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Research article

Conceptual competences in philosophy of psychiatry: A cross-sectional survey

Compétences conceptuelles et philosophiques rapportées par les psychiatres et étudiants en psychiatrie français : implications pédagogiques pour la philosophie de la psychiatrie, une enquête transversale

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ABSTRACT

Objectives. – The complexity of psychiatry requires an integrated approach that combines empirical practice, experiential insight, and theoretical reflection. This study, integrated within a broader international project, aimed to assess self-reported conceptual competences among French psychiatry students and practitioners, underlining the pedagogical necessity of integrating philosophy into psychiatry education to address both clinical and research challenges.

Methods. – A cross-sectional survey was conducted among French psychiatric residents, practicing psychiatrists, and retired psychiatrists recruited through professional networks and associations. Participants completed an online questionnaire on self-reported conceptual competences in psychiatry consisting of 18 items rated on a 5-point Likert scale, plus a complementary item. The questionnaire was structured into three dimensions: perceived integration of conceptual competences (7 items), perceived execution of conceptual competences (3 items), and declared knowledge of conceptual competences (8 items). A complementary item assessed the declared nature of six psychiatric conditions.

Results. – A total of 353 participants, primarily women (65.2%) and psychiatry practitioners (53.4%) with an average age of 33.3 years, completed the questionnaire showing varied familiarity with conceptual issues in psychiatry. The mean scores across the three dimensions of conceptual competences were as follows: 3.19 for the perceived integration of conceptual competences dimension, 3.14 for the perceived execution of conceptual competences dimension, and 3.81 for the declared knowledge of conceptual competences dimension. Among participants, 90.1% endorsed the need for including philosophical training in psychiatric curricula, with 80.2% supporting skill development in this area. High agreement was observed on the need for multiple perspectives (94.3%). Confidence in conceptual understanding was moderate (41.9%), while critical evaluation confidence was lower (24.4%).

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Discussion. – The findings support the need for incorporating conceptual competences into psychiatry education and practice. Frequent encounters with philosophical challenges in clinical settings, coupled with noted gaps in current training, highlight the critical importance of structured pedagogical approaches in psychiatry to examine these conceptual issues. Longitudinal studies will be needed to evaluate the potential impact of such educational programs on the evolution of participants' conceptual competences across the three dimensions of the questionnaire.

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R É S U M É

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Objectifs. – La complexité de la psychiatrie nécessite une approche intégrée qui combine pratique empirique, savoir expérientiel et réflexion théorique. Cette étude, intégrée dans un projet international plus large, vise à évaluer les compétences conceptuelles rapportées par les étudiants et praticiens en psychiatrie français, en insistant sur la nécessité pédagogique d'intégrer la philosophie dans l'enseignement psychiatrique pour soutenir à la fois la pratique clinique et la recherche.

Méthodes. – Une enquête transversale a été menée auprès de résidents en psychiatrie, de psychiatres en exercice et de psychiatres retraités, en France, recrutés via des réseaux professionnels et des associations. Les participants ont complété un questionnaire en ligne sur les compétences conceptuelles rapportées, en psychiatrie, comprenant 18 items (échelle de Likert à 5 points), ainsi qu'un item complémentaire. Le questionnaire était ainsi structuré en trois dimensions: perception de l'intégration des compétences conceptuelles (7 items), perception de l'exécution des compétences conceptuelles (3 items), et connaissance déclarée des compétences conceptuelles (8 items). L'item complémentaire évaluait la nature d'une condition psychiatrique à travers six catégories.

Résultats. – Un total de 353 participants, principalement des femmes (65,2 %) et des praticiens en psychiatrie (53,4 %), avec un âge moyen de 33,3 ans, ont complété le questionnaire, montrant une familiarité relativement variée concernant les différentes questions conceptuelles. Les scores moyens sur les trois dimensions des compétences conceptuelles étaient les suivants : 3,19 pour la perception de l'intégration des compétences conceptuelles, 3,14 pour la perception de l'exécution des compétences conceptuelles et 3,81 pour la connaissance déclarée des compétences conceptuelles. Parmi les participants, 90,1 % ont approuvé la nécessité d'inclure une formation philosophique dans les programmes de psychiatrie, avec 80,2 % en faveur du développement de compétences conceptuelles pour la psychiatrie. Une forte adhésion a été observée quant à la nécessité de perspectives multiples (94,3 %). La confiance dans la compréhension des concepts philosophiques était modérée (41,9 %), tandis que la confiance en la capacité d'évaluation critique était relativement faible (24,4 %).

Discussion. – Les résultats de cette étude soutiennent la nécessité d'incorporer les compétences conceptuelles dans la formation et la pratique psychiatriques. Les défis philosophiques fréquemment rencontrés en milieu clinique, associés aux insuffisances perçues de la formation actuelle, soulignent l'importance de démarches pédagogiques structurées pour aborder ces questions conceptuelles en psychiatrie. Des études longitudinales seront nécessaires pour évaluer l'impact potentiel de ces programmes pédagogiques sur l'évolution des compétences conceptuelles des étudiants et praticiens en psychiatrie.

