AA P&P Association for the Advancement of Philosophy and Psychiatry

Newsletter

Volume 2, Number 1 **1994**

From the Editor

As the following pages reflect, much has been accomplished in AAPP over the past year: a growing membership, a successful, expanded annual meeting, further development of local groups, involvement in international meetings, the publication of the first AAPP sponsored monograph, close relations with the UK group, the joint launching of *PPP*, and the joint planning of the First International Conference for Philosophy and Psychiatry to be held in early 1996 in Southern Spain.

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Should a newsletter devoted to philosophy/psychiatry occupy itself with psychiatrist Peter Kramer's recent best-selling *Listening to Prozac*? While not exactly claiming to offer a treatise on philosophy and psychiatry, the author does argue that the Prozac phenomenon has "the power to influence the way we understand human nature." Since the book raises many questions which challenge our shared interests, I will devote this column to a brief review.

I hasten to point out that the entire book is predicated on the putative character-transforming effects of Prozac. Dr. Kramer indulges himself rather effusively in hyperbolic descriptions of the drug's transformative powers ('transformation' and its cognates are used repeatedly throughout the book). He reports that he "had seen patient after patient become...'better than well'." Now unless patients in Providence are pretty different from patients in New Haven, where I can assure you results with Prozac are more modest, this heady language better serves the purposes of journalistic dazzle than those of dispassionate discourse. Engaging the issues raised in the book, then, requires allowing a bit of poetic licence: if we had a medication that did all that Kramer claims of Prozac (and that we can all agree it at least does somewhat), what questions would it raise about character, biology, and so forth?

Kramer organizes much of his discussion around character traits rather than the usual diagnostic categories. By focusing on such traits as compulsiveness, rejection-sensitivity, social inhibition, and low self-esteem, he is able to argue that Prozac exercizes its effects on personality rather than on specific pathologic conditions. However, since his notion of character or personality remains so much at the level of a collection of traits, the book suffers (from a philosophic perspective) from this thin treatment of personality. In a book

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UK Update

In the jargon of corporate enterprise, this has been a year of consolidation and growth for the UK Group! There has been an active programme of meetings, expansion of both local groups and international links, new initiatives in education and training, and the appearance of our joint venture with AAPP, the new journal, *PPP - Philosophy, Psychiatry and Psychiatry.*

The highlight of the year was our Annual Meeting organised in Newcastle by Adel El-Sobky (a psychiatrist) and Mike Bavidge (a philosopher) on the theme of "Psychiatry, Religion and Contemporary Experience." A lively and varied programme ranged from formal philosophical and phenomenological presentations (radical theology, the nature of suffering, spiritual experience in mental health), through pastoral and clinical topics, to a modern dance interpretation of Aquinas. The breadth of the meeting was reflected in our two keynote speakers, Professor Andrew Sims (the immediate past President of the Royal College of Psychiatrists) and the Right Reverend Bishop of Durham.

We were delighted to welcome Michael Schwartz to Newcastle. His *tour de force* on "False Messiahs and Messianic Beliefs" drew together many of the themes of the conference. His talents as an impromptu after-dinner speaker were greatly admired (not least by the Bishop, who was heard to whisper "what a relief to find a bunch of psychiatrists with a sense of humour!") Michael's visit was also the occasion for us to hatch a plan with the Meetings Organiser at the Royal College, Jean Wales, for the first International Conference on Philosophy and Psychiatry, but more on that later.

Local representation has developed strongly this year. A notice in our Newsletter (which is really more of a news sheet brought out at the start of each academic term) produced many new volunteers. We now have local representatives, including philosophers and psychologists as well as psychiatrists, covering most university towns and main medical schools. There are new local groups in places as far apart as Essex, Leeds and Edinburgh, and larger regional groupings for Scotland and the North West of England.

It is particularly through local groups that our programme or meetings and workshops has been pushed forward. The North-West region organised an inaugural conference on the Concept of Mind and its Implications for Clinical Practice. The Scottish Group held their inaugural conference towards the end of the last academic year in St. Andrews and are now meeting regularly three times a year, their last conference being on Philosophical and Psychiatric Perspectives on Personality Disorders. Other meetings have included Phenomenology and Psychiatry (London), Ethics (Edinburgh), Cause and Effect in Psychiatry (Essex), Research Methods (Birmingham) and Legal Insanity (Oxford). We have also continued our programme of Autumn Research Workshops at the Royal College, last year's series including papers on social causation, personal identity, consciousness, insight and

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criminality—a rich mixture!

