options, we will favor two types of questions.

The first one deals with the etiology of disorders. A “constructivist” approach holds that mental illness, just as normality or health, is a social construct. In the 20th century, it seems that it was the point of view of a majority of psychotherapists inspired either by psychoanalysis or by antipsychiatry. Along these lines, the true cause of the illness is the past of the subject, and/or the imposition of norms far exceeding his/her capacity to abide by them. The “naturalistic” approach was based on a monist viewpoint, holding that mental illnesses are natural kinds, that they consist in dysfunctions of genetic or neurophysiologic origin, which determine dispositions that, in turn, are actualized in behaviour. Explicitly or implicitly, such a stance was favored by neuropsychiatrists, and, later on, by cognitive-behavioural therapists.

In order to throw some light on the rationale behind these two highly conflicting positions, we suggest two things: first, with F.Champion, to examine the sociological constraints involved in the defence or critique of either style of explanation in psychotherapy; second, to test their rationality in reference to Dretske’s distinction between “structuring” and “triggering” causes.

The second type of questions we wish to ask concerns who/what is mentally ill. From a constructivist standpoint, it is the subject himself. He must reclaim his normal (or, rather, normalized) identity as the result of a long history of progressive structuring of his self by his social environment and by his symbolic functioning. For mental health and illness both originate from a constant interaction. Psychotherapists usually incline towards such a viewpoint. But in the eyes of the naturalist, disorders are, or used to be, disorders of the nervous system. The same notion of dysfunction applies both to dysregulations of the brain, and to maladaptive behaviour in social interaction. The proof of this two-headed dysfunction is now given through neuroimaging. Psychiatrists tend to favor this option.

We have very little information about the ways such a clear-cut opposition became a standard in contemporary mental medicine. This is what we would like to elucidate.

This seminar will end with a **Spring workshop** at the CESAMES, organized by F. Champion (CESAMES): “Psychotherapy in Europe, between homogenization and differentiation: A sociological approach”.

Argument: “Psychotherapy” is part of the cultural globalization which has been shaping the whole world. Thus, we may observe a strong homogenization movement regarding all the issues related to psychotherapy in Europe today, whether we deal with how it is organized or with what its theories and methods are. Indeed, cultural globalization is not a linear phenomenon, but a dialectic one in which the global and the local weave into a complex pattern. Thus, globalization always implies “glocalization”. The workshop will aim to understand the homogenizing process of psychotherapy in Europe (currently under American domination) as well as the recomposition of national psychotherapeutic identities. Placing it in historical perspective, it will also assess the novelty of the present-day process. “Psychotherapy” (including psychoanalysis) has indeed developed and homogenized in the 20th century through transnational associations and networks, notably in Europe, where they played and still play an important role in organizing and orienting the national psychotherapeutic fields. Nevertheless, those fields have also developed by interacting with each other.

3. A.M.Lovell’s seminar: **The making of psychiatric epidemiology: Exploring the history and epistemology of an international discipline**

Year 2: “Which idea of mental illness is reflected in psychiatric epidemiological models?”

This will not be a one-year seminar, but a two-day workshop, to be held in June in Paris.

North American classification of psychiatric epidemiology has been classified into three generations, loosely based on the evolution of nosological systems and case measurement. A fourth generation includes the introduction of biological variables and the deconstructing of disorder entities into endophenotypes and markers. This project of biological objectivation has grown side by side with developments on the social dimensions of health, through multi-level statistical reasoning and sociometric (as opposed to personal) social

network analysis. In psychiatric epidemiology, as in social epidemiology, these methodological and epistemological shifts attempt to introduce the “social” as a supra-individual, measurable phenomenon. But both epidemiological perspectives, and the discipline as a whole, are critiqued for the limitations in its causal modelling. Yet epistemological critiques fail to propose alternatives within the paradigm of epidemiology itself. So, what image of psychiatry, mental disorder and mental health is reflected in psychiatric epidemiological models? What are the effects, practically, of the categories mobilized by this discipline? And of the construction of theoretical cases in the absence of actual designation of psychiatric illnesses?

In winter 2010, X.Briffault (CESAMES) will organize a **workshop** : “Epidemiology, depression and public health in France”. The workshop will be held with the participation and assistance of the INPES (Institut National de la Prévention et de l’Education en Santé, dir. B.Basset), with which X.Briffault has a history of cooperation on issues related to depression.

4. A.Ehrenberg’s two-year seminar: **The mental and the social: Mental health as a new paradigm of individualism.**

This two-semester doctoral seminar will be held once a month. It is offered by the graduate school of social sciences (Ecole doctorale) of Paris 5 University to Master’s Degree and PhD students.

One of the major transformations of the second part of the 20th century is that individual subjectivity has become a common preoccupation in society. Contrary to traditional psychiatry, mental health is not about health only, but also about sociality: it encompasses a wide spectrum of issues, from “insanity” to personal development, and self-help. Mental health is characterized by a systematic relationship between individual afflictions and social relationships. Thus, contrary to psychiatry, mental health is a question of and for general sociology, for it raises a question about social coherence and social cohesion. Our hypothesis is that the mental health paradigm creates a new language (or language game), and that it might be useful to analyze it along the lines of a mandatory expression of emotions and feelings (in reference to Mauss’s article, “L’expression obligatoire des sentiments”, 1921); that is to say, it allows the expression and social treatment of multiple conflicts and dilemmas born from the predicaments of modern autonomy (choice, self-ownership, individual initiative, etc.).

Year 1. “The psychiatric naturalization of emotions and moral feelings: A case study of the idea of “social brain””.

Neuroscience has contributed to changing the social value of the brain: it now has a new value, not only in psychiatry, but also in society and culture. We wish to clarify the origin of this increasing valuation of the brain as a major social reference, its sources in scientific innovation, in new ways to envision sick and healthy minds, and in some spectacular claims from people (up till now confined in the realm of pathology) to legitimate lifestyles based on their cognitive particularities (e.g. Asperger patients and “neurodiversity”, “voice hearers”, etc.). Indeed, the two issues of emotions and moral feeling, on the one hand, and, on the other hand, the contemporary project of merging together neurology and psychiatry, contribute on an equal footing to the success of the idea of “social brain”. Our key words will be care, empowerment, disability, self-esteem, quality of life, and enhancement, in their relation to the development of neurosciences.

From a methodological point of view, the seminar will confront a reasoning by entities, which opposes individuals to society, subjectivity to objectivity, interiority to exteriority, and a reasoning by relationships, following the French sociological school (from Mauss to Dumont), and Wittgenstein as read by V.Descombes and post-Wittgenstein American pragmatists.

In winter 2010, C.Wassmann (IHPST) will organize a **workshop** at the CESAMES: “From movements to emotions in psychopathology (1945-2008)”.

Argument: The most fundamental shift that occurred in the conceptualization of emotion during the second half of the twentieth century was the redefinition of emotion in terms of “function of the brain.” Indeed, during the 1950s emotions were defined as pathologies. They were studied in sheep and goat in terms of the behavioral effects of stress and trauma. They were relegated to psychoanalysis and framed negatively in terms of “emotional disorders.” They were treated medically as psychopathologies and dysfunctions related to stress. At the turn of the twenty-first century however the picture looked quite different. In the 1990s, with the availability of functional brain imaging techniques, emotions were reframed as necessary ingredients of rational thought. But we also witnessed a veritable “turn to emotion” that has affected the public sphere, notably because of the common preoccupation for mental health and psychic suffering. The workshop will aim at understanding the meaning as well as the consequences of this redefinition of emotion in positive terms, with a

strong social import. It will also aim at placing the current attributions of the brain's new powers into a historical perspective.

B.Granger's seminar: **History and philosophy of psychiatry for clinicians**

Year 2: "Psychotherapies: Historical and conceptual issues for clinicians".

This again will be a two-semester seminar offered by the Faculty of Medicine, Department of psychiatry of Paris 5 University, to residents in psychiatry for the Diplôme d'Etudes Spécialisées (DES). Ten sessions are scheduled during the academic year 2009-2010, from November to May. It will be devoted to the discovery, development, sociological and marketing aspects of psychotropic drugs since 1952.

In June 2010, all philosophers, sociologists and historians involved in the project will gather for a **two-day symposium at the Institute of Psychiatry, London**: "How can there be "talking cures"? Narrative and meaning in the age of neurosciences", organized by D. Bolton.

The purpose of this symposium is to share and synthesize our reflections on psychotherapy in a truly interdisciplinary body of knowledge, but also to open up our perspectives on mental health care, from the interpersonal to the social and institutional standpoints (which is the main stake of our 2011 project).

2011

1. P.-H. Castel's three-year seminar: **Philosophy of psychopathology and mental health**

Year 3. "New moral and political issues arising within the mental health paradigm (values, norms, minority rights, individual and collective responsibility)."

What underpins value and ethical judgments in psychiatry? Are they still the same, when we shift towards mental health at large? This seminar will examine whether one can detect an original form of coherence in the many ethical principles invoked in the field of mental health, when, beyond the traditional use of psychiatry, it assumes a form of collective responsibility not only for the mentally ill, but also for the mentally fit. For it is a moral and political question of some weight to decide what is good "global functioning", or how to define clear thresholds for one's "quality of life".

There are, of course, a number of conventional tools deployed in medical ethics in general: principles-based accounts of ethical judgment in the form of deontology, consequentialism and the Four Principles approach. But psychiatry raises additional complexities: among many others, the justification of compulsory treatment, medico-legal expertise in insanity defense, not to mention the diversity of values found in practice when clinicians face deviant but non harmful sexual practices, or addiction, etc. Because of these predicaments, one member of our group, W.Fulford, has articulated an approach to "Values-Based Practice". It can be usefully compared with the Four Principles approach to medical ethics. The resulting picture is one which places a central focus on having good judgment in the face of complex ethical situations, but where such judgment cannot be reduced to the algorithmic application of any principle.

On the other hand, cognitive psychology is more and more interested in showing that there is a "psychology of norms". This psychology would detail the mechanisms necessary for creatures like us to learn norms, follow them, and punish people who do not. Naturalized ethics, in this sense, is part of the project of naturalizing the mind, and more specifically, mental illnesses. One might ask how this would impact the moral paradigms of psychiatry and mental health.

In Spring 2011, philosophers of the group will gather for a **two-day workshop**, organized at the UQAM in Montréal by D.Forest (IHPST) and L.Faucher (UQAM), dealing with the most powerful naturalistic synthesis available today in psychiatry: "Are mental illnesses "dysfunctions"? Implications for biological psychiatry and mental health care"

Argument: Naturalistic answers to constructivist views about disease have often been based on the concept of biological function, and psychiatry makes no exception (from Boorse to Wakefield). The concept of function is often construed within the Darwinian paradigm and this may lead to evolutionary claims in psychiatry that mirror the theses of evolutionary psychology about the massively modular structure of the mind. Advocates of this approach in psychiatry, such as Murphy and Stich, claim that this would help to solve, in particular, the problem of the taxonomy of mental disorders. But several critiques of evolutionary psychology have now been presented from the point of view of philosophy of science (for example by Richardson). They have also been challenged in a developmental or neuroconstructivist perspective. In this respect, there is ample room to develop a critical examination of standard etiological accounts of the concept of dysfunction aimed at characterizing mental disorders. The implications look crucial for the widely popular thesis of Wakefield, and more generally, for many recent evolutionary claims in psychiatry.

2. F.Parot's two-year seminar: **Epistemological history of psychotherapies in the 20th century in their relation to psychopathologies**

Year 2. **The moral discourse of psychotherapeutic debates**

Moral values, and especially norms about what human beings should be (e.g. autonomous, honest, contract-abiding, *etc.*) permeate the theory and practice of psychotherapies, their views about the normal and the pathological, and their nosological and etiological choices. A moral – or moralistic – style of discussion characterizes even the debate about their relative theoretical value and effectiveness. This is particularly the case of the opposition between psychoanalysis and cognitive behavioral therapies (CBTs), which have not been as welcome in France as in other countries, such as Great Britain, Germany and the US. It seems that, for the opponents of CBTs, proven therapeutic efficacy and adherence to rigorous evaluative methodologies are not decisive elements of judgment, and that it is morally superior to explain pathological or maladaptive behaviors in terms of meaningful mental processes, regardless of the extra-clinical empirical foundation they might have. A connection is sometimes made between the allegedly reductionistic and mechanistic view of man attributed to CBTs, and the reduction of the human subject to cerebral processes. Opposing CBTs sometimes comes hand in hand with resisting the increasing dominance of the neurosciences over the human sciences – a dominance that is itself perceived as morally problematic.

The purpose of this seminar is to study in detail the debates that have opposed the entrance of CBT in France, to reconstruct their structure, and uncover the motivations and positions that have given them the aspect of a moral disagreement. We will ask, for example, whether such a situation is linked to the relationship, within CBT, between psychotherapeutic practices on the one hand, and psychological and psychopathological theory on the other. CBT's general working assumption that cognitive states are involved in behavior and affects does not rank as a theory, and does not determine the diagnosis. It does, however, orient the therapy itself. CBTs are dedicated to solving particular psychological or psychopathological problems in a resolutely pragmatic manner, with the sole aim of solving them without particular regard for theoretical generalizations about personality, development or psychical functioning. Why do the primacy of therapeutic pragmatism and the secondary place given to theory strike some as lacking a necessary moral dimension? Why do psychoanalysts, the main opponents to CBTs, accept psychotropic treatments more willingly than cognitive behavioral approaches?

This seminar would be the historical counterpart of P.-H.Castel's 2010 philosophy seminar on psychotherapy, with an emphasis on cross-analysis of the same major references about CBT.

3. A.M.Lovell's seminar: **The making of psychiatric epidemiology: Exploring the history and epistemology of an international discipline**

Year 3: "The politics of psychiatric epidemiology (wars, race, colonization, globalization)"

This will be a 2-day workshop in June.

Argument : What is the relationship between social thinkers, eugenists, public hygiene reformers, wars and colonial expansion, urban growth, migration, on the one hand, and the development of psychiatric epidemiology, on the other? Aside from hagiographical accounts, what history can we discern for psychiatric epidemiology? Finally, how might an international perspective, bringing together Northern European, British, and North American epidemiology, as well as that of India, Brazil and emerging nations, trouble our epistemological or historical readings of the discipline?

4. A.Ehrenberg's two-year seminar: **The mental and the social: Mental health as a new paradigm of individualism.**

Year 2. "Symptoms, personality and society: A case study of narcissism".

The notion of "social" pathology has accompanied the spread of new psychopathologies (from depression to narcissistic pathologies, or even to PTSD extended to social issues such as relations in the workplace, or within the family, *etc.*). They are considered as "social" because they are supposed to result from changes in values and norms, and, more precisely, from a so-called "weakening of social links" due to a forceful accent put, today, on individual subjectivity. This will be the occasion to clarify the relationships between symptoms, personality and society and the relationships between clinical psychology (including psychoanalysis) and sociology. We will analyze, in the French case, how problems raised in clinical psychology, notably in the polemics between psychoanalysis and CBT, came to resonate so deeply with the predicaments of contemporary individualism. We will try to describe how the relationships between symptoms, personality and society have been envisioned in two societies (US and France) those last 30 years. On an epistemological point of view, we will also examine the type of sociological arguments that bind together individual afflictions, types of

personality, and styles of social relationships. The final problem we will raise is to know whether neuroscience, on the one hand, understood as the social emergence of a “brain-subject”, and, on the other hand, the individualistic reclaiming of self-identity, are conflicting paradigms, or, rather, two faces of the same global phenomenon.

B.Granger’s seminar: History and philosophy of psychiatry for clinicians

Year 2: “Which kind of research, for which kind of psychiatry?”

This again will be a two-semester seminar offered by the Faculty of Medicine, Department of psychiatry of Paris 5 University, to residents in psychiatry for the Diplôme d’Etudes Spécialisées (DES). Ten sessions are scheduled during the academic year 2010-2011, from November to May. They will be devoted to the history, rationale and epistemological aspects of research in psychiatry, especially in genetics and imagery.

In May, we will all convene for a **two-day Symposium at the IPDMH, UCLan**, in Preston, United Kingdom: “The new moral and political perspectives of mental health, from cognitive remediation to enhancement, and empowerment”, organized by W.Fulford and T.Thornton.

In July 2011: three-day International Conference in Paris: “Philosophy, History and Sociology of Mental Health: Interdisciplinary Issues and Future Challenges”. The proceedings of this conference, intended firstly to summarize our three-year collaboration, will be collected for publication.

1.5 Résultats escomptés et retombées attendues/Expected results and potential impact

The main objective of the PHS2M program is to lay the basis of a French interdisciplinary community working on mental health issues, from a philosophical, historical, and sociological standpoint.

All the discussions and documents we will work upon will be available online (M.-J.Pierrat, CESAMES, being in charge of our website), and all these data and texts will go on as an electronic journal in its own right, which will publish preprints in the field. The senior members of the program will constitute the first Editorial Board. The proceedings of our workshops, and talks and papers given in Great-Britain, Québec, and France, will be edited on this website.

