

## From the Editor

The year has been a successful one for AAPP, with a growing membership and an ongoing, close association with the Philosophy Group in the U.K. Two changes are worthy of note for the upcoming year. The first is that we will extend our annual meeting from one to two days. The number of submitted papers of good quality has been large enough that we have not been able to accommodate many of them. The expanded format will allow for greater exposure of members' work. Our meeting will take place in Philadelphia on May 21 and 22, 1994, in conjunction with the American Psychiatric Association Annual Meeting.

The second change in sight is the appearance of PPP, *Philosophy, Psychiatry, and Psychology*. The journal will be jointly sponsored by the American and British groups and is expected to begin publication this coming spring. The journal will be incorporated into the dues structure of AAPP and will be included with membership. Members will be informed of details in a mailing concerning membership renewal.

The current issue of the newsletter continues much of the structure of the first issue. Our president, Michael Schwartz, offers a reflection on health reform and its implications for psychiatry. Manfred Spitzer continues our effort to track the progress of philosophy/psychiatry in other countries by offering a view from Germany. We continue to report on associated local groups with a description by Bradley Lewis of a newly formed group in Washington, D.C. We will also relate information about established groups that might be of interest to the membership and include in this issue a report by Richard Rojcewicz of the annual meetings held by the Simon Silverman Phenomenology Center at Duquesne University. There is also a note provided by Bill Fulford on one of the activities of the Philosophy Group, a lec-

## President's Column

### *Health Reform, Primary Care and the Future of Psychiatry*

Circumstances culminating in the recent unveiling of the Clinton administration's health package have led me to put aside previous plans for this column and turn instead to the issue of health care reform. I will address this issue especially from my vantage as a psychiatric educator in a mid-sized residency training program.

Before the end of the decade, the system of health delivery in the United States will be substantially revised. Massive changes will occur — are already occurring — regardless of the success or failure of the present administration's current proposals. Clinton's proposals may pass or fail, but the issues motivating them will continue to press for remediation, and all of us will participate in change at many levels. Going into this process as psychiatrists, we are especially concerned about the future of our discipline. Which changes should we advocate for, and which should we resist?

The crisis that we are facing has multiple causes — demographic, cultural, historical, political, ethical and ideological. The relative importance of each one of these issues may be debated, but the economic factors which press for imminent change cannot. Health care now consumes over one sixth of our nation's Gross National Product, and continues to inflate annually at a double digit or nearly double digit rate. If no changes are made, total health care costs in the United States will exceed one trillion dollars a year while President Clinton is still in his term in office. Beyond this, by the year 2000, these costs will exceed two trillion dollars and consume over one quarter of the GNP! Such numbers tell it all — despite politics or rhetoric, such a scenario simply will not occur — by necessity, there will be change.

The economic determinants of the dilemma make it possible to predict much of what is coming. There will be less, not more. Health care will be rationed (no matter how this is presented politically), biomedical research will be slowed down, regulations will increase, not decrease, gate-keepers will be brought into the system at many levels (including primary care physicians as clinical gate-keepers), "luxuries" in the system will diminish (such as choice of physician or even access to a physician rather than a non-medical provider), and marginalized parts of the new system (such as non-primary care physicians including psychiatrists) will be devalued.

*continued on page 2*

ture series to take place in London. In our effort to provide in-depth reviews of relevant books we have two reviews in this issue, Larry Davidson on Jerome Bruner's *Acts of Meaning* and Greg Mahr on Daniel Dennett's *Consciousness Explained*. John Sadler continues his regular column, "Philosophy and Psychiatry in the Literature." In addition, we have included in this issue a report by Mark Sullivan on the 1993 annual meeting. We will include a report

on the annual meeting as a regular feature for the autumn issue of the newsletter. Finally, there is a report on the winners of the 1993 Karl Jaspers Award, with an attached note on the publication successes of all previous winners.

James Phillips, M.D.

\*\*\*\*\*

## President's Column

*continued from page 1*

The changes that are anticipated certainly challenge us, but the process of change also presents us with important opportunities to advance mental health agendas. In the anvil of change, we have an opportunity to correct long standing inequities in health policy for the mentally ill. It is conceivable, for example, that public health issues such as universal access to care and non-discriminatory coverage will play a larger role in the future health care system. Such principles can greatly benefit our patients. We should try to unify around issues of public policy, be vigilant, avoid pessimism, and be as pro-active as we can in the coming political process as citizens, voters, and advocates.

We psychiatrists will especially have to learn how to better work together as colleagues in a single profession. Psychiatrists are notoriously fractious as a group, often to our detriment in public forums. A recent example of this is our failure to address the escalating consequences of psychiatry's not being considered a primary care specialty. Public consensus and policy now demands that at least 50% of all physicians practice primary care (as internists, pediatricians and family practitioners). Unfortunately, we are presently quite distant from this target. As an example, 18% of last year's graduates from my medical center (Case Western Reserve) went on to careers in primary care. The mathematics of the situation are frightening: If a 50% goal is to be achieved within ten years, 85% of future American medical school graduates will have to choose primary care careers. Clearly, such a goal can only be met by draconian measures which are now being planned in Congress. One Congressional bill proposes severe penalties for medical schools when less than 50% of graduates enter non-primary care residencies. Another would limit the total number of PGY-1 residency positions to the number of U.S. medical graduates each year plus 10%. Currently, International Medical Graduates occupy slightly less than 30% of residency positions, including 26% of psychiatry positions and 36% of PGY-1 psychiatry slots (1992-93 data). Still another proposal threatens to penalize hospitals when more than 50% of a house staff do non-primary care training. Finally, recent medicare regulations increase hospital stipends for primary care residents significantly more than for non-primary care residents. The net effect of legislation and regulation of this sort will be a drastic downsizing of

psychiatry — a downsizing currently estimated to be as much as 40%.

The irony of this situation is that at least two recent national studies conclude that psychiatry is a shortage specialty. Furthermore, many psychiatrists work in settings such as public mental hospitals and clinics and function as primary practitioners. Psychiatrists did have an opportunity to appeal being left out of national primary care initiatives. As will be described below, we failed to act because of internal divisiveness. In contrast, colleagues in obstetrics and gynecology were also excluded from primary care legislation but appealed this exclusion and successfully achieved at least partial recognition of their primary care role. As a result of this lobbying, obstetrics and gynecology residents will now receive the same medicare salary increases as primary care housestaff, and the same differential over secondary care (i.e., psychiatry) house staff. In contrast, the lower reimbursement for psychiatry residents in the face of uniform stipends for all will provide additional incentives for hospital administrators to diminish psychiatry positions, deepening an already downward spiral.

Significantly, efforts by psychiatrists to make the same case as our successful colleagues in obstetrics and gynecology were undermined from within. Factions within psychiatry lobbied to keep us out of the primary care arena, arguing that psychiatrists shouldn't physically examine patients and therefore cannot play any part in primary care.

This assertion brings us back to basic concerns. The position that psychiatrists should not perform or even oversee physical examination occurs, I maintain, because of unclear thinking about what a psychiatrist is. We are somehow "mind" doctors, or our method has a pseudo-psychoanalytic basis no matter how we conceive of it (so any touching will always be taboo, no matter how medicalized), or there is the romantic and somewhat mysterious notion that psychiatrists have more intimate relationships with patients than other physicians, and therefore can never touch them. All such ideas are rooted in confusion about the nature and goals of psychiatry. After all, cardiologists have heart disease as their area of special expertise and neurologists have illnesses of the nerves and the brain, but there is no consensus about the core expertise of the psychiatrist. Clearly, one "core" for us are those patients that no one else wants to treat anyway — the seriously and persistently mentally ill. These patients are our natural constituency. Furthermore, they value our services, probably more

than we value them. Beyond this core, I would assert that we are experts in abnormal human experience and behavior — in psychopathology. Such expertise cuts through mind/body dualism and through linkages to particular treatments and theories and makes us broadly relevant to societal health agendas. Psychopathology is a fundamental science for psychiatry, related to the mental disorders on the one hand and to human biology and human society and culture on the other.