The strength of our programme of meetings and conferences reflects the growing interest in psychiatry among philosophers in the UK. The Scottish Section holds its meetings in conjunction with the Scottish Philosophers Club and the Scottish Postgraduate Philosophy Association. Strong support has also been given by the Royal Institute of Philosophy in London. As well as generously agreeing to act as Academic Sponsors for PPP, the Royal Institute organised the whole of its winter lecture series on philosophy and psychiatry. The series is very widely publicised and brings together all the most well known philosophers in a given field. The topics in this year's series included personal identity, rationality, the mind-body problem, aesthetics and connectionism. The speakers included both up-and-coming philosophers and such established figures as Rom Harre, Kathy Wilkes, Dan Robinson (from Georgetown University) and Lord Quinton.

We are particularly grateful to Professor Phillips Griffiths (Griff) who has recently retired as Head of Department at Warwick University for organising these lectures. Griff is editing a book from the series under the title *Philosophy, Psychology and Psychiatry* (another combination of P's!).

Perhaps the most exciting development this year has been the new internationalism in philosophy and psychiatry to which both the UK and American groups have contributed. This was highlighted by the recent conference in Paris on "Philosophy and Medicine" organised by the European Society for Philosophy of Medicine and Healthcare with the support of a number of groups, including AAPP and the Royal College Group. A few years ago there was virtually no psychiatry in the equivalent conference. This year, out of a five-day conference, with no less than six parallel sessions each afternoon, somewhere between a third and a half of the topics were concerned with psychiatry or psychology. And in the bars and street cares of Paris (where else for a new international movement!) plans were discussed for new national organisations in Japan, Scandinavia, Italy, Rumania, France and Germany.

The First International Conference for Philosophy and Psychiatry planned for early 1996 in Southern Spain, will act as a focus for all this activity. The conference office at the Royal College has agreed to handle the administration of the conference with our two established groups, and perhaps new national groups, acting as sponsors. We hope that the conference will bring together the key people from around the world, and that from it will spring the International Association for Philosophy and Psychiatry which, through PPP, will help to give our developing discipline shape and direction.

Looking to the future, training resources for both philosophers and psychiatrists remain limited in the UK, as in the States. Derek Bolton and David Papineau repeated their popular course on "Philosophy of Science and Mental Health" at Kings College this spring. In Sheffield, the MA course "Philosophy, Science and Society" is flourishing. Indeed it has recently been recognised by the Education Science Research Council with "maximum weighting" for research training and as a priority area for further development. Within the Royal College there are moves to incorporate aspects of philosophy into psychiatric education, both for trainee psychiatrists and as an aspect of continuing professional development. So things *are* moving. But there is a real need for new Courses, new teaching materials, reading lists and so forth.

K.W.M. Fulford, D. Phil., MRCPsych.
Oxford

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International Activities

AAPP cooperated with the Organizing Committee of the "Informed Consent in Psychiatry: Cross-Cultural and Philosophical Issues" conference held in Benevento, Italy on May 26-28, 1994. Two Executive Council members, George Agich and Bill Fulford, served on the International Scientific Committee, and both gave presentations at the meeting. George Agich presented a paper entitled, "Consent Conundrums in Psychiatry: A Philosophical Appraisal" and Bill Fulford provided the concluding lecture summarizing the conference high points.

AAPP also cooperated with the Royal College of Psychiatrists Philosophy Group to organize sessions at the First World Congress on Philosophy and Medicine in Paris, France, May 30-June 4, 1994. The Paris meeting had over 500 attendees from 37 nations with 234 presentations. Despite its size and complexity, the Congress managed to maintain an air of congeniality. Three parallel sessions were organized with the following titles: "Consent in Children: Case Law and Practice," "Philosophy and Psychoanalysis: Contrast and convergence," and "Personal Identity and Psychopathology." Coupled with other sessions dealing with philosophical aspects of psychoanalysis and psychiatry, the philosophy of psychiatry had a pronounced presence at this important international meeting.

Efforts are underway to assure that AAPP members have advance information on such meetings and opportunity to submit abstracts or papers for presentation . Further information on either the Benevenuto or Paris meeting can be had by contacting George Agich.