As an extension to our 2009 bibliographical seminar, and of all our ensuing discussions, we will edit a collection of Source Books:

1. L.Faucher (UQAM) and P.-H.Castel (IHPST) will work on a book in two parts: “philosophy of psychopathology” and “philosophy of psychopathologies”. It will contain a translation of some of the key papers in the field. It would give professors who are interested in giving classes on that topic one more tool to do so, for no such handbook exists so far. There will be a French and an English version.
2. N.Henckes, L.Velpry, A.Lovell and A.Ehrenberg (CESAMES) will do the same, in French, for a series of classic papers in the sociology of mental health. Once again, no such handbook exists so far, and it is a major hindrance for teaching and introducing students to current research in the field.
3. F.Parot and T.Marques (IHPST) will be in charge of a third French Source Book in the history and epistemology of psychotherapies, with an emphasis on non-psychodynamic techniques, but rather, CBTs.

These pedagogical tools are now quite common and widely recognized as major contributions to teaching and research. Some of us already took part in some editorial projects of that kind, either for the Presses Universitaires de France, for Mardaga, or for Vrin. The IHPST has in any case a long experience of these collective tasks in philosophy and history of sciences.

1.6 Organisation du projet/*Project flow-chart*

Philosophy of psycho-pathology and mental health (dir. P.-H. Castel)	Epistemological history of psycho-therapies in the 20th century, in their relation to psycho-pathologies (dir. F.Parot)	The mental and the social: Mental health as a new paradigm of individualism (A.Ehrenberg)	Epistemology and history of psychiatric epidemiology (dir. A.M.Lovell)	History and philosophy of psychiatry (B.Granger)
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2009

What does mental illness teach us about the mind ? (If it does teach anything, indeed...). Invited contributors: D.Bolton, L.Faucher, L.Sass, T.Thornton, R.Cooper. Spring Workshop at the IHPST: Neurology and psychiatry: Towards a new deal? (dir. D.Forest)	General introduction : Bibliographical seminar, preliminary reading of core references in history, philosophy, and social sciences. Contributors: All senior members of the project Winter workshop at the IHPST with L.Sass: Biological and psychological etiologies before and after the rise of neurosciences : Implications for conceptualizing and treating schizophrenia, (dir. A.Plagnol)	How did mental illness become a problem for epidemiologists? Invited contributors: S.Wessely, S. Schwartz, L.Berlivet.	Psychotherapies: Historical and conceptual issues for clinicians. Invited contributors: G.Makari, F.Parot
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Two-day workshop “Neurocultures” at the Max Planck Institute for the History of Human Sciences, Berlin, May 2009 (dir. F. Vidal)

June two-day symposium at the IHPST:
“Are child disabilities in the brain?”
(F.Vidal, A.Ehrenberg, B.Chamak, F.Parot, D.Forest, R.Rapp)

2010

Philosophy of psycho-pathology and mental health (dir. P.-H. Castel)	Epistemological history of psycho-therapies in the 20th century, in their relation to psycho-pathologies (dir. F.Parot)	The mental and the social: Mental health as a new paradigm of individualism (dir. A.Ehrenberg)	Epistemology and history of psychiatric epidemiology (dir. A.M.Lovell)	History and philosophy of psychiatry (dir. B.Granger)
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Seeing mind and psychopathology from the psycho-therapeutical standpoint: Unconscious, behavior, cognition, empathy. Invited contributors: E.Stremler, F.Parot, D.Bolton, T.Thornton. Winter workshop at the IHSPT: The measurement of mental illness: historical and epistemological questions on testology in psychiatry and mental health (dir. P. Le Moigne)	Major psycho-therapeutical trends in France and Europe: A comparative approach. Invited contributors: F.Vidal, B.Granger.	The psychiatric naturalization of emotions and moral feelings: Neurosciences and the social brain. Invited contributors: M.Raichle, D.Forest, A.Berthoz, A.Beaulieu, N.Rose. Spring workshop at the CESAMES: From movements to emotions in psychopathology (1945-2008) (dir. C.Wassmann)	Two-day workshop in June: Which idea of mental illness is reflected in psychiatric epidemiological models? Invited contributors: N. de Almeida Filho, D. Bolton, I.Lowy Winter workshop at the CESAMES: Epidemiology, depression and public health: The situation in France (dir. X.Briffault and B.Basset)	Recent issues in the history of psycho-pharmacology Invited contributor: D. Healy
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Spring workshop at the CESAMES: Psychotherapy in Europe, between homogeneization and differentiation (dir. F.Champion)
(G.Hutschemaekers, A.Ohayon, R.Plas, C.Fussinger, G.Makari)

June two-day symposium at the Institute of Psychiatry, London:
“How can there be “talking cures”? Narrative and meaning in the age of neurosciences.”
(D.Bolton, G.Makari, G.Northoff, T. Thornton)

2011

Philosophy of psycho-pathology and mental health (dir. P.-H. Castel)	Epistemological history of psycho-therapies in the 20th century, in their relation to psycho-pathologies (dir. F.Parot)	The mental and the social: Mental health as a new paradigm of individualism (A.Ehrenberg)	Epistemology and history of psychiatric epidemiology (dir. A.M.Lovell)	History and philosophy of psychiatry (B.Granger)
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New moral and political issues arising within the mental health paradigm (values, norms, minorities rights, individual and collective responsibility). Invited contributors: T.Thornton, W.Fulford Spring 2-day workshop at the UQAM: Are mental illnesses “dysfunctions”? Implications for biological psychiatry and mental health (dir. D. Forest and L.Faucher)	The evolution of moral conceptions underlying psychotherapies in the 20th century, and their impact on the categorization of mental illnesses. Invited contributors: B.Granger	Symptoms, personality and society: A case study of narcissism Invited contributors: E.Lundbeck, J.Battan, R.Sennett, A.Honeth, J.B.Pontalis.	Two-day workshop in June: The politics of psychiatric epidemiology (wars, race, colonization, globalization) Invited contributors: D. Fulwiley, L.Faucher, V.Patel, J.Breslau	Which kind of research, for which kind of psychiatry? Invited contributor: N. Andreasen
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May two-day Symposium at the IPDMH, UCLan, Preston:

“The new moral and political perspectives of mental health, from cognitive remediation to enhancement, and empowerment.”

Invited contributors: W.Fulford, T.Thornton

July 2011: **three-day International Conference in Paris**

“Philosophy, History and Sociology of Mental Health: Interdisciplinary Issues and Future Challenges”

1.7 Organisation du partenariat/*Consortium organisation*

1.7.1 Pertinence des partenaires/*Consortium relevance*

The capacity of the three partners (IHPST, CESAMES, and IPDMH at the UCLan) to properly achieve this program can be favourably evaluated on the following grounds:

A/ Preliminary contacts have been made and residencies planned by P.-H.Castel on behalf of the IHPST :

The Paris Institute of Advanced Studies (IEA, dir. Y. Duroux) entrusted P.-H. Castel with inviting leading figures in the philosophy, history and sociology of mental health for residencies in Paris. Scholars and their research topics for 2000-2009 are:

Pr Derek Bolton, Department of Psychology, Institute of Psychiatry, King's College: Problems in the concept of (mental) illness/disorder (including epistemological, sociological & biomedical science perspectives), following the impending publication of his book *What is Mental Illness?* (from June 2 to 7, 2008)

Pr Allan Young, Social Studies of Medicine, McGill University: The riddle of empathy and the evolution of social brains: an anthropological and historical exploration of cultural and clinical images of mind and brain observed through the medium of psychopathology (from May 5 to June 13, 2008).

Pr Luc Faucher, Département de philosophie, Université du Québec à Montréal : Philosophy of psychiatric neurosciences and epistemology of evolutionary psychopathology. Luc Faucher is especially interested in the question of clinical training for philosophers (from April 7 to 12, 2008).

Pr George Makari, M.D, Associate Professor of Psychiatry, Institute for the History of Psychiatry, Dept. of Psychiatry, Weill Medical College of Cornell University. He has just published *Revolution in Mind: The Creation of Psychoanalysis*, which has been acclaimed as a landmark. His interests lie in the way discursive communities create boundaries and negotiate what is accepted and possible. He applies this perspective to the creation of psychoanalysis as both a body of ideas and movement. It includes matters such as the social forces defining subjectivity and the creation of psychotherapy in the 20th century (from March 16 to 23, 2009).

These visiting scholars will all be active members of our group (with the exception of Allan Young).

This cooperation will be extended to the year 2009-2011, as the IEA Board accepted to support the topic of our project (philosophy, history and sociology of mental medicine) beyond 2008. The IEA is very much willing to help us to coordinate our invitations with the development of the PHS2M program.

B/ The IHPST and the CESAMES have already and independently scheduled a number of workshops and interdisciplinary symposia to lay the basis of our future cooperation :

1. B.Granger will organize a symposium on "Ethics, moral philosophy and conceptual issues of psychotherapies" at the next 11th International Conference for Philosophy & Mental Health, co-organized by the International Network of Philosophy and Psychiatry in Dallas (scheduled October 2008).
2. Ehrenberg and P.-H.Castel will go to Montréal, McGill University, in September 2008, along with other members of our group, for a preparatory workshop with our Canadian partners (especially L.Faucher). The papers to be discussed are the following: B.Moutaud, PhD candidate (dir. Ehrenberg), "Neurology and Psychiatry: the Applications of Deep Brain Stimulation to Psychiatric Disorders"; B.Chamak, CESAMES, "Autism in France: a Controversial Topic"; A.Ehrenberg, CESAMES, "The Echo Maker: the Brain in Action and the Brain in Context"; P.-H.Castel, IHPST, "From Obsessional Neurosis to OCD"; D.Forest, IHPST, "Kinds of Naturalism and the Future of Psychiatry", F.Parot, IHPST, "The History of CBT"; E.Stremmler, PhD candidate (dir. Castel), "A First Account of Neuropsychanalysis"

C/ Finally, the track record of the French and foreign partners of the proposed project attest to their ability to successfully carry out such a project:

Two institutional partners have a long history of cooperation with mental health institutions of various kinds. The CESAMES, notably because it includes a research unit of the French national health institute, the INSERM, regularly places its doctoral and post-doctoral students in hospitals and public health administrations. The IPDMH, which is part of the UCLan Faculty of Health, has been cooperating since its creation with the British Department of Health, NHS Trusts, local authorities, and voluntary sector organisations or community

groups on all major issues regarding mental health. The IPDMH is a leading institution in the sense that it combines teaching and research on an interdisciplinary basis, putting to work together philosophers, sociologists and anthropologists, psychiatrists and psychologists, and community representatives.

The IHPST is known for its tradition of excellence in the philosophy of biomedicine. Its epistemologists and historians have supervised the PhDs of many psychiatrists and psychologists. For instance, among the five doctoral IHPST students who will be part of the project, one is a full-time psychiatrist, another a psychologist, and two others have studied medicine or psychology.

Here are the details of our past activities and achievements in the field:

1. *At the IHPST*, P.-H.Castel was principal investigator on a research grant on psychometrics of depression, in collaboration with P.Le Moigne from the CESAMES (Aide à projets nouveaux “La mesure de la dépression”, in 2000-2002).

The proposed PHS2M project both extends and renews a former IHPST program about functions (funded by a previous ANR grant ending in 2008). F.Parot was pivotal in its realization, along with A.Plagnol. For that program ended up in raising crucial issues for the PHS2M project: articulation between biological and psychological functions, the rationale for evolutionary psychopathology, the interrelations between “functional neuroanatomy” and “functional cerebral imagery”, the meaning and conditions of validity of the crucial concepts of “harmful dysfunction” (whether it is a criterion for mental illness or not), and “global functioning” as an evaluative notion in mental health assessments.

In this respect, the PHS2M project is but a continuation of a long tradition of epistemological reflection on mental issues at the IHPST. For instance, P.-H.Castel’s Graduate and Post-Graduate seminar on the philosophy and history of mental medicine was devoted in 2007 to D.Bolton’s and J.Hill’s seminal work, *Mind, Meaning, and Mental Disorder*. Discussions, and presentations by IHPST PhD students working on mental health, psychiatry, and the history of psychopathology and psychoanalysis are available online on the IHPST and CESAMES websites.

Finally, we would like to underscore that three senior members of the IHPST team are trained in two relevant disciplines at least, and some in three : P.-H.Castel and F.Parot in philosophy and history of science, but in psychology as well. A.Plagnol in philosophy and psychiatry, P.-H.Castel still being a clinical consultant in a psychiatric hospital.

The IHPST is also developing a series of archives on the origins of neuropsychanalysis, with documents collected over the past two years by E.Stremmer, an IHPST PhD student writing his dissertation on the history and epistemology of this new trend.

2. *At the CESAMES*, A.Ehrenberg and A.M. Lovell’s seminar from 1998 to 2004, held at the Maison des Sciences de l’Homme and attracting both national and international participants, originated an interdisciplinary format. It hosted fruitful dialogues between philosophers (V.Descombes, F.Dagognet, S.Laugier, P.de Lara), cognitive psychiatrists (N.Georgieff, R.Jouvent), psychopharmacologists (D.Healy), neurobiologists (A.Prochiantz), anthropologists (P.Rabinow, A.Young, A.Zempleni, B.Good, J.Dumit), historians (S.Shamdasani, A.Mayer) and many other scholars. Since then, the CESAMES seminars have focused on social sciences of mental health. They are officially part of the curriculum for the Masters and Doctoral Degrees in Sociology at the University of Paris 5.

4. *The IPDMH* was established in 2006 within the Centre for Ethnicity and Health (Faculty of Health) at the University of Central Lancashire. The Institute is committed to equality and human rights, user and citizen centrality, an emphasis on diversity, and the application of high level conceptual analysis to problems in mental health care. It is research led, drawing particularly on the resources of philosophy; practically focused, contributing to public policy, training and service developments that support user and community engagement, equality and social inclusion, within diverse communities; international in scope, working in partnership with the International Network for Philosophy and Psychiatry, and a wide international network of researchers, service users and practitioners of mental health, illness and recovery. This is reflected in its most known achievement, the *Oxford Textbook of Philosophy and Psychiatry*, which is the internationally recognized reference in the field.

IPDMH members have published papers on a wide range of issues, such as the concepts of illness, disease and disorder in mental health; the history of psychopathology; empathy; validity of psychiatry diagnosis; the codification of diagnosis and tacit knowledge; the conceptual underpinnings of evidence-based medicine; values-based practice; psychiatric ethics; brain imaging and the mind-body problem; reasons and causes; meaning in cognitivist psychiatry; meaning and social constructionism in discursive psychology; free will;

autism and the problem of other minds. All of these subject matters are dealt with in an interdisciplinary turn of mind.

3. *Bernard Granger's seminar*, « Psychiatrie historique et philosophique », which is part of the psychiatry teaching requirements at Paris 5 University for the specialization in psychiatry, is one of the major sites in Paris for the epistemology and the history of the discipline.

4. Pr Bolton's *M.Sc. in the Philosophy of Mental Disorder* at the Institute of Psychiatry Kings College London has courses in Philosophy of Mind, Models of Psychopathology, Psychoanalysis, and the Concept of Mental Disorder. It covers many wide-ranging texts and topics, e.g. from Foucault's analysis of madness in modernity, to the definition of mental disorder in the DSM & ICD; or from psychoanalytic theory to gene-environment interactions. Its current intake is 14 graduates per year, typically international and multi-disciplinary, mainly in psychiatry, psychology, and philosophy. Typically one or two students per year go on to doctoral work. He organises a regular seminar group for high level graduates of the programme, recent and pending papers bearing on concepts of madness in rural Egypt, and on autism and emotional understanding. He has helped establish a Conceptual Issues in Mental Health group at the Institute of Psychiatry / Maudsley Hospital, with national and international links elsewhere in the College, which has a seminar programme and has organized conferences including on *Phenomenology and Psychiatry*. He is co-applicant on a current proposal to the Wellcome Trust to establish a *Centre for Humanities and Medicine* at King's College London, projects within this including *experience of illness* and *boundaries of illness*.

1.7.2 Complémentarité et synergie des partenaires/*Added value of the consortium*

Interdisciplinarity being the essence of this project, we can only underscore the mutual help that the PHS2M partners expect from each others, intellectually and materially.

The IHPST being focused on philosophy and history of sciences, with very few competences in sociology of science and anthropology, it clearly needs the CESAMES researchers in order to bridge the gap between the type of analysis the IHPST is used to (conceptual and historical) and empirically-based sociology. Examples of the fruitfulness of this kind of collaboration have already been set in the past: B.Moutaud's and P.-H.Castel's common work on Gilles de la Tourette and other OCD related syndromes, or A.Ehrenberg and P.-H.Castel cross-analysis of the issues of psychotherapy in France from 2006 to present times. We have a long common habit of mutual peer-reviewing, and of common workshops, both national and international.