When the dust settles on health care reform, mentally ill patients will remain whom no one else wants to or knows how to treat. Patients with perplexing behavioral and experiential problems will continue to seek out our services as physicians. There will still be a pressing need for well-trained psychiatrists. What is not clear is how many of us will be there to meet this need. We should strive to work together to assure that our field will continue to flourish and that we will be able to continue to serve these patients. This aspiration involves participating as citizens and as psychiatrists in the present debates about health care reform, and committing ourselves to work more diligently to clarify who we are and what we can accomplish.

Michael Alan Schwartz, M.D.  
President  
AAPP

\*\*\*\*\*

## The View From Germany

In Germany, there has always been a strong interest in the philosophical underpinnings of psychiatric reasoning and practice. Philosophy used to be a required subject for medical students, and ever since, psychiatrists have taken a reflective stance on their experience and their professional concepts. This is exemplified in the works of Karl Jaspers and Ludwig Binswanger, to give just two examples. German psychiatry used to lead the field with such prominent figures as Kraepelin, Nissl, Alzheimer, Jaspers, and Kurt Schneider, who shaped psychiatry as it is practiced all over the world today. However, this is all a thing of the past. For the last three decades, few contributions have come from this country, compared to the growing influence of Great Britain and, in particular, the USA. This is reflected by the fact that German psychiatric journals once led the field, but today fare badly if

their impact factors are compared to the *Archives of General Psychiatry*, the *American Journal of Psychiatry* or the *British Journal of Psychiatry*.<sup>1</sup>

Within the last few years, Germany itself has changed. As late as 5 years ago nobody would have foreseen that reunification would happen during any time in the near future, and most younger Germans, including myself, took the existence of two Germanys for granted, since we had never lived when there was only one.

When the Berlin wall came down, I personally was abroad — spending my time as visiting associate professor in the psychology department at Harvard University. I felt badly about my absence and had the desire to do something, however minute, for my colleagues in East Germany. So I called up my former secretary at the psychiatric University of Freiburg, and asked her to compile a list of addresses of all East German colleagues who had written to me during the previous years requesting a reprint of one of my papers. I should explain that psychiatrists in East Germany — like their colleagues in other former Eastern block countries — used to be the major source of such requests. “Western” journals were too expensive to buy and photocopying machines were almost non-existent in Eastern countries for political reasons (like other communications devices,<sup>2</sup> they are highly useful for distributing opinions dangerous for a system that allowed only one). So poverty and the lack of photocopiers in East Germany enabled my former secretary to compile a list of 149 addresses of colleagues to all of whom I wrote a letter stating my former and current position as well as my desire to contact colleagues in order to exchange ideas or even collaborate in the future.

My time and costs soon were highly rewarded, because the letters I got back were the most touching and thorough that I had ever received from professional colleagues. The writers — psychiatrists and psychologists from what used to be the DDR — were highly aware of the puzzling situation in which they and their people found themselves almost overnight. Additionally, many felt that they themselves, because of their profession, should understand the impact of all

the changes on persons and relations more thoroughly than anyone else, i.e. comprehend the *subjective* aspects of the objective change. Reflecting on this task, they felt that they did a poor job of assessing these matters, and beyond this, of helping their countrymen cope with the situation.

To give a few examples of their comments:

“Within recent years, few new ideas have come from our country. We used to have fruitful tensions between Rennert’s concept of a unitary psychosis and Leonhard’s highly specific diagnostic system. . . .”

“To have lived and worked for more than 28 years under the conditions of ‘manipulated deprivation’ has not remained without traces. We now try to work through ideas of our guilt for this system, which has existed for so long and which has made us helpless, overadapted, and anxious. We not only suffered this burden but we made it possible through our professional work within it. [ . . . ] We try to find new fundamentals and principles in the works of Jaspers and Kurt Schneider.”

“I recently heard an American journalist commenting on the events of November 1989 in the DDR. He said that this exemplifies that people can do unlimited things if they only have the will to do so. [ . . . ] However, the truth is that socialism has been toppled because the system was economically at its end. [ . . . ] A lot of anger mixes in if one appreciates how much damage could have been avoided if we had had more civil courage years before. [ . . . ] Hence, the mood in this country is more like after a lost war than after a won revolution.”

“You must have heard about our difficulties with this newly gained freedom.”

“After euphoria in November, [ . . . ] now a different mood prevails. The state is a mix of fear of losing one’s job, hope that the future will improve everybody’s situation, and fear that drug problems are now going to come to the DDR from the West.” (A fear that turned out to be correct, given the present drug scene in the former DDR).

“Social fears exist especially because individuals remain and remind us of communist state power and the old

paranoia regarding the StaSi (state security agency).”

One could write many pages about the history, tensions, motivations, primary goals (combined with great courage and civil virtue) and what presently has resulted from that — following the drift of money and power. It is a pity that current political strategy is directed towards our self-annihilation and towards the negation of any positive self-assertiveness [ . . . ] Dignity and self-consciousness are not asked for in this dizziness of unification. Heated emotions, mediocrity, incompetence, and especially quite a bit of corruption become widespread.”

“Of course, most people participated in the system, some to a greater, some to a lesser extent. Open discussions about this hurt, and who is capable of open discussion? [ . . . ] I very much liked your philosophically oriented papers on psychiatric symptoms. In this country philosophy was misused to explain the ‘politics of the working class’, and hence, psychiatrists had little interest in philosophy.”

As can be seen from these letters, the German tradition of thoughtful reflection is alive, in particular when people find themselves in a challenging situation.

This leads to my second point: In my view, psychiatrists in all countries have reason to feel challenged, if not ideologically (though political challenges will remain the major issue in a number of countries) then conceptually. We live in the decade of the brain, and breathtaking findings of immense importance for psychiatric reasoning are reported in major scientific journals almost every week. To give a few examples taken from the news in August, September and October’s issues of *Nature* and *Science*: (1) We can now watch hippocampal neurons in living animals learning new information about a novel environment. Such learning happens within 10 minutes; after this period the neurons are so responsive to certain locations in the new environment that it is possible to predict where the animal is from the firing rate of its neurons. (2) The dispute between Europe and the States about the “true” number of D2-receptors in the frontal lobes of schizophrenic patients

<sup>1</sup> The impact factor of a journal is defined as the average number of times the article in this journal is cited in other major journals over the two years following publication. It is seen as the best measure of the “importance” or “influence” of a journal to a field. The impact factor of *The Lancet* is high (about 20), i.e., a paper in *Lancet* gets quoted 20 times, on average, over the two years following publication. In psychiatry, the *Archives* has the highest impact factor (about 6), followed by the *American Journal* (about 4), and with the *British Journal* ranking fourth (about 2-3). The German journal with the highest impact factor is *Der Nervenarzt* (about 0.5).

<sup>2</sup> “The fax shall make you free” was to be read in the newspapers at about the time of the breakdown of the former Soviet Union, and the president of Poland, Lech Walensa, mentioned, that it was in fact the access to Western TV that brought the changes in the East about.

has been finally resolved: Both groups were right and wrong because it turned out that the different ligands they used for their studies have different affinities for the dopamine receptor which is really crucial — the D4-receptor. (3) The fact that listening to Mozart — unlike listening to a relaxation tape or to silence — improves performance on spatial performance task in ordinary IQ-tests by about 10 points is good news for music therapists. (4) Functional MRI can image higher cognitive functions, and we are about to be able to visualize patients' auditory or visual hallucinations. This list could go on and on.