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1. Introduction

The field of psychiatry is inherently complex, necessitating a blend of empirical clinical practice, experiential knowledge, and theoretical reflection. Psychiatry's multifaceted nature could demand that psychiatry students and practitioners be provided with tools to critically engage with both the scientific and conceptual dimensions of the discipline [1–3]. In this line, philosophy of psychiatry addresses fundamental questions, which were recently summarized in a paper of World Psychiatry [4]. These conceptual issues were about: (i) the nature of a psychiatric disorder, through the lens of naturalism (i.e., the view that disorders are objective dysfunctions based on biological facts) and normativism (i.e., the view that disorders are value-laden concepts based on social or cultural norms), (ii) the classification of psychiatric conditions (e.g., the rejection of essentialism, which holds that psychiatric categories are distinct entities with a single, underlying nature), and (iii) the role of personal agency (i.e., the patient's capacity to interpret and act upon their own mental states) in psychiatric diagnosis in clinical practice. Furthermore, it explores pluralism in psychiatry (i.e., the idea that multiple explanatory models are valid), challenging reductionism (i.e., the oversimplification of psychiatric disorders to neurobiological causes). Lastly, philosophy of

psychiatry sustains an integrative approach (i.e., combining biological, psychological, and social models), particularly through 4E scientific approach of cognition (i.e., embodied, embedded, extended, and enactive—highlighting the role for cognition of the body, the context, external tools, and dynamic interaction with the environment) [4].

Understanding these main conceptual issues in philosophy of psychiatry is not only a theoretical question but has major and direct implications for clinical and research practices. It can help psychiatry students and practicing psychiatrists grasp complex concepts with a nuanced approach, enhancing clinical decision-making and the quality of patient care through [5–7]. Finally, philosophy of psychiatry provides an educational framework for teaching and encourages interdisciplinary dialogue for a more integrated mental health care approach, supports research by guiding relevant philosophical inquiries and thus enhances both clinical and ethical decision-making in psychiatry. Conceptual issues can be integrated in clinical and research practices by developing conceptual competence, which can be particularly useful for psychiatry students and practitioners. Based on the definition provided earlier, the term of conceptual competences applied in the pedagogy of philosophy of psychiatry have already been used, discussed and tested in several articles within the international

literature [4,8–11]. Conceptual competence can be defined as the ability to critically and humbly assess and discuss the underlying questions and assumptions about psychiatric disorders and their implications for clinical practice, while utilizing appropriate conceptual tools and maintaining openness to alternative perspectives [8–10,12]. In this way, four types of conceptual competences have been described: (i) conceptual assumptions and questions (i.e., recognizing and critically examining the foundational ideas or implicit beliefs that influence thought and action in psychiatry), (ii) conceptual tools (i.e., referring to the frameworks, methods, and philosophical vocabulary used to structure and analyze concepts), (iii) conceptual discourse (i.e., engaging in informed and coherent discussions about conceptual issues, while being familiar with relevant frameworks and maintaining clarity), and (iv) conceptual humility (i.e., recognizing the limits of one's understanding and being open to alternative perspectives) [4,13].

Conceptual competences in psychiatric training and practice remain to be developed in terms of transmission, integration and execution [4,13]. This study, as part of an international project on philosophy of psychiatry, aimed to assess the self-reported conceptual competences in psychiatry among French psychiatric residents and practitioners. Specifically, it focused on evaluating their perceived integration and execution, and their knowledge of conceptual competences related to philosophy of psychiatry. This international project, bringing together three teams (UK, US and France), has developed a self-reported questionnaire that will be deployed in these three different countries. This paper will present the result obtained in France. Further studies will compare the results between countries. Here, the pedagogical importance of integrating philosophy into psychiatry education to address clinical and research issues will be discussed in regard to the evaluation of conceptual competences in France.

2. Methods

This cross-sectional study utilized an online questionnaire designed to assess the self-reported conceptual competences in philosophy of psychiatry among psychiatry students and practicing psychiatrists. No prior knowledge of conceptual and philosophical questions in psychiatry was required to complete this survey. Modestly, such a survey is primarily intended to be descriptive and exploratory, aiming to provide an overview of the perceived integration and execution, and knowledge of conceptual competences in philosophy of psychiatry.

2.1. Participants

The participants recruited for this study were all French psychiatric residents, French psychiatrists, and French retired psychiatrists. Participants were contacted via professional networks and medical associations, and they voluntarily completed the questionnaires. The questionnaires were administered online to facilitate accessibility and ensure a broad geographic distribution of respondents. Age and gender were collected as demographic characteristics. Moreover, level of psychiatric training and familiarity with conceptual and philosophical issues in psychiatry were collected as professional characteristics. The survey was completed anonymously without possibility of re-identification. Participants were informed that their responses would be processed anonymously and confidentially. This study complies with the ethical principles outlined in the Declaration of Helsinki and, according to French legislation, falls outside the scope of the Loi Jardé of 2016. In this way, as no patients were directly involved, it does not require formal regulatory procedures or ethical approval under the General Data Protection Regulation (GDPR).