Those last years, the CESAMES strongly increased its interest in epistemology and historical sociology. It will be one of its major thematic axes of research in the next Four-Year Plan to be submitted to the CNRS and INSERM (2009-2013). This implies an explicit policy of recruiting new and young researchers in the field.

Developing an international network focused on philosophy, psychiatry and mental health has always been a priority of the IPDMH at the UCLan, since its creation. To that extent, our British partners set the example of what we could hope to achieve, for they have already established the interdisciplinary framework, including teaching and research, which we are striving to institutionalize in France. Thus, we ambition to join them as soon as 2009 as a full member of the International Network for Philosophy and Psychiatry (INPP), which is the leading network of researchers and university departments in the field.

Finally, both clinical and field work being the condition of our theoretical work, we regard as a crucial added value to our project the offer made by B.Granger to open to philosophy and sociology students the psychiatric institutions he is in charge of. Indeed, the kind of philosophy of psychopathology we are thinking about is not only a philosophy of psychopathology as a science, it is a philosophy of psychopathologies as well, that is, a philosophy of what morbid psychiatric entities change in our conception of the mind.

1.7.3 Qualification du coordinateur du projet et des partenaires/*Principal investigator and partners : résumé and CV*

PHS2M principal investigator : Pierre-Henri Castel, 45 (male)

Former student of the Ecole Normale Supérieure, M.Phil. Philosophy, Agrégé in Philosophy, PhD Philosophy, PhD Psychology, Accreditation to supervise research (HDR), 2003. Research Scientist at the IHPST, Associate Researcher to the CESAMES. Clinical consultant at the Ville-Evrard Psychiatric Hospital.

P.-H. Castel has been working for fifteen years in philosophy and history of mental medicine, from psychiatric neuroscience to psychoanalysis. His articles and books mainly deal with two issues: on the one hand, on an epistemological standpoint, the core concepts of the philosophy of psychopathology as a science (its general

methodology, plus some vexed questions, such as mind/brain reductionist strategies in psychiatry and neurology, normality/sanity vs. pathology, the subjectivity of morbid mental states, mental causality, sanity and responsibility, *etc.*), all topics studied within a philosophy of mind framework ; and on the other hand, in a historical perspective, studies in specific psychopathologies, trying to understand what some psychiatric entities should or should not modify in our current views of the mind, not only in its relation to the brain, but to the moral world, and to the social and historical context as well (for instance, hysteria, gender identity disorders, depression, Tourette syndrome or obsessive compulsive disorders). As a clinician in a psychiatric institution, and a psychoanalyst in private practice, he has developed a strong interest in psychotherapy, but also for the institutional and political background of contemporary practices and scientific agendas in mental medicine.

The PHS2M project is the logical extension of his efforts to institutionalize, in France, with the assistance of a network of foreign partners, an interdisciplinary framework putting to work, hand in hand, epistemologists, clinicians, sociologists, and historians, with whom he has been constantly interacting those last five years. For the PHS2M project is a decisive step towards the integration of the French community of scholars working on these topics into a broader circle of academic institutions, which is rapidly growing both at the European and international levels. Our British partners from the IPDMH at the UCLan are at the centre of this web, and their willingness to assist us is crucial to the success of our endeavour.

P.-H. Castel has a long experience of working with English-speaking institutions of higher education. He was Associate Professor in French and Comparative Literature at Columbia University in New York in 1985-1987, and Head of the French Department at the National University of Lesotho (Southern Africa), on behalf of the French Ministry of Foreign Affairs in 1987-1989. Regarding the subject matter of the PHS2M project, he was principal investigator in a project funded by the MIRE in 2002-2004: Psychometrics and Depression (20000€) — a project carried on with the P.Le Moigne (CESAMES). In 2007, he was entrusted by the Paris Institut d'Etudes Avancées (IEA) with coordinating a series of invitations for prominent scholars in philosophy, history and sociology of mental health. Many of these scholars will take part in the PHS2M project. These international relationships were established within the general framework of P.-H.Castel's Graduate and post-Graduate Seminar in Philosophy and History of Psychopathology at the IHPST, thanks to assistance from senior members of our group (B.Granger, A.Ehrenberg, and A.M.Lovell), and from administrative-technical aid from the CESAMES and the IHPST (M.-J. Pierrat for the website, who will be part of the PHS2M project, and P.Cardon).

(2008) De la névrose obsessionnelle aux TOC: remarques sur le passage du paradigme psychanalytique au paradigme cognitivo-comportementaliste, in F. Champion (dir.), *Les psychothérapies aujourd'hui*, Paris, Masson, forthcoming.

(2008) Explication motivationnelle et explication fonctionnelle, in F. Parot (dir.), *Les fonctions en psychologie : Enjeux et débats*, Bruxelles. Mardaga, forthcoming.

(2007) L'invention de la névrose de contrainte : Une conjecture historique, anthropologique et psychanalytique, *Actes de savoir* 3 : 131-146.

(2006) *A quoi résiste la psychanalyse ?*, PUF, Paris, Prix Dagnan-Bouveret 2007 de l'Académie des sciences morales et politiques.

(2003) *La métamorphose impensable : Essai sur le transsexualisme et l'identité personnelle*, Gallimard, Paris, (Bulgarian translation in 2006).

Articles in peer-reviewed journals & conference proceedings : 26 (5 in last 5 years); chapters in peer-reviewed books: 18 (11 in last 5 years); books (as author): 4; (as editor): 1.

Other partners involved: see Appendix

Récapitulatif des données financières											
EQUIPEMENTS (€)	Personnels						Prestations de service externe (€)	Missions (€)	Autres dépenses (€)	Dépenses justifiées sur facturation interne (€)	Totaux (€)
	permanents		non permanents à financer par l'ANR		Autres non permanents						
	<i>personne. mois</i>	Coût (€)	<i>personne. mois</i>	Coût (€)	<i>personne. mois</i>	Coût (€)					
-	119	607 162	24	87 024	248	-	-	59 000	25 000	-	778 186
-	97	611 950	12	43 512	72	-	-	27 000	25 000	-	707 462
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	216,00	1 219 112	36,00	130 536	320,40	-	-	86 000	50 000	-	1 485 648
							Frais de gestion / frais de structure demandés (€)-->				10 661
									Frais d'environnement (€)		1 079 718
									Coût complet (€)		2 576 028
							Coût éligible pour le calcul de l'aide : Assiette (€)				266 536
									Aide demandée (€)		266 536

2. Justification scientifique des moyens demandés/*Requested budget : detailed financial plan*

2.1 Partenaire 1/*Partner 1 : IHPST*

2.1.2 Personnel/*Manpower*

We will offer two post-doctoral positions at the IHPST, one in 2010, and another in 2011.

1. In 2010, the IHPST will recruit a post-doctoral fellow in *the Epistemology and History of Cognitive-Behavioural Therapy*. This is a one-year position is for a junior researcher interested in developing an interdisciplinary approach to the understanding of the emergence of CBTs, preferably within a comparative perspective, for example France/Europe or France/United-States. This may be a continuation of her/his doctoral dissertation or be a new research project. The project will be mentored by F.Parot (IHPST), and the researcher will also have the opportunity to consult as needed with P.-H.Castel (philosophy of psychoapthology) and F.Champion (sociology of psychotherapies). The post-dotoral researcher will make at least one oral presentation of the work in progress will at the “Epistemological History of Psychothrapies in the 20th century in their relation to psychopathologies” seminar. Applicants should be willing to take part in our project to edit a collection of historical essays on CBTs in the 20th century, under F.Parot’s supervision.

In addition to his/her personal research project, the post-doctoral researcher will primarily collaborate in the organization and intellectual development of this seminar series. S/he will also participate in the PHS2M-IHPST seminars and symposia, to the degree that aspects of these seminars fit with the post-doctoral research project. S/he will be expected to participate in all general seminars or activities for post-doctoral scholars within the PHS2M, and in the regular IHPST meetings.

This post-doctoral position is appropriate for individuals with a PhD Philosophy and/or History of Science, or a M.D. or a Psy.D. with a background in philosophy and/or history of science. We would clearly favor candidates with either some clinical acquaintance with CBTs, or with some training in fieldwork with archives, or both. The possibility of enrolling in CBTs training courses at local medical schools will also be explored for those who lack knowledge of the common principles of these therapies. All applicants should also have an adequate enough background in quantitative skills to be able to interpret psychiatric literature. They must have good reading and speaking command of English.

2. In 2011, the IHPST will recruit a second post-doctoral position in *the Philosophy of psychopathology*. This is a one-year position is for a junior researcher interested in developing an interdisciplinary (conceptual/clinical/historical) approach to the understanding of some core questions raised in the PHS2M perspective. Two major domains should be considered in priority:

1) The philosophy of psychotherapy, as far as psychotherapeutic effects tell something about the mind, that is not so visible when the inquiry rather proceeds from some cognitive hypothesis about the brain: for example, its relative plasticity, its intentional content, its relational nature, the balance between affect and cognition, or between action and self-perception in interpersonal/clinical relations, etc. The applicant should be conversant with one or more psychotherapeutic techniques, from CBTs to classical psychoanalysis, or systemic therapies. He/She must be well aware of quantitative studies in the field and/or in current clinical dilemmas. An opening on recent theories and techniques is welcome (e.g. the use of virtual reality in psychotherapy, or neuropsychanalysis, some archives of this school of thought being available at the IHPST).

2) The specific use and extension of the notion of “function” in cognitive psychopathology, as far as it seems to encompass a wide range of issues, some brain-based (“functionalism” as a major brain/mind explanatory strategy), some other of an interpersonal or even social nature (e.g. Wakefield’s “harmful dysfunction”), with an impact on mental health issues. We welcome any examination of the potential connections between this rationale and evolutionary psychopathology or psychiatric taxonomy.

This may be a continuation of her/his doctoral dissertation or be a new research project. The project will be mentored by P.-H. Castel and D.Forest (IHPST), and the researcher will also have the opportunity to consult as needed with F.Parot (history of psychotherapy) and B.Granger (psychiatry). At least one oral presentation of the work in progress will be presented by the post-doctoral researcher to the “Epistemological history of psychotherapies in the 20th century in their relation to psychopathologies” seminar, and another to the “Philosophy of psychopathology and mental health” seminar. Applicants should be willing to take part in our project to edit a collection of historical essays on CBTs in the 20th century, under F.Parot’s supervision.

In addition to his/her personal research project, he/she will also participate in the PHS2M seminars and symposia, to the degree that aspects of these seminars fit with the post-doctoral research project. S/he will be expected to participate in all general seminars or activities for post-doctoral scholars within the PHS2M, and in the regular IHPST meetings.

This post-doctoral position is appropriate for individuals with a PhD Philosophy, or an M.D. or a Psy.D. with a background in philosophy. We would clearly favor candidates with some clinical acquaintance with CBTs, or with another form of psychotherapy. But the possibility of enrolling in training courses at local medical schools will also be explored for those who lack knowledge of the common principles of these therapies. All applicants must have good reading and speaking command of English.

2.1.3 Missions/*Travels*

The amount of money we are asking for travel expenses is linked to the international nature of our consortium, which, in turn, is the occasion for the French group to become acquainted with problems and discussions which are sometimes entirely unheard of in France. Thus the intensity of our collective work will crucially benefit from the visits and lectures of our British and Canadian partners in our respective seminars. Our foreign partners will reciprocate the invitations at least once a year, depending, of course, on the acceptance of the projet by the ANR.

In 2009, P.-H Castel plans to invite a number of British scholars, for lectures and for supervision of the IHPST PhD students. There will also be two workshops organized by D.Forest and A.Plagnol in Paris. Our conclusive June two-day workshop will attract at least one prominent researcher from the USA (R.Rapp), and all British and Canadian partners. In F.Parot will travel a lot to interview the major actors of the history of CBTs in France, and to collect all relevant archives and documents. In 2010, the post-doctoral student we are to recruit to help her will accompany her in most occasions. A.M.Lovell will invite two prominent epidemiologists, who will stay with us at least a week, in order to meet our correspondents in various French Governmental Agencies in charge of mental health programs and statistics. We thus ask for 15,500€ (including about 20 round-trips from or to the UK or North-America, plus accommodation). The workshop in Berlin will be charged on the CESAMES (see 2.2.3 below).

In 2010, we will maintain the same level of exchanges. F.Parot's History seminar will be shared with F.Vidal from Berlin. There will be more workshops, as the program gradually unfolds, all of them giving us the opportunity to invite from abroad a number of scholars who have never been, so far, invited to give any lecture in France, especially in the history and epistemology of psychometrics, and in the history of psychotherapy and psychopharmacology. In 2010, we will keep on the same level of exchanges. A.Ehrenberg's seminar will be connected with C.Wassman's workshop, and they will work together on one of the core issues of this project, the psychiatric naturalization of moral feelings: in order to do so, they will invite a few specialists in the field of affective neuroscience, and the very few sociologists and historians who tried to understand the emergence of this new trend in contemporary neuroscience in anthropological terms. Our conclusive 2010 workshop will be held at the invitation of the Institute of Psychiatry in London, but it will be paid for by the CESAMES (for the French group). Thus, at least 15 persons will travel to London, including post-doctoral students. We thus ask for 24,500€.

In 2011, the IHPST will cope with the bulk of its workload, with a workshop hosted by the UQAM for a small group of philosophers, including two post-doctoral students, with a two-day workshop gathering historians and sociologists at the UCLan, and, finally, with the preparatory work for the final three-day conference to be held in Paris as the final word of this project. The IHPST will be in charge of the conference invitations, but travels and accommodation will be shared with the CESAMES. We thus ask for 29,000€.

The total sum for travels, accommodation and overheads, amounts to 59,000€.

2.1.4 Dépenses justifiées sur une procédure de facturation interne/*Expenses for inward billing*

None

2.1.5 Autres dépenses de fonctionnement/*Other expenses*

Our two bibliographical seminars in 2009 require the purchase of an important number of books, plus the fees for the online consultation of psychiatry journals. We are adamant that most of these books are not available in France, and, furthermore, that there is no purchase policy in French libraries regarding our topics. The IHPST, where one of the finest Parisian libraries in History and Philosophy of Science is already located, is ready to offer some space for a true interdisciplinary library in Philosophy, History and Socio-anthropology of Psychiatry and Mental Health. We want to take advantage of this opportunity. The IHPST, as stated above,

already started a program in order to host various types of archives in the field (notably, the archives of the beginnings of the neuropsychanalytic movement in Columbia University, New York).

We thus ask for 25000€ in books and documentation (some documents being only available in electronic form). This is a lump sum including office stationery, photocopies, etc.

2.2 Partenaire 2/Partner 2 : CESAMES

2.2.1 Personnel/Manpower

We will offer one post-doctoral position at the CESAMES in 2011.

3. In 2011, the CESAMES will recruit a post-doctoral position in the epistemology and history of psychiatric epidemiology. This is a one-year position for a junior researcher interested in developing an interdisciplinary approach to the understanding of the emergence of psychiatric epidemiology and its relationship to both ideas of the mental and social-historical transformations of the contexts in which this discipline was developed.

The post-doctoral researchers will design and develop a research project on the topic of epistemology and history of psychiatric epidemiology. This may be a continuation of her/his doctoral dissertation or be a new research project. The project will be mentored by A.Lovell (CESAMES), and the researcher will also have the opportunity to consult as needed with P.-H.Castel (philosophy of mental illness) and A.Ehrenberg (sociology of mental illness). At least one oral presentation of the work in progress will be presented by the post-doctoral researcher to the “Epistemology and history of psychiatric epidemiology” seminar.

In addition to his/her personal research project, the post-doctoral researcher will primarily collaborate in the organization and intellectual development of the seminar series, “Epistemology and history of psychiatric epidemiology”. S/he will also participate in the PHS2M seminars and symposia, to the degree that aspects of these seminars fit with the post-doctoral research project. S/he will be expected to participate in all general seminars or activities for post-doctoral scholars within the PHS2M and in the regular CESAMES meetings. S/he may also wish to participate, according to her/his specific interests, in other seminars of the PHS2M.

This post-doctoral position is appropriate for individuals with a PhD in the social or behavioral sciences. Non-social scientists with a background in philosophy or psychiatry may apply, but will be expected to enrol in Masters’ level quantitative and qualitative methodology courses offered at the University of Paris 5, unless they can show equivalent course work. The possibility of enrolling in epidemiological courses at local medical schools or public health institutes will also be explored for those who lack knowledge of the common principles and language of epidemiology. All applicants must have good reading and speaking command of English and have some background knowledge in at least one of the following: social studies of sciences, philosophy of science, anthropology of medicine (or science), sociology of medicine (or science). They should also have an adequate enough background in quantitative skills to be able to interpret psychiatric literature.

2.2.2 Missions/Travels

The justification of the CESAMES travel expenses is the same as with the IHPST. Let us underscore that the very idea of a sociology of mental health is both common and widely regarded as a stimulating intellectual challenge, but that very little has actually been done so far, in terms of networking and institutionalization, in order to seriously implement the academic structures required. It is precisely what we wish to remedy.