Of course, psychiatrists have turned to the brain for more than a hundred years, and have quite often engaged in what was called "brain mythology" by Jaspers. In fact, although Brodmann, Flechsig, Alzheimer, and Nissl made contributions to the field which appear rather modern, they could not "link" their neurobiology with psychopathology. This is no longer the case, because neurobiology has become more and more sophisticated. It is no longer characterized by the simple reductionism of the recent past, and in fact already surpasses simplistic models of the mental formulated by psychologists or philosophers. We develop neural network theories for almost all higher cognitive functions, and appreciate that perception and thinking involve signaling concerning ion-channel coupled receptors that act within one to two milliseconds (fast neural transmission). We know that ligands of G-protein-coupled receptors broadly tune neurons within a time frame of several hundred milliseconds so that we can think in a tight and focused or in a more relaxed or "tangential" manner (neuron modulation). And we know that our brain is not only functionally but also structurally changing because of our experience from before birth until death (neuroplasticity). With this in mind, clinically inspired psychopathological observations can be reconsidered and linked to neurobiology.

A somewhat speculative example might illustrate this point: The former chairman of my hospital, Werner Janzarik, has produced a theory of schizophrenic pathology using the concepts of structure and dynamics. In his view, acute delusions are the result of an increased mental dynamism which leads to the attachment of meaning to perceptions and to the formation of delusional ideas. Chronic delusions, on the contrary, are a result of a deformed mental structure. In more recent terms, this view can be rephrased as follows: In acute delusions, there is evidence for an increased dopaminergic neuromodula-

tory tone, leading to an increased signal-to-noise ratio in cortical information processing, which itself leads to a "black and white view" of many aspects of the meaningful world. In chronic delusions, however, developmental factors, anomalous experiences, and/or a psychotic episode produce an actual change in the cortical representations of meanings. Such changes in semantic network-like maps occur slowly over time but are then rather stable. They are the result of neuroplastic changes in the (micro-) structure of neuronal connections. The modulators and maps of the above model are not just another way of rephrasing dynamism and structure but rather can lead to new insights: If the neuromodulatory influence of dopamine is attenuated, the acute delusions will fade away almost like ice in the sun. However, chronic delusions will change very little under neuroleptic therapy. To introduce change within these maps, the person has to have thousands of new experiences under conditions that (1) do not remind him or her of the delusional beliefs and (thus strengthen these associations by their mere use), (2) allow reevaluation of things and events under normal processing conditions (this often presupposes ongoing neuroleptic treatment), and (3) allow learning and meaningful restructuring of complex networks of associations (i.e., structured memories). Whereas the notion of a "deformed structure" has little to offer for therapeutic planning, recasting Janzarik's view in neurobiological terms provides the clinician with clues as to which therapeutic strategies should be used for what periods of time.

Ours are exciting times of change, politically and socially, but also scientifically, especially in terms of our understanding of the new science of mind, cognitive neuroscience. For psychiatrists, particularly German psychiatrists, there is the challenge to truly use the inherited spirit of critical and reflective thinking dearly needed to incorporate and build upon the systematic changes and new data. Until recently, as elsewhere in present day psychiatry, we have tended to downplay clinical psychopathology, ignore neurobiology, and neglect bridge-building between the two. There is some recent evidence that this may be changing. If this is so, psychiatry can and will enjoy dramatic advances founded upon scientific discoveries and astonishing theoretical contributions. Our patients deserve no less.

Manfred Spitzer, M.D., Ph.D.  
Heidelberg

\*\*\*\*\*

## Notes From 1993 Annual Meeting

The Keynote Address was given by George Lakoff, Professor of Linguistics at the University of California at Berkeley and author of *Women, Fire, and Dangerous Things: what categories reveal about the mind* (University of Chicago, 1987). He outlined for us his theory of metaphor and its implications for our theories of meaning. Classically, metaphor is considered a linguistic expression based on similarity. But when we describe, for example, love as a journey, we are not drawing attention to an established similarity between these two objects. Rather, we are making a generalization by mapping love onto our notion of journey. Thereby, we begin to interpret difficulties as impediments to motion. A whole series of previously unrecognized similarities may then come to light. Love as a journey implies a common destination. Love as a force implies sparks and electricity. Similar implications can be drawn from love as an illness, as magic, or as madness.

Metaphors generally operate at an unconscious level like rules of grammar. Through them, we use the structure of one domain of activity to understand another structure. The understanding provided is always partial and sometimes elusive as is apparent from the metaphors that appear in dreams. An academic who fears that he doesn't know enough has a recurrent dream of blindness. Behind his dream is an understanding of knowing as seeing or perhaps of castration as blindness. Lakoff's point is that metaphors provide a framework for thought. Emphasis upon logic in philosophy and syntax in linguistics has led us to think of the relation between symbols and the world as literal. Logic cannot handle metaphor. Thought is mostly metaphorical, not literal.

Metaphor arises from the experience of embodiment, not a disembodied imagination. We talk about anger in terms of heat and pressure because this parallels the physiological changes that accompany anger. The body provides us with a spatial and physical reasoning that is mapped onto other domains. Because embodiment is an important source of metaphors, some metaphoric structures are nearly universal. As Lakoff's collaborator, Mark Johnson, has pointed out in his book, *The Body in the Mind* (Chicago, 1987), conceptual embodiment occurs through bodily activities *prior to language*. Embodiment provides a series of schemas such as container, part-whole, link, and source-path-goal. These schemas then provide start-

ing points for the rules of semantic composition to allow the formation of more complex concepts from simpler ones. Pragmatics and semantics inform each other.

Jerome Kroll, Michael Mahoney, and Osborne Wiggins were the official discussants for Lakoff's paper. Kroll thanked the linguists for reminding us of the importance of language, but noted that their insights have been applied more to diagnostics than therapeutics in psychiatry. Mahoney argued that metaphors were the vehicle for the axial shifts in world view spoken of by Jaspers. In the 6th Century, religious revelation was the most authoritative form of knowledge. By the 17th Century, public observability was becoming the mark of the knowledgeable. Currently, our boundaries between ontology, epistemology, and axiology are fluid. There are opportunities for psychotherapy to move beyond a disembodied talking cure. As we develop new metaphors of order and disorder, we can learn new relations between learning, novelty, and disorder. Wiggins pointed out the parallels between Lakoff's views and those of Husserl and Merleau-Ponty. Specifically he argued that meaning is not seen as all culturally relative in Merleau-Ponty's work due to his acknowledgment of the "corporeal *a priori*" as well as historical contingencies.

In her invited paper on "The Lived Body in Illness", philosopher Kay Toombs spoke of her 20 year experience with multiple sclerosis (MS). While biomedical descriptions of MS describe the alterations in the objective body, Toombs focused on illness as an alteration in the lived body, specifically, the body as subject. She described how changes in her capacity for locomotion change her sense of near and far, how a spacious plaza can become a place to be stranded when her wheelchair breaks down, how her numb arm needs to be watched. MS changes her body from the possibility of action to a concrete experience of limitation. In the discussion that followed her paper, a contrast was drawn between neurologic illness, where there is a clean distinction between self and illness, and psychiatric illness, where the distinction between self and illness is often lost.

Submitted papers were presented in the afternoon. John O'Neil began with a paper that drew parallels between the work of Karl Popper and Gerald Edelman. Popper has based his view of the philosophy of science on his rejection of induction as a valid mode of reasoning. No logical entailment is possible from the particular to the general.

Science must therefore proceed by trial and error, achieving progress through the suppression of the unsuccessful. Edelman similarly argues that the brain learns through selection, not instruction. Neither the brain nor science are instructed by outside information. External forces only serve to weed out that which does not work.