George J. Agich, Ph.D.

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Local Groups

Consistent with AAPP's goal of fostering interdisciplinary research in philosophy and psychiatry, the Executive Council has welcomed and encouraged the development of local groups. Queries about local groups often betray assumptions about AAPP's policy and procedures regarding local groups, for example, that local groups have some formal relationship with AAPP and must be organized in accordance with AAPP guidelines. Neither of these assumptions is true. While AAPP has encouraged the development of local groups, the local groups that now exist are the result of local and individual initiative and conception. Programs conducted by these groups and the papers presented and discussed vary considerably from one group to the next. This is in keeping with the diversity of interests that are arrayed under the conjunction of philosophy and psychiatry. The groups that currently exist: Cleveland, New Haven, Seattle, and Washington represent the interests and willingness of local organizers to tie their activities into a wider framework. The Executive Council believes that one impediment to the field is the lack of a professional identity.

AAPP was extablished to promote and develop the field. AAPP's sponsorship of the journal, *Philosophy, Psychiatry, and Psychology*, and its annual meeting program and other conference activities have been directed toward this end. Local groups continue this work in a different direction, one that will ultimately prove or disprove the AAPP's founding purpose, namely, to promote cross-disciplinary research in philosophical aspects of psychiatry. The Newsletter hcluded discussion of the activities of lo-

al groups in order to hold them forth as examples of what has been done, but not as templates for the formation of new groups. The Executive Council hopes that local groups can provide the focus not only for research and teaching in philosophy and psychiatry, but can provide leadership in organizing conferences and special meetings. In this regard, particularly successful activities or programs developed in local groups might be given a wider impact through the offices of AAPP.

George J. Agich, Ph.D.

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Seattle/University of Washington Local Group

I started our Philosophy and Psychiatry group about three years ago with assistance from our Residency Training Director (a former Lacanian turned family-systems therapist), our chairman (a behavioral neurologist), and a psychologist (a couples and sex therapist, former psychophysiologist). Our chairman had a good experience with a similar group when he was at Dartmouth with Chuck Culver and Bernard Gert. While that group was ethical in focus, our group has had a mind-brain emphasis.

From the start, we thought an interdisciplinary group would be more interesting than a group composed solely of psychiatrists. Other regular members of our group include: a neurosurgeon who is head of our multidisciplinary pain center, a psychoanalyst who formerly ran the mental health section of the Indian Health Service, an anthropologist interested in psychological anthropology, a psychiatrist who runs our primate research center, a neurophysiologist who writes popular books on brain evolution and cognition, a psychologist who does hypnosis for pain, and a psychiatrist interested in Buddhist approaches to substance abuse treatment. We have tried to enlist philosophers, historians, and evolutionary biologists at times in the past without success.

We have monthly meetings on the third or fourth Thursday of the month. We meet in the cafeteria for a bite at 5:30, then move to our conference room for the meeting from 6:15-7:30. At our meetings we generally discuss a paper-in-progress by one of our participants. Sometimes we will invite someone else from the University to present on an interesting topic, e.g. qualitative research. We try to read things written by members of the group because the discussion is more lively, focused, and productive than when we read something written by somebody else. Publishing in the area also turns out to be a great litmus test for who would be a good group member. We take volunteers at each meeting to present for the next meeting. I take responsibility for finding someone to present if no one volunteers and I distribute the papers beforehand.

As you might guess, the topics we have discussed are quite diverse. They have included: "Why the mind is not in the brain," Pain in language: from sentience to sapience," Organic Mental Disorders in DSM-IV," "A hexagonal model of cortical function that accounts for cognitive novelty," "The Diagnosis of Disability: treating and rating patients in a pain clinic," "Psychoanalytic and Anthropological perspectives on Moral Relativism," "Mindless Psychoanalysis, Self-less Self-Psychology, and the Elusiveness of Reality." Many papers have been published following presentation. I find I often get better feedback in this group than I do at national meetings. Different members are engaged by different topics as might be expected from such a diverse group. Not everybody comes every time. We usually get 6-8 people in attendance.

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Writing an Effective Abstract for the AAPP National Meeting

After several years of chairing the Annual Meeting Program, I have noticed a number of common themes that are associated with successful as well as unsuccessful abstract submissions. Unfortunately, some of the common errors can mar an otherwise attractive abstract. I thought sharing some of these themes would be of benefit to the AAPP membership. Examples of good abstracts can be found in our Annual Meeting Programs, as the abstracts there are exactly those accepted for presentation.