In 2009, the “Neuroculture” seminar in Berlin offered by the Max Planck institute for the history of the human sciences (F.Vidal) will need at least four representatives of our group. It will be financed by the CESAMES. We thus ask for 2,500€.

In 2010, we will maintain the same level of exchanges than in 2009. But there will be more workshops, as the program gradually unfolds, all of them giving us the opportunity, once again, to invite from abroad a number of scholars who have never or seldom been invited to give any lecture in France, especially in the history and epistemology of psychometrics (Le Moigne) and epidemiology (Lovell). Our French conclusive workshop will be held at the CESAMES in Spring. The CESAMES will also pay for the travel and accommodation expenses of the PHS2M group at the Institute of Psychiatry in June in London (about 15 persons, including post-doctoral students). We thus ask for 7,500€.

In 2011, there will be a two-day workshop gathering historians and sociologists at the UCLan, and, finally, the preparatory work for the final three-day conference to be held in Paris as the final word of this project. Travels and accommodation will be paid for by the CESAMES. We thus ask for 17,000€.

The total sum for travels, accommodation, and overheads, amounts to 27,000€.

2.2.3 Dépenses justifiées sur une procédure de facturation interne/*Expenses for inward billing*

None

2.2.4 Autres dépenses de fonctionnement/*Other expenses*

Usual office stationery, photocopies, etc., for 5,000€.

The creation and maintenance of an English/French website, which M.-J.Pierrat (CESAMES) will be in charge of, imply an overall cost of 10,000€, because of the amount of translations/proofreading needed. The Centre Technique des Langues (Languages Technical Center) at Paris 5 University has already been contacted for cost optimization. The editing/publishing of our work (Source books and workshop proceedings) as printed books will also need to be subsidized. One publishing company has already been contacted. A French/English version of our papers would cost 10,000€.

The total sum amounts to 25,000€.

Annexes

Annexe 1 : Description des partenaires/Partners information (cf. § 1.7.1)

IHPST

Established in 1932, *the IHPST* is the oldest French research institution in the history and in the philosophy of science. It always developed a strong interest in the philosophy and history of biomedical sciences, from Canguilhem to the present days. Many psychologists and psychiatrists were trained there in philosophy, philosophy of science and history of science, a doctoral degree in both disciplines still being a common standard among us.

This is the reason why psych-sciences have gradually taken a larger part in the IHPST activities, with a clear emphasis on epistemological studies. However, they are natural extensions of the history of psychology and psychopathology, as today the history of psych-sciences is no longer merely a matter of historiography, or of paying one's respects to the past. It is possible and necessary to start from a particular historical case study, and then to pass on to the general conditions of development of psychological theories. How can conflicts between equally coherent but opposing theoretical models end ? How can a psychological and psychopathological concept be validated ? The historico-critical method, a key issue at the IHPST, leads to the analysis of the conditions for the development of new sciences, their concepts, and their validation procedures. Moreover, it leads to the adoption of a comparative strategy aimed at better discerning the particular approaches in the various disciplines and their "regional rationalisms". The task of this epistemological history (Canguilhem) is to capture scientific discoveries and creations in their real dynamics and their real-life aspects, without imposing a general epistemological model, which necessarily can never be sensitive to the specifics of each case. Nevertheless, this history is compatible with the hypothesis that the understanding of the past helps, if not to predict the future, at least to better understand the present. Thus, the study of significant episodes in the history of psych-sciences (or of biomedical sciences, physics, logics and mathematics) will lead to a more relevant approach to epistemological questions.

CESAMES

The CESAMES grew out of a project initiated in 1990, first under the auspices of the Association Descartes, and then as a Research Network ("Psychotropes, Politique, Société", G 1106) in the Human and Social Sciences Department of the CNRS. As the research network was reaching its eighth year in December 2001 (it was under the auspices of another research center, the CETSAH, until then), its founders and members wished to give it a new impulse. In May 2002, the resulting research unit, CESAMES (UMR 8136) was founded, as a joint research unit of the CNRS and the University of Paris 5 (René Descartes). Since January 2004, CESAMES is also belonging to the INSERM (U 611). It deals with two inter-related themes : 1. Psychotropic substances (illicit drugs, medication, alcohol and other psychoactive substances) ; 2. Psychopathology (including the addictions), the disciplines that address these conditions and illnesses (psychology, psychoanalysis, psychiatry, neurosciences), mental health more generally, and ethnopsychiatry.

CESAMES members have published papers on a wide range of issues, such as the sociology of mental health, the epidemiology and demography of drugs and alcohol users, law, history and sociology of neurosciences, psychotherapy, psychology and psychoanalysis.

UCLAn/IPDMH

The IPDMH was established in 2006 within the Centre for Ethnicity and Health (Faculty of Health) at the University of Central Lancashire (UCLan). The Institute is committed to equality and human rights, user and citizen centrality, an emphasis on diversity, and the application of high level conceptual analysis to problems in mental health care. It is research led, drawing particularly on the resources of philosophy; practically focused, contributing to public policy, training and service developments that support user and community engagement, equality and social inclusion, within diverse communities; international in scope, working in partnership with the International Network for Philosophy and Psychiatry, and a wide international network of researchers, service users and practitioners of mental health, illness and recovery. This is reflected in its most known achievement, the *Oxford Textbook of Philosophy and Psychiatry*, which is the internationally recognized reference in the field.

IPDMH members have published papers on a wide range of issues, such as the concepts of illness, disease and disorder in mental health; the history of psychopathology; empathy; validity of psychiatry diagnosis; the codification of diagnosis and tacit knowledge; the conceptual underpinnings of evidence-based medicine; values-based practice; psychiatric ethics; brain imaging and the mind-body problem; reasons and causes; meaning in cognitivist psychiatry; meaning and social constructionism in discursive psychology; free will; autism and the problem of other minds. All of these subject matters are dealt with in an interdisciplinary turn of mind.

Annexe 2 : Biographies/Résumés and CVs (cf. §1.7.3) : other project members

IHPST :

Senior members : Forest, Marques (post-doctoral student), Parot, Plagnol, Wassmann.

PhD candidates: Advenier, Berkovits, Demazeux, Fouré, Stremler

CESAMES:

Senior members: Briffault, Chamak, Champion, Ehrenberg, Henckes (post-doctoral student), Le Moigne, Lovell.

PhD candidates: Moutaud, Venturi

Administrative assistant (in charge of the website): Pierrat

Institute for Philosophy, Diversity, and Mental Health, University of Central Lancashire:

Senior members: Fulford, Thornton

Other partners:

Bolton (Institute of Psychiatry, King's College, London), Faucher (Philosophy, UQAM), Granger (Psychiatry, Medical School, Paris 5 University), Makari (Psychiatry and History of Psychiatry, Medical School, Cornell University), Vidal (Max Planck Institute for the History of the Human Sciences)

IHPST (senior members)

FOREST Denis, 44 (male)

Former student of the Ecole Normale Supérieure, Agrégé in Philosophy. PhD Philosophy (1993). Philosophy Professor, Jean Moulin University, Lyon. Associate Researcher, IHPST.

My PhD dissertation (*Histoire des aphasies. Une anatomie de l'expression*) deals with the birth of brain science and its relation to medicine in the 19th century, with a special emphasis on aphasic disorders. I have since developed, under the influence of William Bechtel, a continuist view about the historical development of the understanding of neurocognitive deficits. As a philosopher of science, I am currently working on the analysis of the explanatory project of cognitive neuroscience. One extension of this project is to study what happens nowadays to the classical distinction between neuropsychological and mental disorders. Another part of the project concerns the functional decomposition of the mind-brain, the reasons why the massive modularity hypothesis and evolutionary psychology do not seem very promising, and what alternative we could offer to evolutionary construals of both brain functions and mental powers.

I will organize in Spring 2009 at the IHPST a first workshop on "Neurology and psychiatry: Towards a new deal?" The argument is the following. The distinction between psychiatry and neurology used to be relatively clear (at the time of Meynert or Wernicke, for instance), but it is now widely challenged for a number of reasons. There is certainly an explanatory program in contemporary cognitive neuroscience whose ambition is to place on an equal footing neurological syndromes and at least some clinical manifestations of psychiatric disorders, as is the case for instance with agency disorders. Crucial to the distinction between the two fields used to be the difference between what disturbs a circumscribed mental capacity like vision, language or memory, and what disturbs the self of a patient. This distinction is strikingly similar to the Fodorian distinction between peripheral modules and central processes.

I will also organize with L. Faucher at the UQAM in Spring 2011 a two-day workshop dealing with the most powerful naturalistic synthesis available today in psychiatry: "Are mental illnesses "dysfunctions? Implications for biological psychiatry and mental health care". The argument is as follows: Naturalistic answers to constructivist views about disease have often been based on the concept of biological function, and psychiatry makes no exception (from Boorse to Wakefield). The concept of function is often construed within the Darwinian paradigm and this may lead to evolutionary claims in psychiatry that mirror the theses of evolutionary psychology about the massively modular structure of the mind. Advocates of this approach in psychiatry, such as Murphy and Stich, claim that this would help to solve, in particular, the problem of the taxonomy of mental disorders. But several critiques of evolutionary psychology have now been presented from the point of view of philosophy of science (for example by Richardson). They have also been challenged in a developmental or neuroconstructivist perspective. In this respect, there is ample room to develop a critical examination of standard etiological accounts of the concept of dysfunction aimed at characterizing mental disorders. The implications look crucial for the widely popular thesis of Wakefield, and more generally for many recent evolutionary claims in psychiatry.

(2007) Bain et les théories centralistes de l'action et de la conscience d'agir, *Revue d'histoire des sciences*, 60/2, p. 357-374. N° spécial Alexandre Bain coordonné par Jean-Claude Dupont et Denis Forest.

(2004) Le concept de proprioception dans l'histoire de la sensibilité interne, *Revue d'histoire des sciences*, 57/1, 5-31.

(2005), *Histoire des aphasies. Une anatomie de l'expression*. Paris, Presses Universitaires de France, « Collection pratiques théoriques », 352 p.

Articles in peer-reviewed journals and conference proceedings : 6 (5 in last 5 years); book as author: 1

MARQUES Tiago, 34 (male)

M.Phil Historical Sociology, PhD. in History. Post-doctoral researcher at the IHPST.

In my previous historical and sociological research I was mostly concerned with the formation of the modern penal systems in Europe. For my Ph.D. dissertation, I studied the processes of law and institutional reform of the juridico-penal systems inherited from the liberal period in countries belonging in the civilian legal tradition. As these reforms eventually emerged the contemporary penal systems, this approach was taken as a means of getting insight on contemporary issues. With this in view, I analysed more at length the interactions between scientific norms (in forensic psychiatry) and juridical norms, in particular the semantic transformations undergone by the former within the legal theories of dangerousness and criminal responsibility.

My current research is developed along the lines of the relations between scientific and social norms. However, I now depart from scientific observations, namely those carried out by psychiatrists, neurologists and psychologists, of pathologies defined by a clear social component. Concretely, I analyse scientific observations of pathologies that have in common that they refer to shared religious systems (e.g. cases of hysteria and obsessions formatted in religious terms). Focusing on the European Catholic world since the late 19th-century, I aim at understanding how these kinds of pathologies were labelled and explained in the diverse nosological systems of psychiatry and psychopathology. My working hypothesis is that these pathologies forced scientists to acknowledge some degree of interaction between the neurobiological individual and her subjective investments on the enveloping symbolic order. The ways in which this imperative challenged the theoretical constructs of psychiatry and other related sciences of the psyche constitute the core problem of my study. Thus placed at the juncture of the philosophy of mind and historical sociology, this project sets as its main question the following: can social symbols become part of an individual's mental illness and, conversely, of the cure process?

1. Marques, Tiago (2007), *Diriger les consciences, guérir les âmes. Une histoire comparée des pratiques thérapeutiques et religieuses (1830-1939)* [Hervé Guillemain], in *Revue d'Histoire des Sciences Humaines*, n°17, décembre 2007, 182-185.
2. Marques, Tiago (2007), «Da *personalidade criminosa* à *personalidade perversa*. Psiquiatras, juristas e teólogos na crise do positivismo» in *Ler História*, 53, 135-161.
3. Marques, Tiago (2006), «O *momentum* da codificação criminal. Reflexões metodológicas sobre a análise histórica dos códigos penais» in *Lei e Ordem. Justiça Penal, Criminalidade e Polícia*, Livros Horizonte, 2006, 15-43. (Book as editor)
4. Marques, Tiago (2005), *Crime e castigo no liberalismo em Portugal*, Lisboa, Livros Horizonte. (Book as author)

Articles in peer-reviewed journals and conference proceedings : 8 (8 in last 5 years); books as author: 2, as editor: 1.

PAROT Françoise, 60 (female)

PhD Psycholinguistics (1975), Accreditation to supervise research/HDR (1993). Senior lecturer, Paris 5 University. Senior research scientist (IHPST).

From 1970 to 1980, I was a research scientist and teacher in a CNRS/University Paris 5 experimental psychology laboratory. I studied the philosophical and historical basis of Skinner behaviorism, and I translated one of his books (*About Behaviorism*). From 1980 to 1997, I devoted my research activity to archives of French psychologists and French institutions where psychology had been taught. I published several papers and books about French psychologists such as Meyerson or Piéron. Since 1997, I have been a research scientist in a CNRS/ENS laboratory of History and Philosophy of Sciences.

My work deals essentially with the epistemological and historical analysis of the differences and similarities between cognitivism and behaviorism. My working hypothesis is that CBTs might demonstrate that behaviour-focused and cognition-focused psychological schools actually share more common assumptions than it could be expected at first sight. Correlatively, will cognitivism resist to the recent surge of behavioral neurosciences? For five years, I have studied this problem in a general research program devoted to the notion of function in human, biological, and medical sciences. I studied, on the one hand, the history of the first functionalism (Angell, Badwin, for instance), and, on the other hand, the usefulness and limitations of functional explanations in the psychology and neuropsychology of dreams. My interest goes now to mental illness with the project to study the history of the reception of CBTs in France (drawing from archives), within a more general program dealing with the history of psychopathology during the 20th century in France. I also wish to study the history of child psychopathology in the same period.

(2008) dir. *Les fonctions en psychologie ; enjeux et débats*, Bruxelles. Mardaga.

(2008), Ce que les explications fonctionnelles n'expliquent pas : un exemple le rêve et le sommeil paradoxal, in F. Parot (éd), *Les fonctions en psychologie ; enjeux et débats*, Bruxelles, Mardaga.

(2008), La maladie mentale dans les thérapies cognitivo-comportementales, in J.-N. Missa, *Les maladies mentales*, Paris, PUF

(2007) Les fonctions du rêve et du sommeil paradoxal ; approche épistémologique, *Sociétés et Représentations*, 23, p. 195-212.

(2007) Traduction de Workman L. & Reader W. *Evolutionary Psychology*, Cambridge, CUP, 2004 ; avec la collaboration de J. Gayon, *Introduction à la psychologie évolutionniste*, Louvain, De Boeck Université.

Articles in peer-reviewed journals and conference proceedings : 25 (3 in last 5 years); chapters in peer-reviewed books: 16 (5 in last 5 years). Books as author:5; as editor: 9

PLAGNOL Arnaud, 45 (male)

M.D., Psychiatrist, PhD cognitive science, Accreditation to supervise research/HDR, PhD philosophy. Associate-Professor in Psychopathology at the Université de Saint-Denis and member of the Psychopathology and Neuropsychology Laboratory (Paris 8 University). Associate Member of the IHPST.

My research focuses on the theory of representation and its applications in philosophy, cognitive science and psychiatry. My recent work was centered on the construction of the conceptual framework of representational spaces, that is, the universes within which subjects "navigate" thanks to their memory systems. These spaces provide the tools to develop a fundamental psychopathology relying upon the dynamics of representations and emotions, so that clinical syndromes can be understood within a unified conceptual framework. I now work upon the application of representational spaces theory in epistemology and psychopathology with respect to functional explanations in psychopathology, to the assessment of psychological theories, but also to issues related to cultural relativity in clinical practice (e.g. taishin kyofushô), or psychic suffering, psychic disability, social rehabilitation, and autonomy.

These projects are strongly connected to the themes that will be explored in the seminars of the PHS2M program. Indeed, one main ambition of the framework of representational spaces is to offer new ways to analyze some key problems in epistemology of psychopathology: naturalization of mental disorders, categorization of nosographical entities, concept of psychic suffering and therapeutic paradigms. I will be especially involved in the seminar "History and epistemology of psychotherapies in the 20th century". In addition I will be in charge of a workshop on the impact of neurosciences for schizophrenia in Spring 2009. Other workshops will be offered later on as the PHS2M project unfolds. Each of these workshops will be conceived as a brainstorming between practitioners and philosophers around a "target disease" that may yield a paradigm for a key problem tackled in the seminar.