2.2. Questionnaire on conceptual competences

The questionnaire on self-reported conceptual competences in psychiatry consisted of 18 items, in a 5-points Likert scale, from 1 to 5 ["Strongly disagree" to "Strongly agree"] plus a complementary item. The questionnaire took approximately 5 to 8 minutes to complete. The items of the initial English questionnaire were involving a panel of international experts in philosophy of psychiatry, with the aim of identifying key domains and questions relevant to the assessment of perceived integration and execution, and knowledge of conceptual competences in psychiatry. These items align with main conceptual issues of philosophy of psychiatry (e.g., [4]) and tend to raise questions that have historically structured the field of philosophy of psychiatry, but were not selected to be exhaustive of the entirety of the field [8]. A pilot version of the questionnaire was tested on participants in the US to ensure clarity and relevance of the items [8].

This French translation of the Anglo-Saxon version was performed by two independent specialists of conceptual competences in psychiatry (CG and JAMF). The divergences observed between the two French versions were identified (TG and MC) and discussed with the senior author of the original version (AA). The questionnaire was structured into three dimensions:

- perceived importance and integration of conceptual competences in psychiatry training and practice (7 items) (e.g., "Conceptual and philosophical issues related to psychiatry have an impact on how practicing psychiatrists approach their patients"), summarized as the "Integration of conceptual competences" dimension of the questionnaire;
- perceived ability to achieve and execute conceptual competencies in psychiatry training and practice (3 items) (e.g., "It is important to be able to apply philosophical concepts to critically examine and evaluate various philosophical positions that have been proposed. How confident are you in your ability to critically evaluate responses to conceptual questions in psychiatry?"), summarized as the "Execution of conceptual competences" dimension;
- declared knowledge of conceptual competence in psychiatry (8 items) (e.g., "Diagnostic criteria are imperfect ways of identifying a condition and there may be central aspects of the illness that are not included in the diagnostic criteria"), summarized as the "Knowledge of conceptual competences" dimension;

Declared nature of a psychiatric condition (based on 1 item with 6 conditions) ("How often can psychiatric conditions be characterized as: medical conditions, disorders, diseases, dysfunctions, problems in living, understandable reactions to life circumstances") was the complementary item, one of the questions the most discussed in the field of philosophy of psychiatry. The response format for this item differed from previous 18 items, offering respondents the option to rate each of the six response modalities on a scale from 1 to 5 ["Almost never" to "Almost always"].

The study presentation is provided in [Supplementary Material 1](#), and the questionnaire is provided in [Supplementary Material 2](#) (for the correspondence between English items and French translations) and on: <https://osf.io/c6dgh>.

2.3. Statistical analysis

Three types of analyses were conducted: (1) descriptive statistics, (2) regression analyses, (3) and distributional analyses. The aim of these analyses does not correspond to an exploration of the psychometric properties of the questionnaire:

Table 1
Descriptive statistics of demographic and professional characteristics of participants (n = 353).

Category	Variable	Count	Percentage (or SD of mean)
Age		33.3 (mean) [23–56] (min–max)	7.54 (SD)
Gender	Man	120	34.0
	Woman	230	65.2
	Non-binary	3	0.8
Level of training in psychiatry	Practitioner with university role in psychiatry	15	4.2
	Psychiatry practitioner	189	53.4
	Assistant professor in psychiatry	50	14.2
	Psychiatric resident – advanced phase	23	6.2
	Psychiatric resident – introductory phase	76	22.0
Degree of familiarity with conceptual competences in psychiatry	Not sure of my degree of familiarity	103	29.5
	Not at all familiar	54	15.1
	A little familiar	85	24.1
	Moderately familiar	56	15.9
	Rather familiar	40	11.3
	Very familiar	15	4.1

SD: standard deviation.

- firstly, descriptive statistics were computed to summarize the demographic (age and gender) and professional characteristics (level of training in psychiatry and familiarity with conceptual and philosophical issues in psychiatry) of the participants in [Table 1](#);
- secondly, regressions analyses were computed to examine associations between the three dimensions of self-reported conceptual competences (perceived integration, perceived execution and declared knowledge of conceptual competences) and potentially explanatory variables. Mean scores were calculated for each dimension. Multiple linear regression models were performed between each of the dimensions and the four demographic and professional characteristics (age, gender, level of training in psychiatry, and familiarity with conceptual and philosophical issues in psychiatry). Moreover, four heatmaps, with each of the four demographic and professional characteristics, were used to visualize the responses to each item of the questionnaire, with values displayed at the center of each cell and color intensity representing variations in responses in [Fig. 1](#);
- thirdly, distributional analyses were conducted on the questionnaire responses to visualize response frequencies, on:
 - the 18 items relating to “Integration of conceptual competences” (7 items), “Execution of conceptual competences” (3 items) and “Knowledge of conceptual competences” (8 items),
 - the participants’ consideration on the “Nature of a psychiatric condition” (based on 1 item with 6 conditions).

For the 18 items, we present the sum of the percentages of the “agree” and “strongly agree” responses. A heatmap was generated, with percentages displayed in each cell and count represented by a color gradient. The items are sorted by the number of “strongly agree” responses, arranged from left to right ([Fig. 2](#)).

For the complementary item, we present the sum of the percentages of the “often” and “almost always” responses. A heatmap was generated, with percentages displayed in each cell. The conditions are arranged from left to right according to the decreasing sum of “often” and “almost always” responses ([Fig. 3](#)).

Statistical significance was set at $P < 0.05$. The data were analyzed using R version 4.4.1. The false discovery rate (FDR) correction was applied to account for multiple testing.