A good abstract for AAPP is analogous to a good science abstract. It should define the problem to be considered, summarize the approach to the problem, and synopsize the major arguments and conclusions of the inquiry. Typical problems with AAPP abstracts include the following:

1. *Failure to comply with submission guidelines.* This seems obvious, but it is a major factor in rejection. The abstracts are 250-500 words in length, require a separate cover sheet with author(s)'s name, and must be postmarked by the deadline. The extended length is to enable more explanation and development than in a conventional scientific abstract. The separate cover sheet is to enable blind review of the abstract. The deadline is a practical inevitability. Once the requirements are met, strategy can be useful. Structure your argument carefully, and make every sentence count.

2. *Lack of focus.* This is perhaps the single most common content-related problem I see in submitted abstracts. The typical case is an unspecified or too-broad focus. Always begin your abstract with a clearly-stated focus or summarizing statement of the clinical/research problem. This rarely requires more than a few sentences. Often our reviewers see extensive arguments explaining why the problem is a worthy one, as if the author will be rejected before he/she can get started. Authors need not convince AAPP referees of the value of philosophical inquiry; to do so is preaching to the converted. Instead, you should *demonstrate* the value of your inquiry to *this* particular problem. The referees want to see a clearly defined conceptual/philosophical problem, a method relevant to the problem, a brief outline of the approach or arguments, and the major conclusions.

3. *Focus well defined, but undeveloped.* This problem is closely related to #2 above. Many authors spend too much time and space setting up the problem, and spend too little time and space describing their approach and conclusions. The reviewer has no choice but to conclude that the author has not carefully thought through his/her approach and/or conclusion(s). In many cases, this may be the case. If you prepare an abstract without knowing exactly what you want to say and how you want to say it, it will very likely be evident to the reviewer.

4. *Smaller is better.* Authors often choose a focus that is far too ambitious for a 30 minute oral presentation. After centuries of discussion of the mind/body problem, our referees will be skeptical about your ability to resolve it in thirty minutes or less. Instead, pick a particular psychiatric/psychological problem embedded in the bigger issue, and examine the smaller problem thoroughly. Keep in mind that you are presenting your ideas orally,

and your listeners will not be able to read over the difficult sections of your work. Therefore, keep the pace of your arguments slow. Avoid dense language, minimize jargon, and simplify arguments. Regarding the latter, if you find yourself having difficulty trimming your argument, it can indicate your project is too ambitious, and the focus should be narrowed. If you are adapting your paper from a larger work such as a full size article or book, you will certainly need to narrow the focus. Choose a single example of the problems you wish to address, and show us your approach by applying it to the example. Or, choose a particularly interesting finding or concept and explore it in depth, referring the listener to your prior or larger work(s).

5. *Remember the thrust of the organization.* Occasionally we receive papers that are quite good, but the relationship to the stated interests of AAPP are not clear. Clinicians in AAPP are generally interested in philosophical approaches to clinical (or empirical research) problems. Philosophers in AAPP are generally interested in the unique kinds of data or experience clinicians are privy to, and are interested in using this information in approaching philosophical problems. In summary, this means that your paper should have both psychiatric/psychological clinical relevance and philosophical relevance. A paper that broadly deals with (for example) philosophy of science issues will be of less interest to us than one that uses (for example) a philosophy of science approach to a clinical mental health problem.

Occasionally authors have called me (214-648-3390) to ask for advice in developing an abstract. This is welcome (at least at this point) with the size of our group. In any case, I hope these comments will assist you in preparing your next AAPP abstract.

John Z. Sadler, M.D.
Program Chair
AAPP Annual Meeting

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The Annual Meeting: A Personal Look and Beyond

Philosophy lives on lively discussions of pressing issues by people involved in practical pursuits. The May meeting of our association—which after all consists mainly of practicing physicians and psychologists—was characterized by such lively discussions. Jennifer Radden presented a paper on psychiatric classification as shaped by the Kantian view of the mind. In particular, she argued that the Kantian distinction between affective and cognitive states influenced present-day psychiatric classification of mental disorders. Later that day, we heard about Freud, Wittgenstein and the mind-body problem (Joseph Liozzo), about John Murray's contribution to psychiatry (Robert Daly), Hans Küng's theological commentary on psychiatry (Greg Mahr), as well as about Popper, Grünbaum, and the problem of induction (John O'Neil).