In "Mind/Brain and the Dynamic Unconscious", Melvin Woody and James Phillips argued for a distinction between the neurological unconscious, the cognitive unconscious, and the psychodynamic unconscious. There is a neurological unconscious because we are not aware of all the neural processes in our brains that underlie mental activity. There is a cognitive unconscious that holds those ideas which are kept out of mind. Many of these ideas can be readily brought to mind, but others cannot. The cognitive unconscious is not complex enough to account for ideas like wishes and motives which can be difficult to bring to consciousness. If we are to draw upon these repressed ideas in order to impart meaning to behavior that lacked it, we need, a hermeneutic construct, the psychodynamic unconscious. This holds ideas which resist being uncovered. They close with a discussion of the implications of their theory for cognitive science. A psychodynamic unconscious is better accounted for through a connectionist rather computational model of the mind. The way in which self-concepts can be threatened by categorizations of memories or events is more comprehensible on a parallel processing model.

Jennifer Radden's "Hume and the Self's Disunity" critiques the Humean notion that all perception of self is sequential. Because Hume does not distinguish between synchronic and diachronic unity, he cannot account for the unity of simultaneous experience. She pointed out, however, that various psychiatric syndromes do threaten the unity of the self. Amnesia can turn life into a Humean froth. The personality shifts of Manic-depressive illness reveal identity to be a matter of degree and convention. Disowned or ego-alien experience reveals that the self may split off parts in order to remain otherwise coherent.

William Winger took an anthropological perspective on psychiatric illness in "The Wandering Self". He contrasted the interactionist approach of Arthur Kleinman which accepts the distinction between a biological and culturally invariant disease and a culturally determined illness experience with the constructionist approach of Catherine Lutz who denies the universality of emotions, claiming that the what and how of

depression can vary cross-culturally.

Mark D. Sullivan, M.D. Ph.D.  
Seattle

\*\*\*\*\*

## Karl Jaspers Prize for 1993

This year, the third annual Karl Jaspers Prize for the best unpublished paper on philosophy and psychiatry by a student, was awarded to two papers:

Bradley Lewis, M.D.  
Ph.D. student in the  
Philosophy of Social Sciences  
George Washington University  
"Adaptation & Evolutionary  
Epistemology"

S. Nassir Ghaemi, M.D.  
Godehard Oepen, M.D.  
Residents in Psychiatry  
Harvard Medical School  
"Mind/Brain Theories and  
Their Discontents"

We are pleased to announce that all previous Jaspers prize winning papers have been published in peer review journals.

1991

Dan Stein, M.B.  
"Cognitive Science &  
Clinical Knowledge"  
*Integrative Psychiatry*,  
6:109-116, 1993

Larry Davidson, Ph.D.  
"Developing an Empirical-  
Phenomenological Approach to  
Schizophrenia Research"  
*Journal of Phenomenological  
Psychology*, 23:3-15, 1992

1992

Mark Erickson, M.D.  
"Rethinking Oedipus: An Evolutionary  
Perspective of Incest Avoidance"  
*American Journal of Psychiatry*,  
150:411-416, 1993

\*\*\*\*\*



## Washington, D.C. Group

The George Washington University has heartily embraced the AAPP call for initiating a local Philosophy and Psychiatry group in the Washington, D.C. area. Bradley Lewis, M.D., from the psychiatry department, and David DeGrazia, Ph.D., from the philosophy department, have co-sponsored the group to considerable local interest and enthusiasm. Many local members, who previously thought they were lone scholars, have already been doing interdisciplinary work in philosophy and psychiatry, and there are many others, at all levels of training and practice, who have an extensive interest in the subject. It seems that there is growing frustration with a narrow psychiatric research methodology that has minimal interest in theory and reflection.

The D.C. AAPP chapter is now in full swing. Philip Rubovitz-Seitz, M.D., a pioneer in philosophy and psychiatry and a steady source of inspiration to many of us in the D.C. area, got the group off to an excellent beginning with a stimulating discussion of "The Interpretive Turn in Philosophy and Postpositivist Science." In his abstract for the meeting he noted:

"With the downfall of positivism in recent decades, human and social science methodologies have undergone radical reexamination, leading to a broader understanding of science and novel approaches to inquiry. A growing trend has developed toward less formalized, more pragmatic, eclectic, and problem — rather than method — oriented approaches to investigation. The human sciences in particular feel freer to experiment with diverse epistemologic frameworks and pluralistic methodologies.

"The ascendancy of postpositivist science has resulted in some belated recognition of interpretive methods by scientists in other fields and by philosophers. Interpretation is accepted increasingly as a universal feature of all human activities. The interpretive methodologies of structuralism and hermeneutics have become the two dominant methods for the study of human beings. In addition, several recent volumes emphasize the importance of interpretation for philosophy. An increasing number of younger philosophers insist that philosophy is an interpretive discipline. Some writers assert that the earlier epistemologic and linguistic "turns" in philosophy have been superseded by an interpretive turn.

"Clinical interpretation is a major method of inquiry in dynamic psychiatry, but one which clinicians have taken for granted and have not investigated thoroughly. Further inquiry into the nature, rationale, and problems of interpretation may provide epistemologic and methodologic bridges between psychodynamic science, other interpretive sciences, and philosophy."

In the next meeting, the group continued along a similar philosophy of social science direction with an outstanding discussion by Andy Altman, Ph.D., on "Positivism and Its Critics." In November, the group moves to ethics with Paul Chodoff, M.D., speaking on "Selected Ethical Issues which Arise in Psychiatric Practice," and in January, Ernest Wallwork, Ph.D., will be discussing "Clinical Contributions to Understanding Ethical Decision Making."

The format being used is an approximately thirty minute introduction of the topic by the speaker followed by another hour and a half of small group discussion. By keeping to the discussion group format, the group has been able to get into considerable depth on each topic before the evening is over. Interested participants should contact

Bradley Lewis, M.D.  
The GWU Psychiatric Day Treatment Program  
2112 F St., NW #201  
Washington, D.C. 20037  
Tel: 202-676-8363. Fax: 202-833-2795.

Bradley Lewis, M.D.  
Washington, D.C.

\*\*\*\*\*

## Society for Phenomenology and Psychiatry: Winter Meeting

This group will be holding its winter meeting on Saturday, February 26, 1994 at 2 pm in the Whitney Humanities Center of Yale University, 53 Wall Street, New Haven, CT. Louis Sass, Ph.D., Associate Professor of Psychology, Rutgers University, will give a paper entitled "Paradoxes of Delusion: on Wittgenstein, Schreber, and the Schizophrenic Mind." A formal response will be given by Kenneth W. Gatzke, Ph.D., Professor and Chair of the Philosophy Department, Southern Connecticut State University. For further information contact Larry Davidson at 203-789-7418 or James Phillips at 203-877-0566.

\*\*\*\*\*

## Lectures in the U.K.

The Philosophy Group of the Royal College of Psychiatrists announces a lecture series on Friday evenings, 5:45 to 7:30 pm, at the Royal Institute of Philosophy, 14 Gordon Square, London, in early 1994. For further information contact Dr. Bill Fulford, Dept. of Psychiatry, Warneford Hospital, Oxford OX3 7JX.

*January 7.* "Making sense on the boundaries: on moving between philosophy and psychotherapy." John Shotter.

*January 14.* "Wild beast and idle humours: legal insanity and the finding of fault." Daniel N. Robinson.

*January 21.* "Dangerousness and mental disorder." Nigel Walker.

*January 28.* "Some problems with the doctrine of consent." J.A. Devereux.

*February 3.* "Meaning and Mechanism in Psychotherapy." Jeremy Holmes.

*February 10.* "Deadly vices." Gabrielle Taylor.