3. Results

3.1. Description of the demographic and professional characteristics

A total of 353 subjects responded to the questionnaire. The mean age of the participants is 33.3 years, with a majority of women (65.2%). The largest group is psychiatry practitioners (53.4% of the participants). Regarding conceptual and philosophical issues in psychiatry, 29.5% of participants are unsure of their degree of familiarity, and those who are “a little familiar” are 24.1%.

3.2. Analyses of responses to the questionnaire on conceptual competences in psychiatry

The mean score for the “integration of conceptual competences” dimension is 3.19, for “execution of conceptual competences” dimension is 3.14, and for “knowledge of conceptual competences” dimension is the highest, at 3.81.

The regression analysis for the “integration of conceptual competences” dimension showed that familiarity with conceptual and philosophical issues in psychiatry had a significant association with this dimension ($\beta = 0.63$, $P = 0.0008$). Regarding the “execution of conceptual competences” dimension, both gender (“men”: $\beta = 0.25$, $P = 0.023$) and familiarity had a significant association with this dimension ($\beta = 0.33$, $P = 0.028$). Regarding the “knowledge of conceptual competences” dimension, familiarity had a significant association with this dimension ($\beta = 0.44$, $P = 0.024$). After correction, the adjusted P -values were 0.0032, 0.028, 0.028, and 0.028, respectively, maintaining the same level of significance. Thus, familiarity with conceptual and philosophical issues in psychiatry is significantly positively associated with the three dimensions of the questionnaire on self-reported conceptual competences in psychiatry. The greater the familiarity with conceptual and philosophical issues in psychiatry, the more participants report integrating, executing, and demonstrating the conceptual competencies outlined in the questionnaire. Age and level of psychiatric training were not significant across these dimensions.