The morning of the next day was spent on the interface between cognitive neuroscience and psychiatry (Manfred Spitzer, Patricia Kitcher, and Michael Schwartz), while in the afternoon we had presentations on Hegel's philosophy and the doctor-patient relationship (Bruce Levine), on Heidegger's contribution to psychiatry (Louis Berger), on the question of psychical reality (Marilyn Nissim-Sabat), and on naturalism and the evolution of psychiatry (Paul Hoff). As can be seen from the themes, the program was diverse, and so was the discussion.

Our group is certainly strengthened by the new journal, *Philosophy, Psychiatry, & Psychology* (*PPP*), which should facilitate interdisciplinary discussions and bring them to a wide audience. If we look back only five years, it is amazing how things have moved along. We started out as a handful of people on a hotel porch in Augusta, Georgia. We had several days of informal discussions there in a quiet and friendly environment, and it turned out that we all had become interested in what we were doing because we were disillusioned with some aspects of psychiatry. We felt the need for further clarification in a sense that goes beyond technical aspects of data collection and analysis. We came from different backgrounds, but our common view was that the psychiatry of the late 1980s with its concern about descriptive psychopathology, classification, and nosology—even though it made progress—did not address a number of issues we found pressing. We had more discussions and small meetings, and we published papers and books inspired by these common activities. The recent book edited by John Sadler, Michael Schwartz, and Osborne Wiggins is one of the most visible results of these activities.

Five years after we started AAPP the situation of psychiatry has changed. We live in the decade of the brain, and we constantly witness the rapid progress of neuroscience. This brings along a different set of problems and questions for present-day psychiatry—and these questions are, again, in part philosophical ones. In fact, neuroscientists themselves have turned to philosophy to a great deal lately, as may be seen by recent books written by some of their most prominent representatives (cf Crick 1993, Damasio 1994). In my view we have to take note of these developments in psychiatry and direct our activities in this direction. We have started to do so during this year's meeting, and we should go further in this direction. We should have discussion groups about recent neuroscience findings, and we have to invite neuroscientists to our meetings in order to be able to discuss the implications of specific new data and theories for psychiatry. In other words, we have to face the fact that psychiatry is moving from questions of classification to questions of neurobiological etiology. This not only concerns the classic psychoses, but also reactive and personality disorders. Peter Kramer's recent book (and its enormous success) make it clear that psychiatrists will have to face tough questions in the near future for which they are little prepared. In my view, the meetings of our group have been, and in the future should be, attempts to play a role in the discussion of important, basic psychiatric issues, whatever they have been and will be. The more we learn about the brain, the more will we be puzzled by counterintuitive and at times totally unexpected results. At times these results have direct philosophical (which here means general) implications. We should look forward to discussing them in meetings to come.

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Heidelberg

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Rethinking Cognitive Science

A review of G. Lakoff, *Women, Fire, and Dangerous Things: What Categories Reveal about the Mind*, Chicago: University of Chicago Press, 1987; and F. Varela, E. Thompson, and E. Rosch, *The Embodied Mind*, Cambridge: MIT Press, 1991

Cognitive science has been declared the new science of mind[1]. Indeed, cognitive science, with its focus on computational models and its interdisciplinary approach, is an exciting and novel paradigm in the psychological sciences. Cognitive science includes the subdisciplines of cognitive psychology, artificial intelligence, linguistics, neuroscience, anthropology, and philosophy. It unites these fields around computational modes of the mind (e.g. schema models, neural networks). The self-conscious inclusion of philosophy makes the field a particularly interesting one for readers of this newsletter.

An immediate question for the clinician is that of the relationship between cognitive and clinical science. In recent years a promising interchange has in fact been started between the two fields[2]. Cognitive science constructs and methodologies have been employed at the cutting edge of both cognitive-behaviorally and psychoanalytically informed work. For example, schema theory has been extensively used by such disparate workers as Beck and Horowitz. Similarly, neural networks have increasingly been used to model various psychiatric disorders.