*February 17.* "Nietzsche and Music." Anthony Storr.

*February 24.* "Psychology and politics." K.V. Wilkes.

\*\*\*\*\*

## Formation of Local Groups

AAPP is interested in assisting in the formation and development of associated local philosophy/psychiatry groups. There are now three such groups in the New Haven, Seattle, and Washington, D.C. areas. (The latter group is described in this issue.) Anyone looking for assistance in forming a local group should contact George Agich, who will coordinate relevant information concerning such projects. George Agich, Ph.D., Department of Medical Humanities, Southern Illinois University School of Medicine, Springfield, IL 62794. Tel: 217-782-4261. Fax: 217-782-9132.

\*\*\*\*\*

## The Simon Silverman Phenomenology Center

This is a research Center attached to Duquesne University and devoted to phenomenological philosophy and psychology. The Center has a very comprehensive collection of materials in these fields, and they are made available to any bona fide researcher. The Center

is a branch of the Husserl Archives of the Catholic University of Leuven, Belgium, and houses transcriptions of the unpublished papers of the founder of the phenomenological movement, Edmund Husserl. Among its other special collections, the Center contains the Moser transcripts of the lectures of Heidegger at Marburg, the posthumous papers of F.J.J. Buytendijk, and the personal library of the renowned phenomenological psychiatrist Erwin Straus.

The Silverman Center sponsors a symposium in March of each year, with topics alternating between those of a more philosophical and a more psychological orientation. The upcoming twelfth Annual Symposium will be devoted to the phenomenological psychiatry of R.D. Laing. It will be held March 11-12, 1994. The speakers will be John Heaton (London): "The Self, the Divided Self, and the Other"; Michael Guy Thompson (San Francisco): "Deception, Mystification, Trauma: Laing and Freud"; and Louis Sass (New York): "The Aesthetics of Inauthenticity: Divided Selves in the Photography of Diane Arbus." The conference is free and open to the public. For more information, contact the executive director of the Center: Richard Rojcewicz, Ph.D. Simon Silverman Phenomenology Center Duquesne University Library Pittsburgh, PA 15282-0801 Tel 412-396-6038

Richard Rojcewicz, Ph.D.  
Pittsburgh

\*\*\*\*\*

## Meaning-Making, Stories and Culture

A review of J.S. Bruner, *Acts of Meaning*. Cambridge: Harvard University Press, 1990.

Jerome Bruner's latest volume contains an elegant and concise plea for the adoption of narrative as the guiding concept for a human scientific, or in his words, "cultural" psychology. Comprising the text of lectures delivered at the Hebrew University of Jerusalem during the 1989-1990 academic year as part of the Jerusalem-Harvard Lecture series, these four new essays develop further a line of thought introduced in Bruner's earlier works (e.g., 1986). While creative, clearly written, and provocative, however, the arguments and examples offered in this volume will most likely not persuade unsympathetic

readers to follow Bruner down the storytelling path. It may be true that Bruner's work represents an act of intellectual heroism for the conventional psychologist, embodying a keen attention to the role of theory and a bold approach to taking conceptual risks. But this volume remains unbalanced overall, in that Bruner fails to provide the necessary philosophical background for his equally bold pronouncements.

To the extent that the four essays making up this text contribute to the development of alternative research methods based on the so-called "storied" nature of human experience and action, they join a chorus of contemporary voices (e.g., Edelson, 1992; Gergen & Gergen, 1986; Howard, 1991; Polkinghorne, 1988; Sarbin, 1986, 1990; Scarr, 1985; Schafer, 1980; Schank, 1990; Spence, 1982; Strauss, in press) hoping to replace our traditional physicalistic metaphors with a psychology of meaning. To this diverse chorus, Bruner continues to add his own experienced and articulate voice, well-grounded in decades of empirical investigation and well-informed by thoughtful reflection. To the extent that this volume seeks to contribute to the resolution of the epistemological and ontological debates presently at the heart of the philosophy of psychology, however, *Acts of Meaning*, falls short. By not engaging well-accepted and substantive objections to his position, Bruner appears to imply that such contentious philosophical issues as the credibility and verifiability of subjective experience and the mind/brain impasse permit simple, if not self-evident, solutions. On this score, he disappoints the more philosophically inclined reader, leaving us to decide for ourselves whether or not, and how, his applications of a narrative perspective to psychology can be rigorously justified.

In the first chapter, Bruner takes as his point of departure the cognitive revolution in psychology which he had himself helped to found. He characterizes the highly touted shift of the late 1950's away from behaviorism to mental processes as a failed revolution in the sense that it did not accomplish its primary objective of establishing meaning "as the central concept of psychology" (p. 2). According to Bruner, the fundamental aim of the cognitive revolution was "to discover and to describe formally the meanings that human beings created out of their encounters with the world, and then to propose hypotheses about what meaning-making processes were implicated" (p. 2). Cognitive psychology failed to become a psychology of meaning, he argues, by virtue of its

turn to the computer as a model of human mental processes. This overly-hasty appeal to what he refers to as the "computational" model resulted in an abandonment of *the construction of meaning* as the focus for psychology in favor of the "processing" of "information" (p. 4). Once redirected in this fashion away from meaning-making to computation and information-processing, psychology lost the inspiration for its revolution and once again lost its proper subject matter. The cognitive revolution was absorbed into the information revolution, and psychology remained unable to grasp subjectivity as the realm of intentional acts.

Bruner provides two reasons to help account for psychology's continuing difficulty in becoming a science of the mind. The first is our reluctance in acknowledging that subjective states or intentional acts can play the role in science of explanatory constructs. We find it easier to accept as scientific explanations that frame beliefs, desires or acts as computational procedures or rule-bound operations that no longer require the intentions of an agent. It is only once we have purged subjectivity of everything personal, volitional or arbitrary that we can accept it as fitting within the narrow purview of science. To the extent that subjectivity may appear to possess essentially and precisely just these characteristics, it becomes our job to look "behind the scenes" to the impersonal, rule-bound devices (such as "programs") that bring mental states about. Were we able to overcome our distaste for the personal and intentional nature of psychic acts, we would then have to face the second reason Bruner gives for psychology's failure to become a science of meaning: the threat of relativism. A psychology that immersed itself in the realm of subjectivity without seeking an explanatory escape into objectivism and causation would appear to lose any access it might have had to universals as well. Trailing individuals and cultures along their contingent and seemingly idiosyncratic paths of meaning-making has not been thought to hold much promise in terms of producing scientific insights or generalizable truths.

While Bruner may be accurate in his articulation of two of the major objections that are raised to basing a psychology of meaning on subjectivity and intentional acts, this volume is most disappointing in the attempts he makes to address and overcome these objections. He translates the first issue of not trusting subjective states as explanatory concepts into a debate concerning

whether or not what people say about what they do corresponds to what they actually do. This is a rather odd interpretation of a foundational issue for the philosophy of psychology, turning a discussion about the ontological status of psychic states and the nature of causality into an empirical question concerning the congruence between people's descriptions of their decision-making processes and their behavior. Like Nisbett and Wilson's (1977) original work on the fallaciousness of "introspective" reports, such attempts to turn research subjects into psychologists miss the mark.