(2008) Explication fonctionnelle en psychopathologie, in F. Parot (dir.) *Les Fonctions en psychologie*. Paris: Mardaga, forthcoming.

(2007) Psychologie, épistémologie et théorie de la représentation : fondation analogique et données séminales, *Psychologie Française*, 52, 327-339.

(2006) with Kozakaï, T. Espace de représentation phobo-obsessionnel : le paradigme du taijin kyôfushô, *Pratiques Psychologiques*, 12(3), 241-253.

(2005) Souffrance et espace subjectif, *Revue Québécoise de Psychologie*, 26 (2), 1-15.

(2004) *Espaces de représentation — Théorie élémentaire et psychopathologie*. Paris: Editions du CNRS.

Articles in peer-reviewed journals and conference proceedings : 24. Book as author: 1

WASSMANN Claudia, 48 (female)

MD, PhD History. Post-doctorate at the National Institutes of Health (2005-2006). Associate researcher at the IHPST.

A German national, I am trained as a physician and as a historian and I am also the author of multiple science documentaries that aired on German Public Television and on ARTE. For nine years, I worked at the *Süddeutscher Rundfunk Fernsehen* and I was nominated a *Knight-Science Journalism Fellow* at the Massachusetts Institute of Technology (MIT), Cambridge, Massachusetts (1998-1999) in recognition of my achievements. I was awarded a *Century Scholarship* and a Morris-Fishbein Center Fellowship by the University of Chicago, USA (1999-2004) in order to pursue a Ph.D. degree in history, specializing in the history of science and medicine. Upon completion of my degree I resumed postdoctoral training as a [Dewitt Stetten, Jr., Memorial Fellow in the History of Biomedical Sciences and Technology](#) at the National Institutes of Health (2005-2006).

For five years, beginning in 2002, I have carried out research in history and philosophy of science and medicine. In particular, I studied the emergence of cognitive theories on emotion in Germany, France and the United States, from 1860 to 2000, and the development of experimental techniques used in research in emotion. At the NIH I conducted Oral History interviews with senior scientists implicated in research in emotion and brain imaging. Most recently, I began studying the shifting conceptualization of emotion in medical research from the 1950s to 2000. My work investigates the evolution of the concept of emotion in psychopathology. It aims at understanding the meaning, mechanism, as well as the consequences of the redefinition of emotion in positive terms that occurred during the 1990s. When functional brain imaging techniques became available, emotions were reconceptualized in terms of a “function of the brain.” Indeed, this was a fundamental shift because during the 1950s emotions had been defined as pathologies by the medical agencies such as the National Institutes of Health. Emotions were framed negatively in terms of “emotional disorders,” as dysfunctions related to stress, or relegated to psychoanalysis. At the turn of the twenty-first century however emotions became functions of the brain and we witnessed a veritable “turn to emotion” that has affected the public sphere. The emotions and their putative role in cognition and decision-making became the center of attention as much in biomedical research as in philosophy and in sociology. How this transformation of emotion from pathologies to functions of the brain impacted concepts of psychic illness, mental health and psychic suffering in society remains to be studied. This is the aim of my work. It also places the current attributions of the brain’s new powers into a historical perspective.

(2008) “Physiological optics, cognition and emotion: A novel look at the early work of Wilhelm Wundt” submitted to the *Journal of the History of Medicine and the Allied Sciences* (in the process of revising)

(2007) “The Brain As Icon: Representing the Brain on American Television, 1984-2002” in: *Tensions and Convergences. Technological and Aesthetic Transformations of Society* Transcript-Verlag, Bielefeld/Germany in cooperation with Transaction Publisher, Piscataway, NJ., 2007.

(2002) *Die Macht der Emotionen: Wie Gefühle unser Denken und Handeln beeinflussen*. Darmstadt: Wissenschaftliche Buchgesellschaft.

Oral Histories: Dr. Daniel Weinberger, “This Strategy Has Helped us Understand the Genetic Mechanism in Psychiatric Illness,” interview conducted for the *Office of NIH History*, 6/21/05. http://history.nih.gov/01Docs/historical/documents/DanielWeinberger_edited_000.pdf

Thesis: *The Science of Emotion: Studying Emotions in Germany, France, and the United States, 1860—1920*. Ph.D., The University of Chicago, 2005, 313 pages; AAT 3168411

Articles in peer-reviewed journals and conference proceedings : 4 in last 5 years; book as author: 1.

IHPST (PhD candidates)

ADVENIER Frédéric, 34 (male)

MD, Psychiatrist, M.Sc. in Psychopathology and Neurobiology, M.Phil. in Philosophy, PhD Candidate at the IHPST. Clinical consultant at the Ville-Evrard Psychiatric Hospital.

I have been working as a psychiatrist since 2002. I work in an outpatient clinic in Saint-Ouen, where current treatments are medication, systemic family therapy, and psychoanalysis.

My research training began in 2003 at Paris VI University. I studied with Pr Falissard and Pr Corruble the psychometric properties of a prototype rating scale, the goal of which was to measure the patient's attitude towards his/her graft, and to correlate it with anxiety and depression. My interest then evolved towards epistemology. I graduated in 2005. I studied with Pr. Fagot-Largeault and Pr Leplege the epistemological problems raised by the comparative evaluation of psychoanalytic psychotherapies.

My PhD ("Psychiatric and Psychotherapeutic Reasoning as Conversational Practices") has two goals. They could be achieved within the interdisciplinary team of the PHS2M. The first step is an epistemological work. I will be reviewing the essential pragmatic concepts in order to find the precise methodological and conceptual consequences for explaining an action that is mediated by language in psychological processes. The logical knowledge of pragmatics, their psychological and social applications are the basis of my research. The second step of this project is an empirical work. I plan to analyse with pragmatic tools some dialogues between therapists and patients. The material consists in a collection of video-recorded clinical interviews. I want to investigate how one person can affect another, with a special emphasis on the emotional perspective. The underlying hypothesis is that the concept of perlocutory acts of speech (Austin and Cavell) would prove fruitful to carry on the analysis in new directions, not yet explored by classical pragmatics.

(2008) L'évaluation des psychothérapies : le problème de la définition d'une pratique et de ses liens avec la théorie - Le cas de la psychanalyse, In : *L'évaluation des psychothérapies*, ed : Fischman G., Editions Masson, forthcoming.

(2008) with Braconnier A., Musiol M., Sexualité infantile et attachement, In : *Les psychanalystes savent-ils débattre ?*, ed. Widlöcher D., Paris : Odile Jacob, forthcoming.

(2005) De l'EBM à la psychothérapie, le quatrième paradigme ou la confirmation des épistémologies régionales, *Inf. Psychiatr.*, 81, 701-708.

(2004) with Kapsambelis V., Recasens C., L'insight et les schizophrénies : un paradoxe ?, *PSN*, vol.2, no3, 29-38.

(2004) with Mathis D., Hanon C. & al, Les internes en psychiatrie et la construction européenne, *Ann. Med. Psychol.*, 162, 16-26.

Articles in peer-reviewed journals & conference proceedings : 3 (3 in last 5 years) ; chapters in peer-reviewed books: 2 (2 in last 5 years).

BERKOVITS Balázs, 32 (male)

MA in Sociology, MA in Philosophy, M.Phil. in Philosophy, PhD candidate at Paris-I University and at the University of Debrecen, Hungary, member of the IHPST.

From the time of my MA thesis in Sociology, I have been working on the philosophy and social theory of Michel Foucault, concentrating more recently on problematics of epistemology of the human sciences. In the meantime, I conducted sociological research on education in Hungary, first about selection procedures in elementary schools, also in relationship with the 5th framework program of the EU (“RegulEduc”), while lately on the definition (and, as a matter of fact, constant redefinition) of school-related handicaps both on the level of policy-making and of the school-related applied scientific disciplines.

From 2004 on, I have been a member off several research groups investigating scientific and institutional categorizations of “students with special educational needs”. The focus of these researches has been the diagnosis and treatment of “school disabilities”, leading either to discriminative or compensatory practices, or even to both of these at the very same time. The goal was essentially to highlight the conceptual tools of the various scientific disciplines and their influence on the everyday practice of institutions of categorization and cure.

Recently, I have participated in an international research, linked to the 6th Framework Program of the EU, entitled “KnowandPol” (Priority 7: Citizens and governance in a knowledge based society) on the relationships between knowledge and policy in the field of education and health. Our research group (“Hungary Health”, with Márton Oblath and Gábor Erőss) has examined changes in policies concerning students with “special educational needs”, “socially disadvantaged” students and “Roma” students, as well as their scientific knowledge bases, established by sociologically, pedagogically, and psychologically informed disciplines. While the references of these categories tend somewhat to overlap, they are rooted in different disciplinary traditions, and are forged to pursue different policy goals. Therefore their definitions can be divergent, which also has great impact on the institutional treatments of the categorized student populations.

(2007) “Ki nevel a végén ? Az ‘álfogyatékoság’ a szociológia és a gyógypedagógia diskurzusában” (with Márton Oblath) [The concept of ‘pseudo-handicap’ in the discourse of sociology and remedial pedagogy], *Anthropolis*, 4/2007

(2005) “Iskolaválasztás az óvodában: a korai szelekció gyakorlata” [Choosing school after kindergarten: the practice of early selection], co-author with: Eszter Berényi and Gábor Erőss, *Educatio*, No. 1., 2005

(2005) “Iskolarendszer és szabad választás” [School system and free choice], co-author with: Eszter Berényi and Gábor Erőss, *Élet és irodalom*, No. 39., 2005

(2004) “Foucault és Goffman – a humán tudományok működése” [Foucault and Goffman – the functioning of the human sciences], *Pro Philosophia Füzetek*, No. 36., 2004

(2003) „Esélyegyenlőség és oktatáspolitikai öt európai országban” [Equality of chances and politics of education in five European countries], co-author with Iván Bajomi, Anna Imre and Gábor Erőss, *Educatio*, No. 4. 2003.

DEMAZEUX Steeves, 31 (male)

M.Phil. in Philosophy, Agrégé in Philosophy, PhD candidate at the IHPST (on a grant from Paris I University).

After three successful years of medical school at the Lille II Faculty of Medicine (1995-1998), I decided to give up medical school and begin philosophical studies at Lille III University (1998-2004). I passed the Capes of philosophy in 2003 (rank: 1st) and the Agregation of philosophy in 2004 (rank: 19th). I then taught for two years as a secondary school teacher of philosophy, while preparing in 2005 at the IHPST (Paris 1) a M2 thesis on the work of the French psychiatrist Eugene Minkowski. In 2006 I obtained a sabbatical from the secondary school institution to pursue my research. Currently a grant holder at University Paris 1, I am a regular PhD student of the IHPST.

My PhD thesis aims at clarifying the philosophical and methodological issues raised by nosological classifications in modern psychiatry. Particularly, I am willing to foster practical and theoretical interactions between philosophy and psychiatry. Regarding nosology, this opens up two directions for investigation: one is ethics, i.e. the reflection about how to take into account the socio-cultural value-ladenness of psychiatric theory in the construction of a workable classification of mental disorders (Bill Fulford, Tim Thornton and others tend to promote this kind of questioning); another is the philosophy of science, which is apt to clarify the current discussions about the emerging difficulties in the application of the scientific method to psychiatry (Carl Hempel, Christopher Boorse, Jerome Wakefield and Dominic Murphy provide good examples of a philosophical reflection on psychiatry as both a medical and a scientific enterprise). In my work, I will seek to evaluate the force but also the limits of each direction.

(2007). Les catégories psychiatriques sont-elles dépassées ?, *Philonsorbonne* 2: 67-88 ; a modified version of this paper is to be published in *Psychiatrie, Sciences Humaines et Neurosciences*.

FOURÉ Lionel, 38 (male)

M.Sc. in Clinical Psychology, M.Phil Philosophy, PhD Candidate at the IHPST.

From 1999 to 2007, I was a Clinical Consultant in psychology at the Commission Technique d'Orientation et de Reclassement Professionnel (CO.T.O.RE.P) of Seine-Saint-Denis (Direction Départementale des Affaires Sanitaires et Sociales). From 2007 onwards, I have been working as a psychologist in the Maison Départementale des Personnes Handicapées (Conseil Général of Seine-Saint-Denis). I evaluate the impact of mental handicap upon daily autonomy and employment capabilities, so as to assign incapacity percentage and, if necessary, to specify how to compensate for it.

PhD thesis: "Philippe Pinel's moral treatment: philosophy of mind in the nineteenth century's mental medicine". (Supervisor: Pierre-Henri Castel). I intend to go against the French tradition in the history of psychiatry by studying as a legitimate and serious issue the idea of "moral treatment" initiated by Pinel, placing it in the framework of philosophy of mind. Michel Foucault and Robert Castel have, in their own way, reduced the asylum's function to disciplinary technologies, denying any true medical status to alienists. Since the 1980s, almost all the works about alienism has somehow repeated the same conclusions, restating that Pinel's "moral treatment" was in no case a real therapy. Gladys Swain and Marcel Gauchet had set against them some convincing arguments, showing that Pinel's *Treatise on insanity* opened a new way to think about mental alienation, and finally led to the discovery of the psychic continent. Unfortunately, they did not break with the preconception that the most important issue in alienism, is not its intrinsic rationality, but the social and political problem of mental diseases management.

One of my main aims is to show that the scientific character of psychiatry was not a false problem. Above all, my purpose is to prove that the contemporary analytic philosophy of mind – mind-body problem, personal identity and the explanation of human behavior including its inherent intentionality – is the core of alienists' thought, yet to be discovered. Taking Pinel's philosophy of mind into account allows us to see why and how he did not isolate mind from society: by putting lunatics in the asylum, and relying on natural regularities and collective habits, he actually tried to use the immanent norms of a stabilized "form of life" as an efficient instrument of recovery. So, the rule of order in the alienist's asylum is explained by human vital need of steadiness, and also by the fact that rules do structure the mind. Thus, relying upon the mind's ability to follow a rule is the curative principle of moral treatment.

(2004) Othmar Keel. *L'avènement de la médecine clinique moderne en Europe*. Georg, 2001. Review in *Revue d'Histoire des Sciences Humaines*, Presses Universitaires du Septentrion, n°10.

(2003) Alain Tête. *La psychologie et ses fantômes*. PUF, 2002. Review in *Revue d'Histoire des Sciences Humaines*, Presses Universitaires du Septentrion, n°9.

STREMLER Eric, 43 (male)

M.Sc. in Astronautics & Space Engineering, M.Phil. History and Philosophy of Science. PhD candidate in History and Philosophy of Science at the IHPST (supervisor: Pierre-Henri Castel).

Between 1990 and 2005, I successively worked as a research engineer at Princeton University, TSI Inc. (Aachen, Germany & Paris, France, 1992-1995), and then ChevronTexaco (Paris, 1996-2005). I did my research, among other topics, on the combined application of various artificial intelligence tools (neural nets, Bayesian nets & genetic algorithms). In 2005, I started studying history and philosophy of science while undergoing psychoanalytic training in Paris.

Neuropsychanalysis emerged in Great Britain and the United States in the 1990's. It hopes to bridge the gap between psychoanalysis and neuroscience. My research will initially focus on the historical analysis of its development. I will first concentrate on establishing a 1965-2005 relevant chronology. Based essentially on the voluminous archive material already gathered for my Master's degree, I will examine the evolution of the prevailing conceptions at the New York Psychoanalytic Institute, the alternatives proposed, and the influence of cybernetics in this displacement of psychoanalysis towards the cognitive sciences. Due attention will also be paid to research work carried out in France in the last two decades, at the interface between neurology and psychoanalysis. This effort might have given birth to a neuropsychanalytic clinic of brain-lesioned patients. The second part of my study will consist of a philosophical evaluation of neuropsychanalysis. Drawing from Allan Schore's work on trauma and from the investigations Mark Solms did on dreaming, I will seek to determine what distinguishes neuropsychanalytic studies from Freudian theory, on the one hand, and from current neurobiological approaches, on the other hand. What kind of naturalism does neuropsychanalysis advocate, while seeking Freudian or post-Freudian laws of psychical causality? What does it have to answer to the questions raised by the purported explanatory power granted to cerebral substrate in psychopathology? What is its privileged mode of explanation: reductionist, mechanistic, functional? More generally, can the incumbrance of conceptual interrogations vis-a-vis the mind be resolved through neuroscientific empirical facts? And finally, is neuropsychanalysis demonstrating a *bona fide* objectifying pretension to science or is it only a rather normative attempt at developing a common language?

(2008) Stremler E., Castel P.-H., Du divan au laboratoire: histoire des débuts de la neuropsychanalyse, in Ouss L., Golse B., Widlöcher D. (dir.), *Le concept anglo-saxon de neuro-psychanalyse: intérêts et limites*, Odile Jacob, forthcoming.

CESAMES (senior members)

BRIFFAULT Xavier, 42 (Male).

PhD Computer Science/Cognitive Sciences. Accreditation to supervise research/HDR. Research scientist, CESAMES.