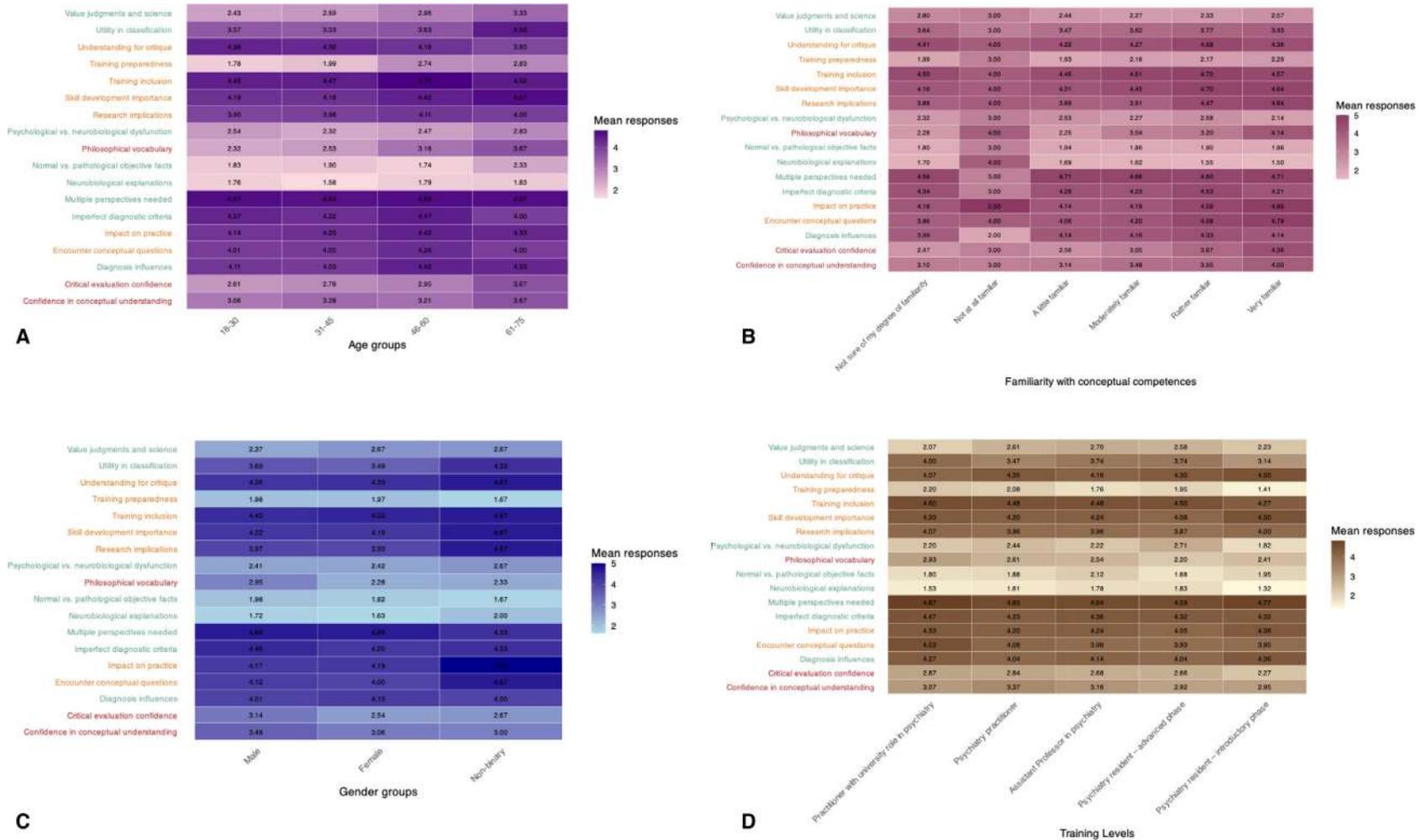


Fig. 1. A. Heatmap of responses by four age groups (purple). B. Heatmap of responses by six degrees of familiarity with conceptual competences (pink). C. Heatmap of responses by three gender groups (blue). D. Heatmap of responses by five levels of training in psychiatry (brown). The value in each cell represents the mean response for that specific group and item. In all heatmaps, color intensity represents the average response for each item, with darker shades indicating higher averages and lighter shades representing lower averages. For instance, for the heatmap of the age groups, younger participants appear more inclined to give higher ratings for items related to “understanding for critique”, while older participants show a higher tendency to agree with statements concerning “utility in classification” or “philosophical vocabulary”. Orange: “integration of conceptual competences” (7 items); red: “execution of conceptual competences” (3 items); green: “knowledge of conceptual competences” (8 items).

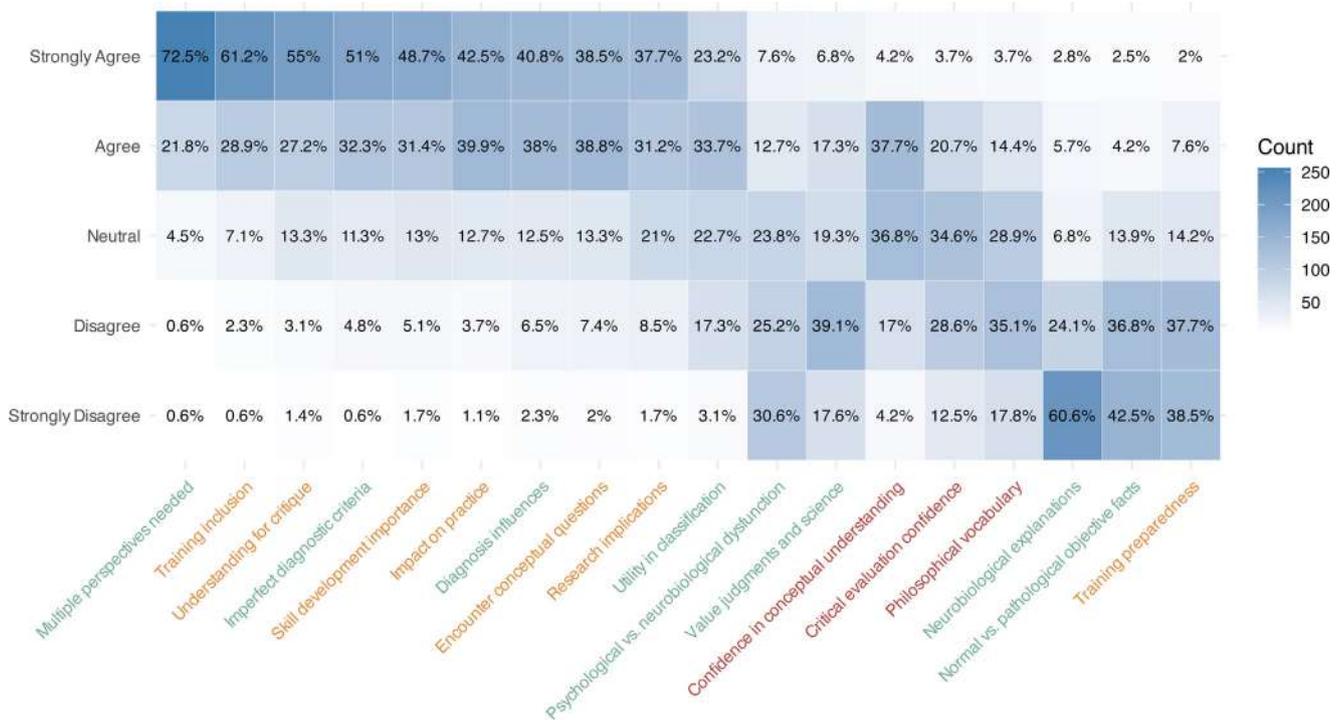


Fig. 2. Heatmap of response distribution across 18 items, divided in 3 domains, on conceptual competences ($n = 353$). Items are sorted by the number of “strongly agree” responses (from left to right). The color gradient indicates the count of each response. The number corresponds to the percentage of each response. Orange: “integration of conceptual competences” (7 items); red: “execution of conceptual competences” (3 items); green: “knowledge of conceptual competences” (8 items). The correspondence table between the item summaries and complete items is given at the end of [Supplementary Material 2](#).

3.3. Distributional analyses of responses to the self-reported questionnaire on conceptual competences in psychiatry

In the domain of perceived “integration of conceptual competences” (orange letters in Fig. 2), the agree or strongly agree responses were 35.1%. Regarding these agree or strongly agree responses, the items on the need to include philosophical training, as well as developing philosophical skills, receive substantial agreement, with respective combined percentages of 90.1% and 80.2%.

In the domain of perceived “execution of conceptual competences” (red letters in Fig. 2), the agree or strongly agree responses were 53.7%. Regarding these agree or strongly agree responses in this domain, the items concerning confidence in conceptual understanding show a relatively important agreement, with combined percentages of 41.9%. However, their critical evaluation confidence remained low, 24.4%.