The question of whether or not an appeal to intentional acts can provide a scientific account of human experience and conduct is in no way resolved by a determination that people do not often know why they act as they do. Bruner resolves the discrepancy between verbal reports and behavior by arguing that what people say is as real and as worthy of scientific investigation as what they do, speech (following Austin) being itself an act. While there may be no reason to take issue with these suggestions, they do not bear directly on the more important and basic question at hand. In fact, in traveling down this questionable side road, Bruner has committed the same sin of which he accuses the discipline of psychology; he has substituted for meaning and intentionality a computational formula in which the question becomes does A equal B. His response that both A and B are really C has brought us no closer to deciding the status of C as an explanatory construct for a scientific psychology. We are still left wondering about the nature of intentional acts, if they are the products of a volitional agent capable of bringing about a chain of events in the world, or if they are mere epiphenomena of an otherwise agent-less neuronal machine operating out of the brain. Bruner's simple suggestion that descriptions of behavior are themselves behaviors that also need to be explained by a psychology of meaning falls short of engaging the sophisticated and carefully constructed positions of the philosophical neuroscientists (e.g., Dennett, 1991) he wishes to reject. While sympathetic with his conclusions, the reader may still want Bruner to be more persuasive in demonstrating that he has offered a viable alternative to the reigning paradigm in which mind is brain and all mental processes are reduced to variations in the sequence of firing of neurons.

The same is true with respect to Bruner's attempts to address the basic philosophical issue of relativism vs. ob-

jectivism. Here he sides with Dilthey, James and Rorty in proposing a pragmatic pluralism. Willing to give up any notion of an objective world "out there" independent of human perspectives, Bruner is also willing to give up on achieving in psychology any absolute knowledge of universal truths. He articulates instead what he refers to as a "constructivist" position, which he holds to be "a profound expression of democratic culture" (p. 30). Such a position involves open-mindedness, the willingness to question one's own presuppositions, to entertain alternative perspectives and to negotiate differences in world-view. Once again, while the reader may be sympathetic to the constructivist or pragmatist position that Bruner adopts, no new reasons are given, no new arguments are offered, to help justify such a choice. Those who are already converted may be given no reasons to disagree or to take issue with what is offered here, but at the same time those who recoil at the lack of absolutes offered by perspectivism will not be persuaded by Bruner's reassurance that they "need not fret about the spectre of relativism" (p. 30).

In the remaining three essays, Bruner develops a theory of the role of narrative in individual and cultural life and in a psychology of meaning that is situated within the intellectual framework provided in this first, and least satisfying, chapter. In the second chapter, he borrows from the work of anthropologists and sociologists inspired by the work of Alfred Schutz to suggest that cultural institutions and the meaning-structures of social life are constructed out of the common sense beliefs shared by members of a social group. Individuals are born into such cultural contexts, and it is through their experiences of such institutions and structures that they develop as persons with a sense of both communal and individual identity. Bruner argues that narratives arise as ways to make sense of departures from institutionalized norms and expectations, and that "the function of the story is to find an intentional state that mitigates or at least makes comprehensible a deviation from a canonical cultural pattern" (pp. 49-50).

In the third chapter, Bruner supports his contention that humans are born with an innate "readiness" for narrative by exploring the development of story-telling and its functions in children. He draws from an extensive knowledge base of empirical investigation the conclusions that children have a "push" to construct narratives that determines the order of priority in which they master

the grammatical forms of their first language, and that children are "forced" into narrative early on by the demands of their cultural setting to provide an account of their actions (pp. 77-81). In the last chapter, he appeals to the example provided by autobiography and the narrative construction of the self to demonstrate how this narrative can generate new theories of and approaches to long-established topics in psychology. As in the previous chapter, he draws from a rich body of empirical literature to delineate a meaningful approach to the concept of "Self" and to elucidate the contributions that narrative can make to psychological research informed by this perspective. The last three chapters offer enjoyable reading and an abundance of original material and provocative speculations to fuel further reflection.

In summary, Bruner is to be admired for his assertion that "it simply will not do to reject the theoretical centrality of meaning for psychology on the grounds that it is 'vague'" (p. 65). And he is to be congratulated on a volume that goes to some lengths to show concretely how psychology might go about researching and understanding meaning-making as a fundamental human activity through the vehicle of stories. There is much about Bruner's own basic presuppositions, however, that remain unclear and problematic. It is perhaps unfair to criticize his work for lacking an adequate philosophical base; Bruner is himself a psychologist who makes no pretense to be otherwise. His contribution represents a masterful and exciting application of new theoretical approaches to the mainstay of psychological science. By raising fundamental philosophical issues in the development and justification of a psychology of meaning, however, he raises the reader's expectations that equally informed responses are to follow. In this matter, it is not solely an issue of being disappointed by the absence of rigorous argument. By not tapping directly the philosophical traditions that inform his own human science perspective, Bruner seems unaware of the difficult questions that remain to be resolved at the heart of such endeavors. I will close with an example of the kind of philosophical issues involved that have important implications for the conduct of a psychology of meaning.

At the core of Bruner's theory of the development and function of narrative as the vehicle for meaning is his conjecture that children learn to tell stories in order to provide plausible accounts of their behavior in response to the demands of their familial and cultural context. Such



an account provides a pragmatic justification for stories and accords them a social-psychological status as fulfilling a function of maintaining social cohesion. It is reasonable to inquire further, however, as to the nature and origins of such demands and the forces which may be at play in bringing about a narrative response to them. In other words, under what circumstances does narrative become a way to achieve and maintain social cohesion? Under what conditions do stories become accounts of behavior based upon individual actors with their own personality states and traits? What factors help to account for the fact that children learn to tell such individualistic stories, rather than stories of guardian angels or impersonal and communal forces acting upon them?

Michel Foucault (1978), for example, has suggested that the "confessional" narrative that Bruner takes as primary and constitutive arose out of a confluence of historical, political and economic forces in the seventeenth century. Foucault's work, while primarily historical in nature, poses a challenge to the philosophical underpinnings of Bruner's work if taken as assuming an innate drive to narrative or a "natural" status for narrative as a human activity. If we cannot simply assume that such narratives are the natural and universal way for human communities to achieve and maintain order and cohesion (and are thus perhaps hard-wired), we are back to wondering about the nature of subjective states and intentional acts as the subject matter for our psychology. If the confessional narrative is a cultural artifact, is there another meaning-making mechanism more basic underlying it? If so, what is its nature and ontological status? Is Bruner's "cultural psychology" a psychology appropriate only to this culture? If so, will it be a psychology that helps to address the weaknesses and limitations of such a culture, or one that only serves to accentuate its existing inequities? Try as he might to reassure us, Bruner remains confronted with the spectre of relativism and the ambiguous, if not "paradoxical" (Husserl, 1970), nature of intentionality. With his help, however, we have new and interesting concepts with which to re-enter this ongoing debate.

## References

- Bruner, J.S. (1986). *Actual minds, possible worlds*. Cambridge: Harvard University Press.
- Dennett, D. (1991). *Consciousness explained*. Boston: Little Brown & Company.
- Edelson, M. (1992). Can psychotherapy research answer this psychotherapist's questions? *Contemporary Psychoanalysis*, 28, 118-151.
- Gergen, K.J. & Gergen, M.M. (1986). Narrative form and the construction of psychological science. In T.R. Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct*. (pp. 22-44). New York: Praeger.
- Howard, G.S. (1991). Culture tales: A narrative approach to thinking, cross-cultural psychology, and psychotherapy. *American Psychologist*, 46, 187-197.
- Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology* (D. Carr, Trans.). Evanston: Northwestern University Press.
- Nisbett, R.E. & Wilson, T. (1977). Telling more than we know: Verbal reports on mental processes. *Psychology Review*, 84, 231-259.
- Polkinghorne, D.E. (1988). *Narrative knowing and the human sciences*. Albany: State University of New York Press.
- Sarbin, T.R. (1986). The narrative as a root metaphor for psychology. In T.R. Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct*. (pp. 3-21). New York: Praeger.
- Sarbin, T.R. (1990). The narrative quality of action. *Theoretical and Philosophical Psychology*, 10, 49-65.
- Scarr, S. (1985). Constructing psychology: Making facts and fables for our times. *American Psychologist*, 40, 499-512.
- Schafer, R. (1980). Narration in the psychoanalytic dialogue. *Critical Inquiry*, 7, 29-53.
- Schank, R. (1990). *Tell me a story: A new look at real and artificial memory*. New York: Scribner.
- Spence, D. (1982). *Narrative truth and historical truth: Meaning and interpretation in psychoanalysis*. New York: W.W. Norton.
- Strauss, J.S. (in press). The person with schizophrenia as a person: II. Approaches to the subjective and complex. *British Journal of Psychiatry*.
- Larry Davidson, Ph.D.  
New Haven

\*\*\*\*\*

## Book Review

*Consciousness Explained*, by Daniel C. Dennett. Boston: Little, Brown and Company, 1991.