I devoted ten years (1989-1999) to cognitive sciences, working at the interface of computer science (artificial intelligence), formal linguistics and cognitive psychology. My main research interests were natural language processing, cognitive modelling and computer-assisted cooperation in groups. I was involved in several national and international projects (ESPRIT, EUREKA, ANVAR, etc.) and led some of them. I also taught (around 700 hours) in these various domains and worked as a computer science consultant.

My research interests have evolved and are now centred on mental health, psychotherapy, epidemiology and sociology. I received a 5-year formal training in psychotherapy and psychopathology (2000-2005), and was also trained as a sociologist and epidemiologist by senior researchers - through tutoring as well as various collaborations and research projects. My current research project concerns (1) psychotherapies, (2) mental disorders, and (3) the education of the general public on mental health matters. In the first theme, I am interested in understanding how psychological treatments are used, evaluated, managed and conflicted in the French context, as part of a larger international context. In the second theme, I use sociological and epidemiological methods to better understand the prevalence, risk factors, use of services, treatment adequacy and representations of mental disorders in France. The third theme concerns the education of the general public on these matters, especially on depression and psychotherapy. In an applied project concerning this third theme, I have recently been involved in the conception and realisation of the first French national campaign on a mental health subject, namely depression.

My aim in the PHS2M project is to shed an interdisciplinary light on the implicit anthropology that sustains such campaigns, with the hypothesis that the “bio-psycho-social” model that is supposed to be their theoretical framework has indeed a “psycho” dimension that tends to fade away, and a “social” dimensions that is essentially an “environment”. The objective is not to add a new stone to the already over-stacked set of denunciations of and lamentations on the “death of the subject” but to understand how this happens, to imagine the possible consequences on the public mental health education and the losses that might result from these orientations, and finally to propose operational contributions to enrich the next campaigns.

(2007) with Caria A., Finkelstein C., Hérique A., Nuss P., Terra J.L., Wooley S., *La dépression : en savoir plus pour en sortir*, INPES 2007, Saint-Denis, 2007, ISBN 978-9161-9202-4 (88 pages, 500000 copies).

(2007) with Thurin J.M., Thurin M., Lapeyronnie B. (coll.) *Évaluer les psychothérapies*, Paris, Dunod, 312 p. (Psychothérapies).

(2008) with Sapinho D., Villamaux M., Kovess V., Factors associated with use of psychotherapy, *Social Psychiatry and Psychiatric Epidemiology*, 43:165-171.

(2007) with Thurin M., Lapeyronnie B., Thurin J.M. Nouvelles perspectives pour la recherche en psychothérapie : Evaluation d'un protocole de recherche et proposition d'un dispositif méthodologique et technique, *L'Encéphale* 33-6, p. 911-923.

(2006) with Thurin J.M., Distinctions, limits and complementarity between efficacy et effectiveness studies: new perspectives for psychotherapy research, *L'Encéphale*, 32, p.402-12.

Number of publications in international journals and/or conference proceedings with a selection committee: 54. 5 books, and 4 book chapters.

CHAMAK Brigitte, 50 (female)

PhD Neurobiology, PhD Epistemology and History of Sciences, Research scientist at the CESAMES.

For ten years, from 1984 to 1994, I was a neurobiologist in an INSERM laboratory of neuropharmacology at the College de France. There, I searched for new factors involved in the development of the nervous system. Then, I studied the emergence of cognitive science in France. From 1994 to 1999, I carried out a research in history, sociology and the philosophy of sciences. Since 2002, I have been studying the consequences of the changes in the classification of autism both at the national and the international levels.

Similarly to the research conducted by Ian Hacking on the classification of people, my work deals with the redefinition of the autism category and the consequences this has had for the past 20 years for autistic people and the services devoted to helping them (Chamak, 2005). With the new international classification of diseases, the rare and incurable disease defined in 1943 by Leo Kanner has become a syndrome designated as pervasive developmental disorders (PDD). The term “autism”, one of the subtypes of the PDDs, is used, in practice, to designate all the categories, thus inducing confusion and multiple controversies. My research, conducted in collaboration with Béatrice Bonniau (technician) and Nadia Garnoussi (post-doctoral student), aims to analyze: 1) the consequences of these transformations on the practices of autism diagnosis and on the services dedicated to helping autistic persons in France and in Quebec; 2) the emergence of an autistic culture that can be assessed via the study of autistic people’s websites and of the books written by autistic people. This orientation tends to define autism not as a disease but as another style of thinking and living. This conception is also defended by some researchers in cognitive science (Simon Baron-Cohen, Francesca Happé, Laurent Mottron) who put forward, as autistic people themselves do, the notion of “neurodiversity”. The idea that autism is a consequence of an atypical development of the central nervous system is widespread among the specialists of autism. We will analyse how this hypothesis is built and what the consequences are for autistic people and the services that look after them.

(2008) Autism and Social Movements: French Parents’ Associations and International Autistic Individuals’ Organizations, *Sociology of Health and Illness*, 30 (1): 76-96.

(2005) Les transformations des représentations de l’autisme et de sa prise en charge en France : le rôle des associations, in Nouveau malaise dans la civilisation, *Cahiers de Recherche Sociologique*, 41, 171-192.

(2004) Modèles de la pensée : quels enjeux pour les chercheurs en sciences cognitives ?, *Intellectica*, 39 (2), 79-105.

(2004) Les sciences cognitives en France, *La revue pour l’Histoire du CNRS*, 4, 4-15.

Number of publications in international journals and/or conference proceedings with a selection committee: 16

CHAMPION Françoise, 61 (female)
PhD Sociology, Researcher, CESAMES

My first research was conducted in the field of sociology of education and my doctoral thesis dealt with the vulgarization of science (1977). In 1983, I turned to the sociology of religion. Firstly I researched New Religious Movements, focusing in particular on the question of *bricolage*, combining science and religion, and psychology and religion (cf. F. Champion and D. Hervieu-Léger, dir., *L'émotion en religion*, 1990), as well as the social issue of cults (cf. F. Champion, dir. and M. Cohen, *Sectes et démocratie*, 1999). Then I enlarged the scope of my research towards the globalisation of religion (F. Champion, dir. and J-P. Bastian et K. Rousselet, *La globalisation du religieux*, 2001) and the comparative study of European secularisms/*laïcités* (F. Champion, *Les laïcités européennes au miroir du cas britannique, XVI^e- XXI^e siècle*, 2006).

I joined the CESAMES in 2003, and originally focused on “illegitimate” psychotherapies and psychotherapists (cf. F. Champion, *Les psychothérapeutes en recherche de reconnaissance professionnelle : la difficile construction d'une légitimité*, rapport de recherche, 2005). My current research deals with psychotherapy in its diverse, debated and changing dimensions : the legal frame for the practice of psychotherapy, including professional issues, such as qualification, or training ; the control of psychotherapeutic treatments before and after they have been applied, thanks to the intervention of several social actors such as scientific researchers, health agencies, users associations ; the new social categories which determine the psychotherapeutic field, for example “suffering”, “psychic”, “psycho-social”, “social”, “disability”, “trauma”, “empowerment/autonomy”; the field of intervention of psychotherapies, which encompasses the psychiatric cure of severe mental disorder as well as coaching and personal development, counselling; the recognized specializations of the psychotherapeutic practice, not only according to the type of users classified according to certain criteria (disorder, aging, gender, social or ethnic criteria), but according to purely anthropological conceptions as well; deontology, particularly because of its importance on the psychotherapeutic thought in various countries ; the methods, notably in the context of the Freud Wars and of the decline of psychoanalysis and other psychodynamic approaches; the new psychotherapeutic methods which are being developed.

The research I intend to develop as part of the PHS2M project stands right at the intersection of my two research fields : European comparative studies and cultural globalization, on the one hand, and, on the other hand, the sociology of psychotherapy. Indeed, French issues about psychotherapy can also be observed in others European countries. However, these interests and debates are more or less influenced and shaped by different national cultures, either in the professional field or when it boils down to psychotherapeutic techniques. Moreover, resistance to globalization (often disparaged as mere “Americanization”) induces national re-singularizing processes. Cultural globalization is a dialectical phenomenon, not a linear one. It involves a complex pattern to which specialists of the globalization phenomena refer as “glocalisation”. I thus started to investigate this double movement of global homogenization and the re-building of national diversities in Europe.

(2006) *Les laïcités européennes au miroir du cas britannique (XVI^e- XXI^e siècle)*, Rennes, Presses Universitaires de Rennes.

(2006) Les psychothérapeutes illégitimes en recherche de reconnaissance professionnelle, *Médecine/sciences*, déc. n° 23 : 1110-1113.

(2005) with X. Briffault, Le coaching, "bâtard" du potentiel humain pour l'individu transformable d'aujourd'hui, *Communication & Organisation*, décembre (28) : 35-50.

(2004), Slittamento dallo psi allo spirituale, *Rivista di psicoanalisi*, LI-4, Ottobre-Dicembre : 1173-1191.

(2004) Logique des bricolages. Retours sur la nébuleuse mystique-ésotérique et au-delà, *Recherches sociologiques*, vol XXXV, n° 1 : 59-77.

Number of publications in international journals and/or conference proceedings with a selection committee: 36 (in the last 5 years: 9). Books as author: 1, as editor: 7 (in the last 5 years: 10).

EHRENBERG Alain, 57 (male)

M.B.A., M.Phil Sociology, M.Sc. in Economics, PhD Sociology, Accreditation to supervise research/HDR, Senior research scientist at the CNRS, director of the CESAMES.

One of the major transformations of the second part of the 20th century is that individual subjectivity has become a common preoccupation in society. Three of my books are dedicated to this topic (*Le Culte de la performance*, 1991, *L'individu incertain*, 1995, *La fatigue d'être soi. Dépression et société*, 1998). Contrary to traditional psychiatry, mental health is not about health only, but also about sociality: it encompasses a wide spectrum of issues, from "insanity" to personal development, and self-help. Mental health is characterized by a systematic relationship between individual afflictions and social relationships. Thus, contrary to psychiatry, mental health is a question of and for general sociology, for it raises a question about social coherence and social cohesion. Our hypothesis is that the mental health paradigm creates a new language (or language game), and that it might be useful to analyze it along the lines of a mandatory expression of emotions and feelings (in reference to Mauss's article, "L'expression obligatoire des sentiments", 1921); that is to say, it allows the expression and treatment of multiple conflicts and dilemmas born from the predicaments of modern autonomy (choice, self-ownership, individual initiative, etc.).

My project is divided into three parts. In the first one (The Quarrel over Narcissism: Discontent in Civilization or Change in the Spirit of the Institutions), I analyze the issue of social pathologies through narcissistic pathologies. The question is: how has a concept discussed in psychoanalysis, at both clinical and the metapsychological levels, become a sociological concept that defines contemporary individualism? The goal is to clarify the relationships between symptom, personality, society, and the relationships between clinical psychology and sociology. Contrary to sociologists and philosophers who interpret narcissism in terms of the global "weakening of social links", I suggest that we have witnessed the development of a new spirit of the institutions: it consists in becoming the agent of one's own change. I draw a parallel between this style of action and Freud's idea of "the three impossible professions" (politics, education, psychoanalysis). The second one (The Great Reversal: from the Total Institution to the Institution of the Impossible Profession) focuses on the transformation of the situation of the psychiatric patient who has to live in the community. This new situation implies that autonomy is a practical dimension of treatment: the problems encountered by the "new" psychiatric patients radicalize those the normal modern individual must cope with, as far as psychiatric and mental practices are organized in such a way that patients are prompted to be the agents of their own change. The third part (The Personification of the Brain: Objectivity in Biology, and Institution in Sociology) elaborates on the relationships between psychiatric neuroscience and society. Neuroscience has contributed to changing the social value of the brain: our brain now has a new value, not only in psychiatry, but also in society and culture. Thus I wish to clarify the origin of this increasing valuation of the brain as a major social reference, its sources in scientific innovation, in new ways to envision sick and healthy minds, and in some spectacular claims from people (up till now confined in the realm of pathology) to legitimate lifestyles based on their cognitive particularities (e.g. Asperger patients and the "neurodiversity" movement).

(2008) *The Weariness of Becoming Oneself*, McGill-Queens UP (Engl. transl. f *La Fatigue d'être soi*, Paris, Odile Jacob, 1998), forthcoming

(2008), Le cerveau « social ». Chimère épistémologique et vérité sociologique, *Esprit*, janvier.

(2007), Épistémologie, sociologie, santé publique : tentative de clarification, *Neuropsychiatrie de l'enfant et de l'adolescent*, 55.

(2004), Il cervello dell'individuo : neuroscienze, psichiatria, individualismo, *Rivista sperimentale di freniatria. La rivista della salute mentale*, CXXVIII (3), 34.

(2004), Le sujet cérébral, *Esprit*, novembre.

Articles in peer-reviewed journals and conference proceedings: 49 (15 in last 5 years); books as author: 4, as editor: 8

HENCKES Nicolas, 32 (male)

Former student of the Ecole Normale Supérieure, M.Sc. in Mathematics, Agrégé in Mathematics, B.A. Psychology, M.Phil. Social Sciences, PhD Sociology, Postdoctoral researcher at the CERMES.

From 2001 to 2007, I studied the reform of French psychiatric hospitals after World War II at the CERMES. I taught sociology at the universities of Rouen and of Artois. Since 2006, I have been involved in a project at the CERMES studying the role of guidelines in contemporary medicine.

My research deals with psychiatric work, its practices and regulations, and their transformations during the second half of the 20th century. In my thesis I analyzed the transformations of French psychiatric hospitals from the end of World War II until the mid-seventies. Relying on an extensive reading of the leading professional journals and on the study of important archives, my work highlighted how, during this period, the management of the hospitals and the organization of psychiatric work itself rested on a strong relationship established between the psychiatrists and a segment of the State. Jointly, through what has become since 1960 the *politique de secteur*, these two actors carried a definition of psychiatry based on its rooting in the clinical practice and characterized by its strong specificity within medicine.

The project I now wish to develop is based on the hypothesis of an erosion of this relationship and of the conception of norms and normalization it entailed. Instead of the negotiation and the co-production of the norms by the professionals and the state, we now face a situation where the sources and the actors of the regulations are more open and where norms are produced remotely from psychiatric work itself. Three series of major changes explain this evolution: the transformations of relations of psychiatry to science, of the management of the health system and of the management of risk. As a result, new ways of organizing psychiatric work have emerged during the last thirty years, such as liaison psychiatry or crisis work, which are now becoming models for thinking psychiatry as a whole. These new ways of doing psychiatry entail a redefinition of the means and the goal of psychiatric work, of the tasks devoted to the professionals and thus of professional roles, and the emergence of new institutions. In this project I am interested in understanding what these new forms of psychiatric work, their actors, and what are their consequences are for the trajectories of mental illness and for the social responsibility of psychiatry. The project is organized around three axes, which relate to everyday psychiatric work, to the new institutions of psychiatry and to the evolution of the management of psychiatric system.

(2007) *Le nouveau monde de la psychiatrie française. Les psychiatres, l'Etat et la réforme des hôpitaux psychiatriques en France de l'après-guerre aux années 1970*, PhD dissertation, Paris, EHESS

(2007), Book review : G. Weisz, 2005, *Divide and conquer. A comparative history of medical specialization*, Oxford, Oxford University Press, in : *Annales. Histoire, Sciences sociales*, n° 2, pp. 466-469

(2007), Book review : A. Clarke, 2005, *Situational analysis. Grounded theory after the postmodern turn*, Thousand Oaks, Calif., Sage Publications, in : *Revue française de sociologie*, n°4, octobre-décembre 2007, pp. 807-810

3 publications in international journals.

LE MOIGNE Philippe, 41, (male)

PhD Sociology (1995), Research scientist at the National Institute of Health and Medical Research (INSERM), and at the CESAMES (2001)

From 1993 to 2003, I studied the social factors implied in the prescription of psychotropic drugs and consumption (2003a). My aim was to explain the gap between psychiatric guidelines, in the one hand, and the use of drugs by practitioners and consumers, on the other hand. Since 2003, I have been studying the organization and the role of measurement and rating scales in the history of psychiatric research.

As Terry Shinn has shown, generic instruments play an important role in unifying the scientific field insofar as they establish to secure cognitive convergence. Mobilizing and applying generic components of a given instrument to a large number of spaces with dissimilar needs leads to shared modes of action, perception, and judgment. In the case of psychiatry, however, how (to what extent) can measurement be applied to mental disorders? If it is possible, how can the rise of statistics, rating scales and inter-rating tests, since the publication of DSM-III, be explained? Based on an historical study of the American social context where this instrumentation was born, my research encapsulates three levels of analysis. 1) First, my work deals with the organization of psychiatric instrumentation as a constant interplay between on the one hand psychology and biomedicine experimentalism, and the “classificatory” tradition on the other. 2) Second, at the crossroads of an internalist and an externalist perspective, I try to demonstrate how biological and pharmacological researches but also government, private insurance companies and social movements played an essential role in the exponential demand for formal diagnosis; 3) Finally, in a way close to the social history of objectivity defended by Lorraine Daston and Peter Galison, my work aims to analyse the mechanization of psychiatric judgment as the consequence of a social ideal strongly influenced by a subjectivist fervor. Substantializing the subject through the figure of the self gave rise to instrumental procedures and devices (such as the Kappa interrater coefficient) aimed at transcending individual points of view, reintroducing a shared, “communal” meaning into spaces where judgment relativity seemed to make it impossible to reach a collective agreement.