In the domain of declared “knowledge of conceptual competences” (green letters in Fig. 2), the agree or strongly agree responses were 23.3%. Regarding these agree or strongly agree responses, the item addressing the necessity for multiple perspectives and the item on imperfect diagnostic criteria stand out with high agreement, at 94.3% and 83.3%, respectively.

Based on the complementary item on the perceptions of a psychiatric condition, with six conditions, “disorders” and “dysfunctions” are the conditions most commonly perceived as referring to psychiatric conditions (with the sum of “often” and “almost always” at 81.9 for “disorders” and at 60.7 for “dysfunctions”). Conversely, the condition of “understandable reactions to life circumstances” and of “diseases” are the least endorsed (with the sum of “often” and “almost always” at 40.2 for “understandable reactions to life circumstances” and at 37.4 for “diseases”) (Fig. 3).

4. Discussion

This study, integrated in a larger project, supports the development of transmission, integration, execution of conceptual competences in psychiatric training and practice. The translated questionnaire will be employed in similar survey methodologies to compare our descriptive data with other psychiatric trainee populations in different countries. Here, the pedagogical importance of integrating philosophy into psychiatric education to address clinical issues will be discussed in regard to the evaluation of conceptual competences in France. Interestingly, while age and level of psychiatric training were not significantly associated with the responses to the questionnaire, familiarity with conceptual issues emerged as a key factor across all dimensions, particularly for the integration of conceptual competences.

Firstly, psychiatry students and practicing psychiatrists demonstrated broad agreement on the integration of conceptual competences into psychiatric practice (Figs. 1 and 2). A significant portion of respondents (82.3%) agreed that conceptual competences could have a direct impact on clinical practice, highlighting the importance of addressing these challenges within a structured conceptual framework. The prevalence of conceptual issues in psychiatric practice appears notable, with 77.3% of participants reporting that they regularly face these difficulties. This underscores the need for clinicians to be equipped with robust conceptual tools to manage these challenges effectively. The results also highlight a substantial gap in current psychiatric training, with a notable 90.1% of participants agreeing on the need for integrating conceptual competences into their psychiatric education. This aligns with the broader endorsement of adopting diverse explanatory frameworks, such as those incorporating both empirical and value-based approaches [14], reflecting a clear demand for a more comprehensive and philosophically informed psychiatric curriculum.