Like Wittgenstein, who believed he had solved all the problems of philosophy, Daniel Dennett boldly proclaims the solution to the mind-body problem. *Consciousness Explained* is less an argument against dualism than an attempt to replace dualistic metaphorical language with a radically different conceptualization of mental life.

We think like dualists because our conceptual language for mental life is framed in dualist terms. Thinkers like John Searle argue that no mechanical device, collection of cells or computer program can possibly have mental states like knowing, thinking or feeling. In his Chinese room metaphor, Searle asks us to imagine a programmer that cannot understand Chinese, locked in a room with sophisticated software for answering questions in Chinese. This program is so effective that it cannot be distinguished from a native speaker of Chinese. The programmer inputs Chinese symbols, the program produces Chinese output, but according to Searle, it is obvious that no part of the system "understands" Chinese.

Dennett insists that to truly conceive of a program that could provide responses indistinguishable from those of a native speaker one must imagine software containing detailed knowledge about the world, complex capacities for observing its own functioning, and multiple levels of knowledge and meta-knowledge. When we truly imagine such a complex program from an artificial intelligence perspective it is no longer obvious that such a program does not "understand" Chinese. Searle's metaphor seems to disprove materialism because we find it so hard to imagine non-dualist explanations for consciousness. Dennett guides us through exactly such an attempt. His goal is to break "... the spell of the enchanted circle of ideas that made explaining consciousness seem impossible." (Dennett, p. 455).

## Consciousness

We tend to think of consciousness as a unitary phenomenon, continuous over time, looking out at the world and into itself, the eye of the mind. Consciousness is unitary only in retrospect, in consciousness's own retrospective reconstruction. The simplest example of the discontinuity of consciousness is saccadic suppression. We imagine that the world is present to us and static, and we "look" at it. Actually our eyes dart about in unending saccades. This whirl of data is suppressed, translated into a stable "virtual world". Similarly we all have a blind spot or scotoma at the point where the optic nerve enters the retina. This lack is never perceived, the brain never looks for data, there is no "epistemic hunger" for information at the blind spot. The brain constructs a visual field with an illusion of unity and continuity.

The first computers were built to match what we thought minds were like — unitary and sequential. They were built as serial processors, where a central processing unit receives stored data and processes commands one by one. Such a serial computer truly has a unitary "consciousness", it processes information single data bit by single data bit. Our brains are actually parallel processors, with literally millions of data processing units operating simultaneously and in parallel. "Awareness" in such a system is less intuitively clear, and less consistent with our dualist metaphors. A single central processing unit is analogous to mind, but we have millions of "minds" processing data all at once.

Dennett proposes that consciousness is the result of the competitive process of various mental elements striving for primacy; much like a political process, where various groups vie for power, form alliances to solidify control, dissolve into factions. Retrospectively, the brain constructs out of this melange a continuous and coherent narrative thread as it describes to itself its own processes. Dennett calls this model of consciousness the Multiple Drafts Model.

The self, the "I", is a "center of narrative gravity". There is no unique individual essence that constitutes personhood or identity, there is a "subject position in the infinite web of discourses" that we make to ourselves, about ourselves and about the world. Selfhood is a convenient abstraction for describing the multiple competing fields of awareness, just as the concept of a center of gravity of an object is a convenient summary of the fact that every part of every object attracts every other part. For this concept of self, Dennett borrows the term "semiotic materialism".

## Phenomenology and Heterophenomenology

How are we to understand the ontological status of the mental world? To understand Dennett's contribution to this ancient question, I must introduce you to two of his characters: Feenoman the forest god and Shakey the robot. Feenoman is a deity of yet undiscovered people. When anthropologists first learn of Feenoman, they face a choice. They believe in Feenoman and convert to the cult, becoming Feenomanists like the native people, or they can study Feenoman and become Feenomanologists. To be a Feenomanologist means to accept Feenoman as a fictive reality, an intentional object. He has the same ontological status as Huck Finn or Sherlock Holmes. Our job is to study the belief system and remain neutral regarding its truth. The true believer, the Feenomanist, will find this stance frustrating. "But Feenoman really exists!" he will insist. But like the psychiatrist with his delusional patient, the Feenomanologist must nod knowingly and say, "Of course, I understand that you believe that," and go on with the work of trying to understand the belief system.

The metaphor and pun are self-evident. Mental events must be accepted as important fictive realities, but not necessarily as reality. Phenomenology and introspection can elucidate how things seem to us because of the way our consciousness is structured, but gives us no privileged insight into how our brains really work.

This issue is further clarified in Dennett's description of Shakey the robot and his unique mental states. Shakey was a motorized box on wheels with a visual sensor connected to a computer. He lived in a few rooms with scattered boxes, pyramids, ramps and platforms. Shakey could follow simple commands like "push the box off the platform" by finding the proper box, locating a ramp, and so forth. Furthermore, Shakey had a television monitor on which an observer could watch Shakey process visual input. In finding a box, for instance, a grainy image of a box would appear on the monitor. This image would marvelously purify and rectify until a clear line drawing of a box would appear.

Shakey processed visual input with a line semantics program that could identify certain visual characteristics like angles and vertices. This program could analyze digital readouts from the sensor to locate objects, and the television monitor illustrated for the observer what was going on "inside" Shakey as he identified an object. But Shakey did not find objects by gradual image transforma-

tions, he performed repetitive operations on a series of 0's and 1's as he analyzed visual input. If we could ask Shakey how he found a box, he might respond on one of three levels: 1) "I scanned a long series of 0's and 1's," 2) "I identified dark-light boundaries with angles of certain types," or 3) "I found something that looked like a box". All these answers are correct, what Shakey would say would depend on how much access he had to his own perceptual processes. If he knew very little about how his hardware worked, he would give the second or third level response.

Dennett argues that we evolved not to know the workings of our brains; by introspection we can only give second or third level responses. Shakey might exclaim "How can you know what I'm thinking?" but the informed programmer would in fact know more about what and how Shakey was thinking than Shakey himself. A phenomenological perspective is necessarily limited by the kind of information we can access by introspection. That level of access has been designed into the system by evolutionary forces.

## The Evolution of Consciousness

Consciousness, like any trait, has evolved according to the principles of natural selection. Dennett sees the origins of consciousness in the primitive alerting responses of organisms. In response to potential danger a primitive organism globally alerts its total nervous system, stops whatever else it is doing, and searches the environment for potential sources of danger. This is such a productive behavioral strategy that over time vigilance became exploration or the acquisition of information for its own sake. As the information obtained becomes more complex, an organism must develop means of prioritizing data. Without priorities no long term projects can be planned and the organism's attention is in danger of being continually being captured by novel stimuli. To plan effectively, the brain must "represent" data internally. A zebra that has seen a lion must not forget where that lion is, even when he is not looking at him.