However, there also seem to be important restrictions on the integration of cognitive and clinical science. While emotion has been tackled by some cognitive scientists, the very name of the field suggests that affective experience may be neglected, or at best, radically reformulated, in the new science of mind. Similarly, a purely cognitive focus seems to ignore the fact that cognitive processes take place within the context of human interaction.

Indeed, within cognitive science a split has developed between the symbolic cognitivists, who adhere strictly to the early cognitive science position that mind entails the computational manipulation of symbols, and the situated cognitivists, who argue that cognitive processes are embedded in human activity, and that cognitive processes are enacted within the context of human interactions[3]. Cognitive processes may be doubly embodied (in the physical body, in social interaction).

The two books I review here have made substantial contributions to this kind of debate within congitive science. Both books extend the focus of cognitivist models in powerful and sophisticated ways. By doing so, they open up new spaces for the integration of cognitive and clinical science, and also suggest new ways of thinking about the intersection of philosophy and psychiatry.

Women, Fire, and Dangerous Things: What Categories Reveal about the Mind is written by George Lakoff, a linguist. The book centers around an extended argument between two positions, "objectivism" and "experientialism." Objectivism is similar to the symbolic approach within cognitive science, focusing on mind as the manipuation of symbols; experientialism is closer to the situated approach, emphasizing that "the core of our conceptual systems is directly grounded in perception, body movement, and experience of a physical and social nature" (p. xiv).

Cognitive scientists typically attempt to provide empirical evidence for their conceptual positions. Lakoff adduces a broad range of evidence, focusing in particular on research on categorization, and with an emphasis on linguistic data. Language after all, he argues, is among the most characteristic of human activities, and makes use of general cognitive mechanisms (p. 67). Included in Lakoff's fascinating exposition are wonderful data on such diverse subjects as color classification, stereotypes of women, biological taxonomies, and the ins and outs of some little known languages of the world.

Lakoff emphasizes the interactive and embodied nature of conceptual categorization (p. 65). For example, properties relevant to the description of categories are interactional properties, characterized in terms of the relationship of humans with parts of their environment (e.g. a chair is something people sit on). Furthermore, categorization is intrinsically bound up with somatic processes. Classification of colors, for example, depends on a universal neurophysiology of vision as well as on culturally based decisions.

Lakoff goes on to argue that people's cognitive models account for these categorization effects (p. 68, p. 113). Clinicians may be familiar with some kinds of cognitive models (e.g. schemas). Lakoff argues that symbols in a cognitive model may be directly meaningful (e.g. basic-level or image-schematic structures), or can be understood via their relationship to these directly understood concepts (p. 284). Basic level structures depend on gestalt perception, bodily movement and mental images. Image schema are structures that constantly recur in everyday bodily experience (e.g. the schema of a container) (P. 267). These are directly meaningful because they reflect the structure of our perceptual-motor experience, our capacity to form rich mental images, and our experience of functioning in space (p. 372). These preconceptual structures motivate metaphors that map the basic logic of bodily experience onto abstract domains. Thus, abstract reason has a bodily basis in everyday physical functioning (p. 278).

There are parts of this discussion that are likely to be too technical to be of interest to the psychiatrist-philosopher, but regular and comprehensive summaries allow a certain amount of skipping. Of more specific interest perhaps is the second section of the book, in which Lakoff outlines the philosophical implications of his view of categorization. He argues that the objectivist position cannot be sustained and that experientialism leads to new positions in philosophy of science (on knowledge, truth), language (on meaning, grammar), psychology (on computer models, representations), biology (on species taxonomy) and mathematics (on transcendental rationality). Also of particular interest to clinicians is Lakoff's detailed discussion of the conceptualization (or the logic of bodily experience) of anger, one of three case studies presented in the third part of the book.

At the heart of Lakoff's argument is the idea that if conceptual categories are embodied and imaginative, then an objective view which focuses on concepts as abstract and literal must fail. Towards the end of the book he writes, "By now, it should be clear what categories reveal about the mind. The study of categorization is the key to the study of reason. By looking at categorization phenomena, we have discovered that reason is embodied and imaginative. Reason is embodied in the sense that the very structures on which reason is based emerge from our bodily experience. Reason is imaginative in the sense that it makes use of metonymies, metaphors, and a wide variety of image schemas " (p. 368).