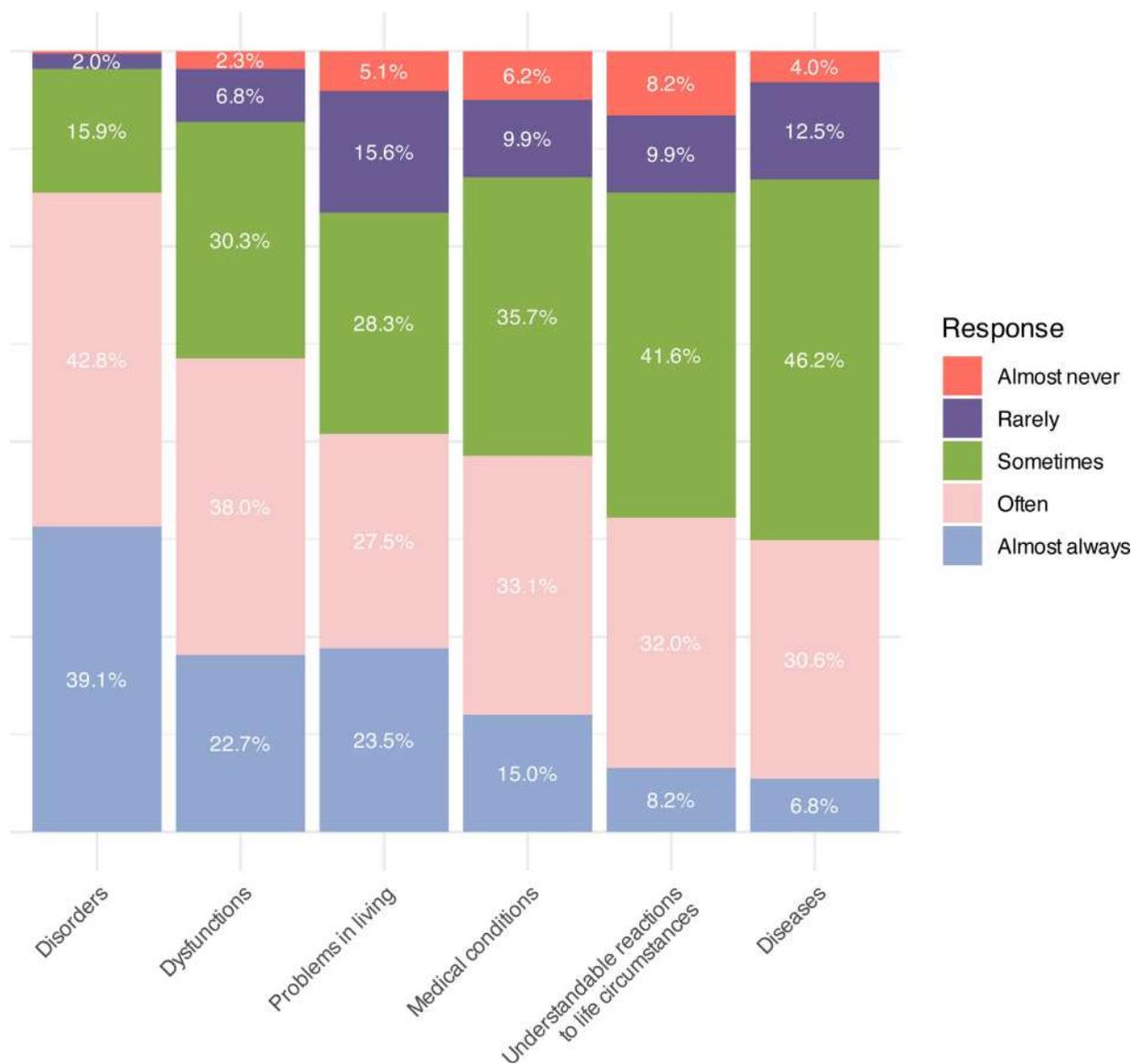


Fig. 3. Frequency distribution of the perception of the nature of a psychiatric condition ($n = 353$). The responses range from “almost never” to “almost always”. The conditions are arranged from left to right according to the decreasing sum of “often” and “almost always” responses. Percentages are displayed in the color bars except for those below 0.5% to maintain clarity.

Secondly, both psychiatry students and practitioners demonstrated a moderate level of agreement on the execution of conceptual competences into psychiatric practice (Figs. 1 and 2). A moderate portion of respondents (41.9%) declared a level of confidence in their conceptual understanding but significantly fewer declared confidence when it came to critically evaluating these concepts (24.4%). This discrepancy highlights an important gap: while psychiatrists may grasp core philosophical ideas in their field, they often struggle to engage with them on a deeper, critical level. Interestingly, the level of agreement with the items of this dimension, related to the execution of conceptual competences, was significantly associated with male gender. Further studies on characteristics related to men’s confidence in psychiatric educational settings may be necessary [15]. Many psychiatry students and practicing psychiatrists lack confidence in their abilities, with only 4.2% strongly agreeing that they are confident in their conceptual understanding (i.e., recognizing assumptions shaping views on mental illness and its treatment), and only 3.7% strongly agreeing that they are confident in their critical evaluation skills (i.e., confidence in evaluating philosophical positions in psychiatry). This

highlights a potential gap in current psychiatric education, suggesting that training programs may not fully address these areas [13]. These findings also reinforce the need for a more structured conceptual framework to support practitioners in addressing these challenges.

Thirdly, findings on declared conceptual knowledge in psychiatry revealed varying perspectives, particularly regarding the role of neurobiological explanations (Figs. 1 and 2). A majority of respondents (84.7%) disagreed that psychiatry should rely solely on neurobiology, affirming the need for integrating other explanatory models. Moreover, the high consensus on the importance of integrating diverse perspectives (94.3% agreement) and acknowledging the imperfections in diagnostic criteria (83.3% agreement) reinforces the growing recognition that a multifaceted approach – central to philosophy of psychiatry – should be integral to both clinical practice and training. In this line, psychiatric conditions are more frequently viewed as either “disorders” (translated in French by “troubles”) or “dysfunctions”, while “diseases” (translated in French by “maladies”) and “understandable reactions to life circumstances” are less commonly associated with them (Fig. 3). This

indicates a tendency among respondents to conceptualize psychiatric conditions as disorders involving dysfunction. This aligns with philosophical views on how to define a disorder, such as the harmful dysfunction analysis (HDA), which characterizes a disorder as an evolutionary dysfunction causing distress or disability, assessed according to social values [16], as well as the general Diagnostic and Statistical Manual of mental disorders (DSM) definition of mental disorders, which arguably adopts a commonsensical notion of dysfunction [17]. Unfortunately distress and disability were not psychiatric conditions explored by the questionnaire. Among 209 healthcare professionals, faculty, and trainees from various fields at a US academic medical center, most viewed distress and impairment as key features of mental disorders, without considering biological abnormalities essential [18]. Thus, the place of dysfunction versus distress/disability in determining what constitutes a psychiatric condition should be further studied among psychiatry students and practicing psychiatrists to better understand how the conceptual framework of the HDA is integrated into practice [19]. Moreover, while psychiatric trainees often endorse the biological model for certain disorders, such as schizophrenia, understanding what constitutes a psychiatric disorder extends beyond mind-brain dualism, requiring a nuanced, multilevel approach [20–23]. A comprehensive framework that incorporates biological, psychological, and social dimensions is essential to grasp the full complexity of these conditions [24,25].