In humans, this capacity for representation has grown in exponential terms. With the development of language, skills gained through representation could be communicated to others. In social groups, when a person was "stuck" on a problem, he could ask others for help and guidance. In Dennett's view, true consciousness began at the moment when a human asked for help when no one was there — and got an answer. Language suddenly

became useful not only for representing the world, but also for representing internal states. Through internal vocalization humans could access internal neural systems indirectly. One part of the brain could, as it were, ask another part which it could not directly access for information through language and imagery. When the brain learns to access and represent its own internal states it becomes conscious.

With the development of consciousness and language a new stage in evolution began, cultural evolution. Ideas and advances can be so quickly exchanged through cultural means that natural selection became irrelevant for human development. In our world the most important replicators are not DNA molecules and genes, but ideas or cultural units. Dawkins coined the term "memes" for these replicating discrete cultural units. Memes can be embodied in texts or tools, but are independent of those embodiments. Plato's original texts may be lost, but the ideas persist both in other brains and in millions of physical copies and translations. We live in a world replete with memic structures perceptible only to humans. Memes can spread with astonishing rapidity and, in a sense, "infect" brains. Memes sometimes spread not because they are true and good and useful, but simply because they are good replicators. Like millions of others, my brain has been infected by the musical theme from "The Flintstones". That meme will probably remain with me always, for no purpose other than its own survival.

Consciousness itself is huge complex of memes. Onto our immensely plastic brain architecture we have imposed a virtual machine; a machine made not of wires or neurons, but of rules. The word processing machine on which I type this document is a virtual machine; on this same hardware I can play solitaire or do a spread sheet. Various virtual machines takes turns occupying the same hardware. Similarly the brain embodies consciousness, a virtual machine with a complex memic structure that utilizes my brain hardware.

## Discussion

Does Dennett succeed in making materialism thinkable? Has he provided an effective conceptual model for understanding mental phenomena? Dennett clearly provides a brilliant and provocative accounting of mind, as I hope this brief summary has shown. One can't help but think about mental events differently and more clearly after reading Dennett.

In strictly clinical terms, Dennett provides clear and cogent models for understanding complex medical phenomena. His description of neglect syndromes as deficits in "epistemic hunger" is among the most lucid I've read. Semiotic materialism provides a useful tool for describing the pathology of multiple personality disorder; in semiotic materialist terms it is a disorder in the way the self describes itself to itself. Dennett's discussion of memes and "infection" by memes suggests cognitive models for mental illness; the depressed brain is infected with negative thoughts. The idea that consciousness is discontinuous fits the way that writers and artists describe the creative process. An artist is inspired, ideas come from somewhere other than the self. Classically, every epic poem begins with an invocation disavowing authorship by the author.

Much of the resistance to materialism stems not as much from the doctrine itself, but from its implications or perceived implications with regard to ethics, spirituality and teleology. Dennett makes a brief and ambivalent attempt to address these concerns. The virtual machine that is consciousness, and narrative self that is us, inhabit our brain hardware, but are not strictly dependent on it. Is this "software self" some echo of the dualist ghost in the machine creeping in at the margins of the text? Dennett even faintly suggests a possibility of eternal life:

"If what you are is that organizer of information that has structured your body's control system (or, to put it in its usual more provocative form, if what you are is the program that runs on your brain's computer), then you could in principle survive the death of your body as intact as a program can survive the destruction of the computer on which it was created and first run." (Dennett, p. 430)  
Can the self really be downloaded to some great floppy disk in the sky?

Perhaps it is enough for Dennett to have solved the mind body problem, we mustn't ask him to solve ethical and spiritual dilemmas as well. Dennett has indeed provided a clear, articulate, provocative and highly readable account of this philosophical conundrum.

Greg Mahr, M.D.  
Detroit

\*\*\*\*\*

## Philosophy and Psychiatry in the Literature

Citations and brief notes about recent articles dealing with philosophy and psychiatry

Hardcastle, Valerie Gray. "Reduction, explanatory extension, and the mind/brain sciences." *Philosophy of Science* 59, 408-428, 1992.

Using Philip Kitcher's concept of explanatory extension, Hardcastle delineates a response to the rejection of reductionism in neuroscience and psychology. Explanatory extension refers to the tendency for one theory to "illuminate" (bring to attention) limitations or omissions in another theory. These limitations could be problematic presuppositions or insufficiently bounded (defined) predicates. She provides developmental and visual system examples, but I realized applications from psychiatry and neuroscience in reading her paper.

Fulford, K.W.M., Smirnov, A.Y.U., and Snow, E. "Concepts of disease and the abuse of psychiatry in the U.S.S.R." *British Journal of Psychiatry* 162, 801-810, 1993.

I usually find the psychiatric-abuse-by-Soviets literature quite dull and laden with smug holier-than-thou overtones. Not so here. Fulford and associates embed the abuse of psychiatry in the same muddle that the rest of Western psychiatry is in, that is "What is mental illness?" They illustrate how the ignoring of value dimensions in the definition of disease and illness leads our profession into vulnerability to abuse.

Kopelman, Loretta. (ed.) "Philosophical issues concerning psychiatric diagnosis", a thematic issue of the *Journal of Medicine and Philosophy* 17, (2), p. 121-261, 1992.

Occasionally JMP dedicates an issue to philosophical/ethical issues in psychiatry. This is a fine one on psychiatric diagnosis, and the range is broad. Herbert Harris and Kenneth F. Schaffner explore the meaning of reductionism in psychiatry in "Molecular Genetics, Reductionism, and Disease Concepts in Psychiatry." In "A Sex Caused Inconsistency in DSM-III-R: The Definition of Mental Disorder and the Definition of Paraphilias," Bernhard Gert raises a subtle but convincing issue with paraphilia

criteria specifics. Michael Kligman and Charles M. Culver provide an exhaustive philosophical and linguistic analysis of interpersonal manipulation in their paper "An Analysis of Interpersonal Manipulation." In the last issue of this newsletter I noted Carl Elliott's paper on responsibility and duress. In this issue of JMP he applies some of these concepts in depth to the problem of the psychopath. See "Diagnosing Blame: Responsibility and the Psychopath." Sue V. Rosser contributes what I think is the best single review of the feminist critique of psychiatric diagnosis and classification in "Is There Androcentric Bias in Psychiatric Diagnosis?" Mary Briody Mahowald provides an intriguing proposal to reclassify Anorexia Nervosa as a gender identity disorder in "To Be or Not To Be a Woman: Anorexia Nervosa, Normative Gender Roles, and Feminism." James L. Mathis provides an overview of continuing problems in psychiatric diagnosis in "Psychiatric Diagnosis: A Continuing Controversy."

John Z. Sadler, M.D.  
Dallas

\*\*\*\*\*

*The Association for the Advancement of Philosophy and Psychiatry was established in 1989 to promote cross-disciplinary research in the philosophical aspects of psychiatry, and to support educational initiatives and graduate training programs.*

*President*

Michael A. Schwartz, M.D.

*Vice President*

George J. Agich, Ph.D.

*Secretary*

James Phillips, M.D.

*Treasurer*

John Z. Sadler, M.D.

*Executive Council*

Alfred M. Freedman, M.D.

K.W.M. Fulford, DPhil, MRCP, MRCPsych

Jerome L. Kroll, M.D.

Paul R. McHugh, M.D.

Kenneth F. Schaffner, M.D., Ph.D.

Phillip R. Slavney, M.D.

Manfred Spitzer, M.D., Ph.D.

Mark D. Sullivan, M.D., Ph.D.

Edwin R. Wallace, IV, M.D.

Osborne P. Wiggins, Ph.D.

*Administrative Secretary*

Linda Muncy

Department of Psychiatry  
UT and Southwest Medical Center

5323 Harry Hines Blvd.

Dallas, TX 75235-9070

Telephone: (214) 688-3390

FAX: (214) 688-7980



Association for the  
Advancement of  
Philosophy and  
Psychiatry



printed on recycled paper