This argument has several corollaries. For example, knowledge cannot then be seen in terms of a "mirror of nature," but rather depends on basic-level interactions with the environment (and their

technological extensions) (p. 298). Meaning does not entail abstract relationships between symbols, but rather derives from the experience of human functioning (p. 292). Mind and body cannot be neatly separated, rather the information-processing system of the body is a joint body-mind system (p. 350). A computer model of the mind as disembodied and algorithmic must be replaced by a broader information processing model that maintains a joint body-mind position (p. 351). Biological taxonomies cannot be based on the classification of essential properties (p. 192), and mathematics cannot be transcendentally true (p. 369), but rather must be based on human rationality. At times the argument threatens to become repetitive, but Lakoff succeeds in bringing new insights into each successive topic that he tackles.

This brief synopsis may suggest that Lakoff takes an anti-realist view. Lakoff argues, however, that embodiment provides a non-arbitrary link between cognition and experience. He takes pains to explain that experientialism is a variety of realism (p. 158), and he provides a sophisticated discussion of the varieties of relativism. Another particularly sophisticated aspect of his work is the self-referential classification of categorization concepts themselves in terms of basic-level schemas (p. 283). Thus he is able to give an explanation of why classical categories themselves are so important (p. 160).

Much of what Lakoff has to say is consistent with other developments in philosophy and cognitive science. In the Anglo-Saxon tradition, philosophers of science[4] and language[5] have provided thorough critiques of the objectivist position. On the continent, a focus on metaphor and metonymy as key ingredients of human reason has characterized structuralism[6]. In cognitive science, there has been a focus on situated cognition[3].

By focusing on categorization, however, Lakoff adds new light to much of this debate. Of course this focus also excludes other aspects. For example, his discussion of the philosophy of science might have been more complete (cf Bhaskar[4]). Similarly, while Lakoff discusses the neurophysiology of color perception, neuroscience is elsewhere given short shrift. Lakoff doesn't reference some important historical work—for example, he omits Freud and Piaget—both of whom made important contributions to thinking about the somatic bases of cognitive processes. He also doesn't reference important new work within cognitive science on the cognitive psychology of science itself.

These criticisms are, however, relatively minor, given the elegance and complexity of the volume. Lakoff's book is bound to become a classic, not only because of its contribution to linguistics (helping to overturn much of Chomsky's more objectivist work), but also because of its philosophical syntheses.

The Embodied Mind: Cognitive Science and Human Experience is written by Valera, Thompson and Rosch. The central argument of the volume has a number of similarities with Lakoff's. The authors propose the term "enactive" to emphasize a position within cognitive science that states that "cognition is not the representation of a pregiven world by a pregiven mind but is rather the enactment of a world and a mind on the basis of a history of the variety of actions that a being in the world performs" (p. 9). As the title suggests, this volume again focuses on the "embodiment" of cognitive processes. The authors emphasize that this term encompasses both the body as a lived, experiential structure and the body as the context or milieu of cognitive mechanisms (p. xvi). Reading these two volumes one after the other provides one with a strong sense that cognitive science is an exciting field that nevertheless needs to grow in a number of important new directions.

However, this volume also differs from Lakoff's in a number of significant ways. Despite the fact that Rosch herself pioneered work on categorization, the focus of the volume is not on linguistics. Rather, in discussing their view of cognitive science, the authors' central exemplar is Eastern philosophy and Buddhist practice. For example, the authors note how cognitive science uncovers the nonunity of the cognizing subject and compare this with the progressive realization of a nonunified self in meditation.

The book has several strengths. The volume makes an important contribution to cognitive science by insisting that cognitive science address human experience (that cognition is embodied). The volume also tackles larger issues that have been central in postmodern discourse—including the nonunity of the self and the groundlessness of the world. Indeed, the breadth of the volume is enormous—the authors place their ideas within the context of both Western and Eastern philosophy, and they tackle the relevance of their ideas to such fields as evolutionary theory and moral philosophy.

These strengths also comprise some of the volume's weaknesses. The value of Eastern philosophy and Buddhist practice as an examplar for debates within cognitive science is perhaps moot for Western readers. Thus their discussion of the mind-body problem (p. 30) may be far less convincing for many reads than Lakoff's more empirical approach. Similarly, the specific conclusions that the authors reach, while interesting, are not always persuasive. For example, in their chapter on ethics, they argue that "In Buddhism, we have a case study showing that when groundlessness is embraced and followed through to its ultimate conclusions, the outcome is an unconditional sense of intrinsic goodness that manifests itself in the world as spontaneous compassion" (p. 253).