(2005), La régularisation du trouble mental : psychiatrie, médecine et bien-être (1950-1980),

(2003a), La prescription des médicaments psychotropes : une médecine de l'inaptitude ? *Déviance et Société*, Vol. 27/3 : 285-296.

(2003b), L'usage morbide des drogues : raison personnelle et culture du risque dans les sociétés contemporaines, *Sciences Sociales et Santé*, 21, 115-124.

(2003) with Ragouet P. L'articulation de la connaissance et de la règle. Le cas d'espèce de l'instrumentation psychiatrique, In *Normes sociales et Processus Cognitifs*, Poitiers, Maison des Sciences de l'Homme et de la Société, 165-169.

Number of publications in international journals and/or conference proceedings with a selection committee: 18.

LOVELL Anne Maureen, 59 (female)

Ph.D., Medical Anthropology, Columbia University N.I.M.H. Pre-doctoral Research Fellow, Psychiatric Epidemiology, Columbia University, M.S.W., Community Organization and Planning, Tulane University, B.A. Sociology-Anthropology.

Senior Research Scientist, CESAMES

My theoretical perspective combines contemporary anthropology's attention to practical and symbolic dimensions of life with social studies of sciences' integration of objects and material dimensions in the construction of categories and remedies. My past research focused on the transformation of categories and relationships between the normal and the pathological, first as a research associate at the College de France (1979-1990, Chair of History and Analyses of Institutions). I then examined how social arrangements shape the experience of severe mental illness among homeless people at the Psychiatric Institute of Columbia University (1981-1985, 1987-1990). I then examined the emergence of client-centeredness and patients' rights within psychiatry (Department of Psychiatry, Alfred Einstein College of Medicine; Research Director, New York State Office of Mental Health, 1990-1993). After my PhD, I taught sociology and anthropology at the Université de Toulouse II (1993-2004), and conducted public health research on HIV and injection drug use. I developed an interest in how the medicalization of problem drug use transforms its very definition as a pathology. I took leave from the university to consult fulltime with the Institut de Veille Sanitaire (2002-3) on whether psychiatric epidemiology should be incorporated into health surveillance and was also appointed president of the Ministry of Health's Commission on Mental Health and Violence (2004-5). My recruitment as senior research scientist by INSERM, in 2004, enabled me to return to fulltime research in psychiatry. In addition to extending my research on the medicalization of problem drug use to a comparative frame (France, U.S., China), I am currently studying the effects of collective catastrophe on severely mentally ill people, a category absent from PTSD research and practice. In the coming years, I will examine the history and the epistemology of psychiatric epidemiology as a language of psychic suffering, as well as the particular idea of mental illness reflected in and generated through psychiatric epidemiology.

(2007). Hoarders and scrappers: madness and the social person in the interstices of the city. In: J. Biehl, B.J. Good, A. Kleinman, *Subjectivity. Ethnographic Investigations*. Berkeley: University of California Press, 2007.

(2007). "When Things Get Personal: Secrecy, Intimacy, and the Production of Experience in Fieldwork". In: A. Leibing, A. Mclean (eds). [*The Shadow Side of Fieldwork: Exploring the Blurred Borders between Ethnography and Life*](#). London: Blackwell.

(2007). Sociologie des troubles psychiatriques. In: J.D. Guelfi, R. Rouillon (eds). *Psychiatrie de l'Adulte et de l'Adolescent*. Paris, Masson.

(2006). Addiction markets: the example of opiate substitutes in France. In: A. Lakoff, A. Petryna, A. Kleinman (eds): *Global Pharmaceuticals. Ethics, Markets, Practices*. Chapel Hill, NC: Duke University Press. 2006, pp. 136-170.

(2005) Psychose, environnement social et contexte proche: un regard socio-anthropologique. *Psychiatrie Française* 36 (n° spécial), pp. 47-55.

Articles in peer-reviewed journals and conference proceedings : 34 (10 in last 5 years); chapters in peer-reviewed books: 18 (7 in last 5 years).

PIERRAT Marie-Josèphe (female)

B.A. Sociology/Anthropology, MA. Information science, M.Phil. Library and Information Science, Administrative assistant at the CESAMES.

M.-J.Pierrat has been responsible for the conception or restructuration of a number of scientific websites in many research institutions and federative research centers (Maison de la sociologie, Iresco with 18 coordinated websites, etc.). She has been training researchers and students in the social sciences in bibliometry, data processing and data structuring. She has been chief-documentalist and responsible for the construction of thematic data networks in sociology in many national and international reserach projects.

She will be in charge of the PHS2M website and intranet, its design, conception and maintenance, including the management of translations, of the online documentation needed in our seminars and workshop, and of the coordination of the international network for students and senior researchers, etc. She will also work in order to transform this website, at the end of our program, in an electronic journal.

CESAMES (PhD candidates)

MOUTAUD Baptiste, 29 (male).

M.A. in Anthropology, PhD candidate in Social Anthropology (Supervisor: A. Ehrenberg) at the CESAMES.

Those last years (2001-2007) I studied social anthropology, working on “brain” medicine (neurology and neurosurgery), and on the uses of biomedical technologies (neuroimaging, neurosurgical technologies). My fieldworks takes place in a few Parisian hospitals (Necker, Kremlin-Bicêtre, Pitié-Salpêtrière).

Since 2004, I have been writing my dissertation, the title of which is: “Between Neurology and Psychiatry: Social Anthropology of Deep Brain Stimulation (DBS) Applied to Psychiatric Disorders”. The argument is as follows : For 25 years, the expansion of neurosciences has changed the definition of psychiatric disorders. They are now regarded as brain disorders. Consequently, body/mind relations, biological vs. social individuality, or the boundary between neurology and psychiatry have become highly controverted topics. Within this general framework, Deep Brain Stimulation (DBS) applied to mental disorders can be taken as an example of neurosciences operating as a clinical and therapeutic practice, which purpose is to cast an entirely new light on these issues. Our hypothesis is that DBS confirms the shift which is currently taking place from theories and abstract research on brain activity in general – connected to a number of uncritical preconceptions about the modern “normal” subject and its “normal” functioning –, towards the development of efficient therapeutics for mental disorders and towards new forms of mental health care.

This hypothesis is grounded upon the empirical study of a Parisian neuroscientific center, the Centre d’Investigation Clinique at the Pitié-Salpêtrière hospital. This hospital department is one of the most experienced departments in the world for the application of DBS (400 Parkinsonians implanted, several research programs on dystonia, OCD and Tourette syndrome) and it is routinely mentioned for its outstanding achievements. Our fieldwork started in 2004. It allowed us to observe neurosciences “as a social practice”: we try to characterize how DBS entailed, in the first place, an epistemological mutation in the understanding of psychiatric disorders, and, secondly, significant sociological and anthropological transformations of patients’ care, and of their experience of illness. Thus, this technology confronts us, at a practical level, with the naturalization of mental processes, and it makes possible to study how neurosciences are transforming the traditional anthropological definition of individuals into “cerebral” individualities of an unexpected kind.

(2008) “C’est un problème neurologique ou psychiatrique ?” *Anthropologie de la neurostimulation intracrânienne appliquée à des troubles psychiatriques*, in Missa, J.-N. (dir.), *Les maladies Mentales*, Paris, Presses Universitaires de France, forthcoming.

VENTURI Camilo, 27 (male)

M.Psy in Psychology, M.Phil, in Collective Health, PhD candidate in Sociology at the CESAMES
Clinical Consultant at the Psychiatric Institute of Brazil's University – IPUB (2005 to 2007).

In the last three decades, we have seen a fantastic development and expansion of the group of dispersed disciplines traditionally known as “neurosciences”. That expansion has been supported by a multiplicity of factors, such as the mobilization of actors from various domains (psychiatrists, neuroscientists, cognitivists, radiologists, neurologists, etc) and the development of a series of new technological devices such as the positron emission tomography (PET scan) and the functional magnetic resonance imaging (fMRI).

At the same period, the psychiatric field has been changed in many important ways, including in its epistemological and institutional orientations. In its epistemological axis, we may mention the movement from a psychodynamic model to a biomedical, or neurobiological one – which is at least, as a major tendency in the academic research. On the institutional axis, the asylum model was progressively abandoned and new practices of psychiatric care have emerged outside the asylum walls.

The new models built to understand the neurobiological basis of mental illnesses and the new situation of the contemporary psychiatric patient – who is compelled to develop several social skills in order to live inside the community – raise not only technical and methodological problems, but also anthropological and sociological questions. The set of new technological devices, associated to new practices of psychiatric care, change the meaning of mental illness and its place in relation to the social background.

In order to clarify such a new context, a comparative ethnological investigation between two contrasted fields is proposed. Two psychiatric institutions, with different epistemological and institutional orientations, will be analyzed: one of them, more inclined to the so-called social psychiatry and psychodynamic psychiatry; the other one, oriented towards the neuroscientific research and biomedical style of reasoning.

I would like to investigate how different conceptions of severe mental illness, that lead to different practices of psychiatric care, point to distinct anthropological paradigms. My hypothesis is that each model implies not only two ways of conceiving and treating mental illnesses, but also two ways of being a psychiatric patient with a severe mental illness today. It is assumed that each approach occupies a different place in psychiatric patients' lives, and modifies the way they deal with their illness and suffering. Therefore, this investigation aims to describe and understand: 1) “what is it like to be” a psychiatric patient suffering from a severe mental illness in two distinct institutional contexts; 2) how these contexts may transform in different ways the social experience of severe mental illness today.

The methodology of this work will consist in a regular observation of the practices in action and a series of interviews with the many actors involved (psychiatrists, researchers, residents, patients, etc).

(2006) with Pinheiro T., Verztman J. et al., Por que Atender Fóbicos Sociais ? in Angélica Bastos (org), *Psicanalisar hoje*, Rio de Janeiro : Contra-Capa.

(2006) with Pinheiro, T. e Barbosa M., Vergonha e Adolescência. In Marta Rezende Cardoso (Org.) *Adolescentes*. São Paulo : Editora ESCUTA, pp. 109-122.

(2006) with Pinheiro, T. e Verztman J. et al., Patologias Narcísicas e doenças auto-imunes : algumas considerações sobre o corpo na clínica. *Psicologia Clínica*, v. 18.1, p. 193-206.

Articles in peer-reviewed journals and conference proceedings : 1 in last 5 years; chapter in peer-reviewed books: 1 in last 5 years.

UCLan (senior members)

FULFORD K. William M., 65 (male)

FRCP, FRCPsych, D.Phil (Oxon). Fellow of St Cross College, a Member of the Philosophy Faculty, and an Honorary Consultant Psychiatrist in the University of Oxford. Professor of Philosophy and Mental Health in the Medical School, University of Warwick. Visiting Professor in Psychology, The Institute of Psychiatry and King's College, London University; Visiting Professor in Philosophy and Professional Practice Skills in the Centre for Professional Ethics, University of Central Lancashire; and Visiting Professor, Kent Institute of Medicine and Health Sciences. Founder Chair of the Philosophy Special Interest Group in The Royal College of Psychiatrists. Fellow of both the Royal College of Psychiatrists and The Royal College of Physicians (London).

Editor of the first international journal for philosophy and mental health, *PPP - Philosophy, Psychiatry & Psychology*, and of a new book series from Oxford University Press on *International Perspectives in Philosophy and Psychiatry*.

With Professors Kamlesh Patel and Chris Heginbotham, Bill Fulford has recently established an international Institute for Philosophy, Diversity and Mental Health at the University of Central Lancashire in England. He runs a Masters, PhD and research programme in Philosophy, Ethics and Mental Health Practice. This is the first centre of excellence for interdisciplinary work between philosophy and mental health. He is currently seconded part time to the Department of Health in London as *Special Adviser for Values-Based Practice*.

Bill Fulford has published widely on philosophical and ethical aspects of mental health. His first book in this field drew on philosophical value theory of the health concepts in his *Moral Theory and Medical Practice* (1989, 2nd edition forthcoming for Cambridge UP). He has developed aspects of philosophical value theory in a number of articles and chapters. Besides further philosophical work on the value structure of psychopathology, Fulford's recent research has focused on bringing together philosophical with empirical disciplines. The Models Project, with Dr Tony Colombo is the most fully developed of these combined-methods projects. He has written on many other aspects of the philosophy of psychiatry.

(2007) Chung, M.C., Fulford, K.W.M. & Graham, G. (eds) *Introduction: on reconceiving schizophrenia*. Chapter 1, pp. 1-10, Oxford: Oxford University Press.

(2006) Fulford, K.W.M., Thornton, T., & Graham, G. *The Oxford Textbook of Philosophy and Psychiatry*. Oxford: Oxford University Press.

(2006) Fulford, K.W.M. (eds) *Medicine of the Person: Faith, Science and Values in Health Care Provision*. London: Jessica Kingsley Publishers.

(2003) Colombo, A., Bendelow, G., Fulford, K.W.M., & Williams, S. Evaluating the influence of implicit models of mental disorder on processes of shared decision making within community-based multi-disciplinary teams. *Social Science & Medicine*, 56: 1557-1570.

(2000) Dickenson, D. & Fulford, K.W.M., *In Two Minds: A Casebook of Psychiatric Ethics*. Oxford: Oxford University Press.

THORNTON Tim (male)

PhD Philosophy, Professor of Philosophy and Mental Health, Institute for Philosophy, Diversity and Mental Health (Centre for Ethnicity and Health), University of Central Lancashire.

T.Thornton is author of *Essential Philosophy of Psychiatry* (OUP 2007) and co-author of the *Oxford Textbook of Philosophy and Psychiatry* (OUP 2006). Based on the idea that because of its very nature, mental health care raises as many conceptual issues as empirical ones, he has published a number of papers on the conceptual foundations of mental health care in three main areas, all of central importance for the PHS2M project:

1. The nature of the *scientific* project of explaining mental illness including the validity of psychiatric diagnosis.
2. Understanding the *experiences* of mental health-care users (their '*meanings*').
3. Understanding the role of *values* in the practice and the goals of mental healthcare.

He is author of two previous books: *Wittgenstein on language and thought* (EUP 1998) and *John McDowell* (Acumen 2004) based on research carried out whilst in the Philosophy Department of the University of Warwick. His PhD on the nature of judgement was based on research carried out whilst in the History and Philosophy of Science Department at Cambridge.

His research centres on the development of philosophical tools for better understanding mental health and mental health care. One current strand concerns the nature of clinical judgement and the role that tacit or implicit knowledge plays in that. A second strand concerns the fundamental role of the person in understanding meaning, against influential attempts to reduce meaning to causal structures in the brain. This is captured in the slogan that the basic 'unit of meaning' is the life of a whole person.

Tim holds an AHRC grant for a project on 'Exploring the epistemological puzzle of phantom limb: towards embodied phenomenology?' to be carried out with Dr Floris Tomasini.

(forthcoming 2008) Should comprehensive diagnosis include idiographic understanding? *Medicine, Health Care and Philosophy*

(2007) *Essential Philosophy of Psychiatry*, Oxford University Press.

(2006) with KWM Fulford and G Graham *The Oxford Textbook of Philosophy and Psychiatry*, Oxford University Press.

(2006) Judgement and the role of the metaphysics of values in medical ethics, *Journal of Medical Ethics* 32: 365-370

(2004) *John McDowell*, Acumen.

Number of publications in international journals and/or conference proceedings with a selection committee: 43.
4 books.

Other partners

BOLTON Derek, 60 (male)

Professor of Philosophy and Psychopathology at the Institute of Psychiatry, King's College London Honorary Consultant Clinical Psychologist at the Maudsley Hospital London.

He is on the Editorial Board of several journals in philosophy and psychiatry including as Associate Editor (founding) of *Philosophy, Ethics, and Humanities in Medicine*, an Open Access, peer-reviewed, online journal. This is developing rapidly because of topicality and open access, which has the major benefit of facilitating international dialogue. He is co-applicant on a current proposal to the Wellcome Trust to establish a Centre for Humanities and Medicine at King's College London.

As a clinical academic psychologist he has carried out empirical research, externally funded by the Medical Research Council (UK) and the Wellcome Trust and other medical charities, currently PI on grants totalling £980,000 (1.3m Euros). His research is mainly in obsessive compulsive disorder, post-traumatic stress disorder, and other anxiety disorders, and on recent paper is given below.