Overall, these results highlight the necessity of conceptual competences in both clinical practice and research (i.e., the four types of conceptual competences: examining assumptions, using conceptual tools, engaging in discourse, and practicing humility) [4,13]. To enhance psychiatric education, it is essential to incorporate these competences more systematically. In this way, a number of scholars have discussed and studied the value of educational programs on conceptual competence and philosophy of psychiatry. Most of the literature on this topic has focused on describing the various course formats and the overall assessment of their effectiveness and acceptability, but not the impact on the evaluation of conceptual competences in psychiatry on a dedicated questionnaire as used in the present study. As early as 2002, Wells had already designed a curriculum integrating philosophy with traditional child and adolescent psychiatry training to enhance critical thinking in first-year residents. The course, which combined philosophical topics like ethics and logic with clinical discussions, significantly improved residents' scores on the Cornell Critical Thinking Test compared to those who did not take the course [26,27]. More precisely, training in conceptual competence in psychiatry could take place through discussion groups, curated reading electives, journal clubs, philosophy of psychiatry courses, workshops or interdisciplinary collaborations [8]. For example, courses in philosophy of psychiatry, like those by Aftab et al. [13] and Wells [26,27], use a combination of lectures, readings, and case-based discussions to link psychiatry with philosophical topics like ethics and epistemology. Proposals like a collaborative model with an ethicist working alongside psychiatric trainees has been noted as innovative [28]. In France, the Inter-University Diploma "Philosophies de la psychiatrie" was developed since 2019 [29] to go beyond conceptual competences for psychiatric trainees and psychiatrists by adding, to these professional conceptual competences, experiential competence (gained through clinical experience with patients) and reflective competences (involving critically assessing one's role within the profession and its broader societal impact) [11]. Interestingly, some programs report that 82% of trainees found these courses beneficial [13]. For instance, psychiatry residents who took a didactic course on philosophy and psychiatry felt it changed their thinking, and showed increased interest in philosophical topics, while suggesting it remain elective and the terminology be simplified [13]. However, all these educational programs will gain to

be evaluated in terms of impact on perceived integration, execution and knowledge of conceptual competences with a dedicated questionnaire.

5. 5 Limitations

This study has 5 limitations. First, we used a questionnaire that has not been psychometrically validated (e.g., regarding reliability, factor analysis or external validity), containing particularly heterogeneous items and cannot claim to embrace the entirety of the field of philosophy of psychiatry. The absence of factor validity may reduce the possibility of interpretation of the three dimensions, for instance in relation to demographic and professional characteristics. This analysis provides an initial descriptive insight into the literature on the perceived integration and execution, and declared knowledge of conceptual competences, which can however serve as a foundation for more methodologically rigorous future studies. Thus, future studies should aim to refine and validate the questionnaire to improve their reliability, interpretability and validity.

Secondly, this study focuses on a French sample, probably not representative of the French community of psychiatric resident and practitioners. To provide comparative data, according to the Conseil National de l'Ordre des Médecins (French National Council of the Order of Physicians), 12,626 psychiatrists were practicing in France in 2023, including 5398 men (average age: 50.7 years) and 7228 women (average age: 46.5 years). However, the weighted ages, which would consider the proportions of our sample compared to the national data, would not be directly interpretable given the relatively small size of our sample. Additional details about the participants should be collected (e.g., regarding potential education or training in philosophy or the humanities, or the attainment of an advanced degree) in future studies to better specify the characteristic of the sample studied.

Thirdly, the voluntary nature of participation and the reliance on self-reported data introduces another potential bias, as participants may overrate or underrate certain items (e.g., the attraction to certain types of explanations) or as their interests and familiarity with conceptual competences may be different from the general psychiatric population (e.g., those with a pre-existing interest in philosophy may have been more inclined to participate). Self-reported questionnaires may not adequately capture actual perceived competences, as cognitive biases, such as the Dunning-Kruger effect or social desirability bias, could lead participants to misjudge their abilities – overestimating or underestimating them based on their level of expertise. Clinical vignettes could be provided for a more objective measure of conceptual competences in future studies.

Fourthly, an important question remains whether changes in any or all of the four dimensions assessed by the questionnaire could occur following participation in a tailored curriculum designed to promote the development of these conceptual competences in psychiatry. Longitudinal studies will be needed to evaluate the potential impact of such programs on the evolution of participants' conceptual competences across these dimensions.

Despite these limitations, this study highlights the importance of implementing training programs in philosophy of psychiatry, which aims to provide a comprehensive framework for integrating philosophical and conceptual thinking into psychiatric clinical and research practice. Given the international growing recognition of the importance of philosophy in psychiatry [4,30–32], the deployment of such a questionnaire in other countries in the future phase of the project, will encourage the rigorous development, comparison and evaluation of pedagogical approaches of philosophy of the psychiatry to better prepare psychiatrists for the theoretical and practical challenges they are and will face.

Authors' contributions

Christophe Gauld undertook database management, analysis, interpretation of data, and drafting of the manuscript. Awais Aftab created the questionnaire, supervised, and validated. Marc Auriacombe provided critical revisions of the manuscript and validation. Pierre Fourneret provided critical revisions and contributed to methodological considerations. Christophe Arbus offered clinical expertise, contributed to study design, and validated the study. Jean Naudin provided expert clinical insight and contributed to the review of the manuscript. Michel Cermolacce contributed to the clinical aspects of the study and the revision of the manuscript. Tudi Gozé contributed to the validation of the study, as well as providing statistical insights. Jean-Arthur Micoulaud-Franchi conceptualized, supervised, wrote, reviewed the manuscript, and validated the study. All authors undertook the critical revision of the manuscript for important intellectual content, significantly contributed to the manuscript, and approved the final version.

Declaration of generative AI and AI-assisted technologies in the writing process

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Disclosure of interest

The authors declare that they have no competing interest.

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Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <https://doi.org/10.1016/j.encep.2025.02.005>.

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