He was awarded a personal chair in 2000 in recognition of international level work in philosophy and psychiatry. This included co-authorship of *Mind, Meaning, and Mental Disorder*, on the mind-body problem and the reason/causes distinction in relation to psychiatry. More recently he has been working on another major topic in psychiatry, the definition of mental disorder, writing several papers and a book now in press (below).

In 1998 with colleagues in the Philosophy Department of Kings College London (with which the Institute of Psychiatry had recently merged) Professor Bolton set up a new M.Sc. in the Philosophy of Mental Disorder. Its focus on philosophy of science and philosophy of mind in relation to psychopathology is unique in the UK and internationally. Current intake is 14 graduates per year, typically international and multi-disciplinary, mainly in psychiatry, psychology, and philosophy. Typically one or two students per year go on to doctoral work. He has also helped establish a Conceptual Issues in Mental Health group at the Institute of Psychiatry / Maudsley Hospital, with links elsewhere in the College, nationally and internationally. It has a seminar programme and has organized conferences.

(2008) Bolton D. (in press). *What is mental disorder? An essay in philosophy, science and values*. Oxford: Oxford University Press

(2008) Bolton, D. (in press) The usefulness of Wakefield's definition of mental disorder for the diagnostic manuals. *World Psychiatry* 6: 3, 165-66.

(2008) Bolton, D. (in press). Disorder. *Oxford Companion to Affective Sciences*. Oxford University Press.

(2007) Bolton, D.; Rijdsdijk, F.; O'Connor, T.; Perrin, S; Eley, T. (2007) Obsessive compulsive disorder, tics and anxiety in 6-year-old twins. *Psychological Medicine*, 37, 39-48.

(2006). Bolton, D. What's the problem? A response to "secular humanism and scientific psychiatry" *Philosophy, Ethics, and Humanities in Medicine*. Reprinted in *Science and Ethics* ed. Paul Kurtz, 204-207; NY: Prometheus Books, 2007.

Bolton, D. (2005). La connaissance en sciences humaines. *Annales Médico Psychologiques*, 163, 740-744.

(2004) Bolton D. and Hill J. *Mind, Meaning, and Mental Disorder: The Nature of Causal Explanation in Psychology and Psychiatry*. Second edition. Oxford University Press.

Articles in peer-reviewed journals and conference proceedings: 39 (15 in last 5 years); books as author: 3

FAUCHER Luc, 44 (male)

M.Phil Philosophy, PhD. in Philosophy; Professor, Département de philosophie et Centre des Neurosciences de la Cognition, Université du Québec à Montréal (UQAM)

I have been working on philosophy for quite a while now. In the recent years, I have received a grant from the *Fonds Québécois de la Recherche sur la Société et la Culture* (FQRSC) for working on the divide between advocates of social construction and advocate of a more “ard core” biological approach. The result of this work was a paper published in a special issue of *Philosophiques* on psychopathology (Faucher, 2006). At the same time, I was interested by a presupposition of therapy, the fact that we are somewhat “plastic”, that we can be changed. I wrote a paper (that should appear in 2008) on the plasticity of emotions trying to at least present the kind of facts and positions people have been arguing for in recent years. I have also edited a book on the modularity of emotions, a question that is related to psychopathologies, because if emotions are modular, certain aspects of psychopathologies become easily explainable, but if they are not, it should change the way we approach affective disorders. Finally, I have been for some years now working on evolutionary psychology and evolutionary psychiatry.

Three projects will be of interest for me in the years to come:

I am interested in trying to see how different definitions of what we consider “mental” can affect psychiatry. My suspicion is that the content of the DSM is not very coherent with its definition of what mental is. I also think that whether we adopt a liberal or a more restricted definition of what the mental is, we will end up with a very different set of “mental” illness.

Another project is one that I have already worked a little on in the past: evolutionary psychiatry. I have been interested in the possibility EP was offering to add some new taxonomic categories to our nosologies, but I also have been critical of the possibility of EP. I think very little has been added to psychiatry by adopting this view. I will try to explain why. I will be interested in showing, among other things, that some of its paradigmatic examples of application are challenged by results coming from concurrent frameworks (I will be interested by phobias, mainly). A paper on this topic has been commissioned for a book on EP to be published at Oxford University Press.

The third project is a project will be to collect and translate some of the foundational papers in philosophy of psychiatry and publish them in a collection (I am aiming Vrin as publisher). I will also, with the help of the department of philosophy and the Institute of Cognitive Science of l’Université du Québec à Montréal, organize a workshop. I will ask a grant from the Conseil de Recherche en Science Humaines to cover the expenses of the speakers and the organization of the workshop.

(2008) Faucher, Luc; Poirier, Pierre, eds., *Des neurones à la philosophie : Neurophilosophie et philosophie des neurosciences*. Paris : Syllepse. forthcoming

(2008) Faucher, Luc; Poirier, Pierre & Jean Lachapelle, The Concept of Innateness and the Destiny of Evolutionary Psychology ». *Mind and Behavior*, forthcoming

(2008) Faucher, Luc, Evolutionary Psychiatry and Nosology. In *Medicine, Values and Health*, Z. Zalewski (éd.). Dordrecht : Kluwer Academic publisher ; forthcoming

(2007) Faucher, Luc et Christine Tappolet [Numéro spécial du Canadian Journal of Philosophy](#). Modularity of emotions.

(2006) Faucher, Luc [Numéro spécial de Philosophiques](#). Philosophie des psychopathologies.

Articles in peer-reviewed journals and conference proceedings: 28; books as author: 3.

GRANGER Bernard, 50 (male)

M.D, Psychiatrist, M.Sc. in Pharmacology, M.Phil Historical and Philological Sciences, PhD. Professor of Psychiatry, René Descartes University (Paris 5). Director of the Outpatient Psychiatric Unit, Tarnier Hospital (Cochin Hospital, APHP, Paris).

Editor-in-chief of *Psychiatrie, Sciences humaines et Neurosciences*

With eclecticism, besides my medical and psychiatric trainings, I worked in different, eclectic fields: biology (M.Sc. in Pharmacology, Pasteur Institute, dir. J.-P. Changeux) and medical history, more precisely history of psychopharmacology (M.Phil Historical and Philological Sciences, Ecole Pratique des Hautes Etudes, dir. M.Grmek). I was also interested in psychiatric phenomenology, and made published and made editorial works about Minkowski. Trained in behavioural and cognitive therapies, I studied their roots in Stoic philosophy.

I founded a seminar on historical and philosophical aspects in psychiatry in order to introduce future psychiatrists to the history of psychiatric knowledge and praxis, and to stimulate epistemological thinking. The seminar will be part of the PH2M project. I am also editor-in-chief of the French journal *Psychiatrie, Sciences humaines et Neurosciences*. Its main objectives are to publish on an interdisciplinary basis articles upon psychiatry, history of psychiatry and upon philosophy and sociology insofar as they are connected with psychiatry.

First, my collaboration would give an opportunity for students involved in the project to become acquainted with clinical practice. It seems to me that any theory on mental diseases has to be established on the clinical ground and on actual therapeutic practice in psychiatry.

It seems crucial that a clinician be included in the project to prevent caricatural stances by people removed from clinical reality, and to make the project interdisciplinary, which seems to me necessary on such a topic. The seminar I am in charge of, and the meetings I would be associated with, could be devoted for example to the definition of mental troubles, a critical appraisal of research in psychiatry, and a dispassionate history of psychotherapies...

(1999) Granger B. *Eugène Minkowski, une œuvre philosophique, psychiatrique et sociale*. Levallois-Perret : Interligne.

(2002) Granger B. Eugène Minkowski, aux sources de la psychopathologie phénoménologique. *Annales Médico-psychologiques*,;160:752-754.

(2003) Granger B, Charbonneau G. *Phénoménologie des sentiments corporels*. Paris : Le Cercle herméneutique.

(2005) Granger B., Albu S. The Haloperidol Story. *Annals of Clinical Psychiatry*; 17 (n°3): 137-140.

(2006) Granger B, Albu S, Benyaya. La consolidación de la terapéutica neuroléptica: la introducción clínica del haloperidol y el desarrollo de las butirofenonas y tioxantenos. In : López-Muñoz F, Álamo C editores. *Historia de la Psicofarmacología, Tomo II*. Buenos Aires – Bogotá – Caracas – Madrid – México – São Paulo : Editorial Medica Panamerica: 651-668.

Articles in peer-reviewed journals & conference proceedings : 3 in last 5 years; chapters in peer-reviewed books: 1 in last 5 years; books (as author): 2 (as editor): 9.

MAKARI George, 48 (male)

B.A., Brown University, M.D., Cornell University Medical College, Certificate in Psychoanalysis, Columbia University Center for Psychoanalytic Training and Research. Associate Professor of Psychiatry, Weill Medical College of Cornell University. Director, Institute for the History of Psychiatry (since 1995). Visiting Associate Professor, Rockefeller University

For the past two decades, Dr. George J. Makari has been concerned with bridging the divide between the world of clinical psychiatry and the history and sociology of modern psychotherapies. A practicing psychiatrist and Associate Professor of Psychiatry at Cornell University's Weill Medical College in New York City, Dr. Makari deeply investigated the evolution of psychoanalytic communities in Europe and the United States. Rejecting many of the rigid taxonomic divisions that have long characterized the historiography of the mental health sciences, his work focuses on the connection between ideas and the discursive communities that take up these ideas; his work focuses on the creation on the fields of psychotherapy and psychoanalysis in France, England and Germany during the nineteenth and twentieth centuries. Indeed, providing a social (as opposed to a purely institutional or personality-focused) lens through which to gauge the development of psychotherapeutics, his work is calculated to promote the study of psychoanalysis as a cultural phenomenon as well as a force in the formation of individual and social identity.

Dr. Makari's research has resulted in a number of publications, many of which trace and historicize the emergence of critical theories. His early studies focused on the clinical, epistemologic, and pragmatic theory of transference as presented in Freud's *Studies in Hysteria* (1895), *Interpretation of Dreams* (1900), and the Dora case (1905). These studies on the "prehistory" of psychoanalysis and the importance of sexology and psychosexological categories in the evolution of psychoanalysis, necessitated a rethinking of classical psychoanalytic historiography with regard to the role of different pre-existing discourses and their place in the emergence of Freudian thinking. Over the last decade, Dr. Makari researched and completed an ambitious history of the creation of psychoanalysis as a field in Europe between 1870 to 1945. *Revolution in Mind: The Creation of Psychoanalysis* (HarperCollins, 2008) is the first book to attempt to account for the making of psychoanalysis as both a body of ideas and a social and professional movement. In it Dr. Makari chronicles the emergence of early psychoanalysis from the pre-existing fields of French dynamic psychopathology, psychophysics, and sexology, and follows it forward by tracing the ascent, diffusion and ultimate fragmentation of the social and professional networks that came into being as a direct result of the explosive popularity of psychoanalytic nosography and epistemology.

(2008) Makari, George J., *Revolution in Mind: The Creation of Psychoanalysis* (New York: HarperCollins).

(2000) Makari, George J., Change in Psychoanalysis: Science, Practice and the Sociology of Knowledge, in *Changing Ideas in a Changing World: The Revolution in Psychoanalysis; Essays in Honour of Arnold Cooper*, edited by Joseph Sandler, Robert Michels, and Peter Fonagy, Karnac: London, New York, pp. 255 - 262.

(1998) Makari, George J., The Seductions of History: Sexual Trauma in Freud's Theory and Historiography, *International Journal of Psychoanalysis*, 79:857-870. (Reprinted in *Conformismo, Ética, Subjetividade e Objetividade*, São Paulo, Brazil: Editora Escuta, 2000; reprinted in *Libro Annual de Psicoanalise*, 14:245-257, 2000; reprinted in *Libro Annual de Psicanálise* 14: 231-242, 2000; reprinted in *The Seduction Theory in its Second Decade: Trauma, Fantasy, and Reality Today*, edited by Michael I. Good, (New York: International Universities Press, 2006, pp. 45-63.)

(1998) Makari, George J.: Between Seduction and Libido: Sigmund Freud's Masturbation Hypotheses and the Realignment of his Etiologic Thinking (1897-1905), *Bulletin of the History of Medicine*, 72: 627-694.

(1998). Makari, George J.: Dora's Masturbation, Sexology and the Maturation of Sigmund Freud's Theory of Transference; 1897-1905, *Journal of the American Psychoanalytic Association*, 45: 1061-1096.

Articles in peer-reviewed journals and conference proceedings : 24 (3 in last 5 years); peer-reviewed book chapters: 17; books as author: 1.

VIDAL Fernando, 50, male.

Accreditation to supervise research /HDR; Ph.D. in Psychology; M.A., History and Philosophy of Science, M.A., Psychology; B.A., Harvard University. Senior Research Scholar, Max Planck Institute for the History of Science, Berlin

My research on the history of the human sciences initially focused on psychology, with a broad interest in the history of representations of the human being, and the articulations of science and values. For some years after my training in developmental psychology at the universities of Harvard and Geneva, I wrote a biography of the young Jean Piaget, focusing on the interplay of his religious, political, philosophical, and intellectual concerns, and their various contexts (*Piaget Before Piaget*, Harvard University Press, 1994). Since then, I have published on various other topics in the history of the human sciences since the 16th century, including the early development of psychology as a discipline, sexuality in the 18th century, psychoanalysis and psychiatry in the early 20th century, the progressive education movement in the interwar years, the classifications of the sciences since the Renaissance, the epistemology of miracles in the early modern period and the Enlightenment. I also edited a collection of Jean Starobinski's writings on the history of the body (*Jean Starobinski, Las razones del cuerpo*, cuatro, 1999), *The Moral Authority of Nature* (with Lorraine Daston, University of Chicago Press, 2004), and a book on miracles as "epistemic things" (in preparation).

My current work aims at a cultural history of the "cerebral subject." It concerns the history of the relations between notions and practices of bodily continuity and personal identity – specifically, how the brain has come to be considered as the only part of the body we need in order for each of us to be herself or himself. Since the 1990s – the Decade of the Brain – several "neuro" disciplines (from neurotheology to neuromarketing) have been planning to reform the human sciences on neuroscientific bases. Driven by the availability of brain imaging technologies, these fields look for "neural correlates" of behaviors and mental processes. The media has publicized them, and reported on "neurocommunities" and the growing "neurodiversity" movement. There is in addition an expanding galaxy of neurobeliefs and neuropractices that include varieties of neurohealthism and neuroesotericism. Artists increasingly participate in discussions about bioidentities and biosocialities. The goal of my project is to study the emergence, functioning and "topography" of this "neurocultural" universe in contemporary society. The project involves a cross-cultural dimension, and is partly conducted in the framework of a collaboration (supported by a grant from the German Academic Exchange Service) between the Max Planck Institute for the History of Science and the Institute of Social Medicine of the State University of Rio de Janeiro (see www.brainhood.net).

(2007) Miracles, science, and testimony in post-Tridentine saint-making, *Science in Context*, 20, 481-508.

(2007) *Eternal Sunshine of the Spotless Mind* and the cultural history of the self, *WerkstattGeschichte*, 45, 96-109.

(2006) *Les Sciences de l'âme, XVIe-XVIIIe siècle* (Paris, Champion).

(2006) The "prehistory" of psychology: Thoughts on a historiographical illusion, *Physis*, 43, 31-59.

(2005) Le sujet cérébral: une esquisse historique et conceptuelle, *Psychiatrie, sciences humaines, neurosciences*, 3, n° 11, 37-48.

Articles in peer-reviewed journals and conference proceedings : 44 (11 since 2003); chapters in peer-reviewed books: 39 (8 since 2003).

Annexe 3: Implication des personnes dans d'autres contrats/*Partner's involvement in other projects* (cf. § 1.7.3)

Partenaire Partner	Nom de la personne participant au projet Name of the person involved in the project	Personne. Mois Man.month	Intitulé de l'appel à projets Source de financement Montant attribué Name call for proposals Other fundings from different organisms Allocated budgets	Titre du projet Proposal title	Nom* du coordinateur Name Principal Investigator	Date début -Date fin Start-End of the project
N°1	A.Plagnol	20%	MIRE/DRESS	Handicap psychique et troubles psychiatriques	B.Pachoud	01/06/2006 – 01/06/2008
N°1	F.Vidal	50%	Deutsche Akademische Austauschdienst et Programmes d'échanges universitaires Brésil-Allemagne (PROBRAL) : €12.640	The cerebral subject. Impact of the neurosciences in contemporary society	F.Vidal	01/01/2005 – 31/12/2008
N°2	AMLovell	50%	ANR €160 000	Endogenous violence and social effects of ecological disasters: individual and social bodies after katrina	J.S. Bordreuil	2/2/2008 – 2/2/2011
N°3	D.Bolton	25%	Guy's & St Thomas' Charity £556,000	A strategic approach to translating the scientific evidence base into clinical practice: a new mental health services research unit for children and families.	Bolton, D., Day, C., Scott, S., Morris, I	01/01/2006 – 31/12/2009

Demandes de contrats en cours d'évaluation/Other proposals currently under evaluation

No other proposals under evaluation.