This leads me to the central point that I would like to make as a clinician reviewer. Certainly language is a fertile arena, and meditation is an interesting arena on which to stage the battles of cognitive science. But it would seem to me that a still richer field for these debates is that of psychopathology and psychotherapy. Interestingly, Varela and colleagues suggest at a number of points that the Western discipline closest to Buddhist practice may be certain schools of psychoanalysis (pp. 31,109,179,244). However, neither work pays the phenomena of psychopathology much attention.

Lakoff's investigation of the words of anger can, for example, readily be applied to the language of clinical phenomena. Consider for example the bereaved person. What kinds of words does the newly bereaved person use? And perhaps even more importantly, what are the typical nonverbal experiential categories that are found? For a really detailed understanding of embodied experience let us use a properly complex phenomenon. A person that is bereaved has a whole range of complex intertwined experiences including anger, sadness, and guilt. If we can figure out a cognitive model of this process (and some cognitive clinicians have already done a good job of this[7]), then we are really making progress. If we can complement such an analysis with both neuroscience (what are the biological bases of cognitive schemas of bereavement?) and anthropology (how do cultural models of bereavement affect cognitive schemas of bereavement?), then we have advanced cognitive science in an important way.

The clinic provides cognitivists with a range of phenomena that are simply not available to the cognitive scientist who works in the laboratory, or even who has a knowledge of Eastern philosophy and Buddhist practice. Psychopathology involves biological, psychological, and social levels of experience. Psychopathology and psychotherapy involve a range of dif-

ferent cognitive events and processes. The developmental course of psychopathology and the processes of change seen in psychotherapy add a dynamic component to more static cognitive science arenas. In conclusion, I would say that both of the volumes here help move cognitive science along more interesting paths. However, from the perspective of the clinician, these pathways need to be taken even further. The articulation of cognitive and clinical science remains an important future step for cognitive science.

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(Continued from page 1)

whose major argument is the ability of Prozac to "transform character," one would like an in-depth discussion of what character is. On the other hand, the focus on character change with Prozac does open up a number of complex and intriguing discussions.

The first concerns the relationship of personality traits to the accepted nosological entities. Does Prozac, for instance, really change character, or does it simply treat the varied manifestations of an affective disorder? Are Kramer's patients who describe not merely a lifting of depression but also improved concentration, memory, assertiveness, and sociability simply telling him what it feels like to be living without their chronic dysthymia? While Kramer attempts to engage this discussion, he does not rise to its enormous complexity, and he is clearly biased toward Prozac's ability to do more than treat disorders. As was suggested above with respect to personality, it is not possible to discuss these issues seriously without taking on such basic questions as the nature of personality, a psychiatric disorder, the relationship of the two, and so forth.

A second discussion stimulated by Kramer's claim of character change with Prozac concerns the respective contributions of biology and upbringing to temperament or personality. Does not Prozac's supposed ability to affect character traits tilt this long-standing debate in the direction of biology? Kramer clearly thinks so. As he writes: "When one pill at breakfast makes you a new person, or makes your patient, or relative, or neighbor a new person, it is difficult to resist the suggestion, the visceral certainty, that who people are is largely biologically determined...Drug responses provide hard-to-ignore evidence for certain beliefs—concerning the influence of biology on personality, intellectual performance, and social success—that heretofore we as a society have resisted."

Still another discussion is in the area of nosology. The DSM-III era has been one of discrete nosologic entities, and this trend was initially propelled by a new biological orientation in psychiatry and by psychopharmacology's apparent ability (e.g., lithium and bipolar illness) to target specific psychiatric illnesses. But, as Kramer rightly points out, we have with Prozac a highly successful psychopharmacologic agent that targets not only a whole range of character traits but in addition a range of diagnostic entities that includes depressive disorders, anxiety disorders, OCD, and eating disorders. The ironic effect of this psychopharmacologic success story is to wreak utter havoc with our current nosologic structure. Whatever the nosologic landscape may look like when the dust settles, the ability of the same serotonergic agent to affect such different psychiatric conditions as just mentioned will force us to see them as related in ways not suggested in the DSM-III hierarchies.

With each of these areas of discussion the problem with Kramer's book remains the same: a superficial analysis—peppered with a smattering of biopsychiatric data—of what is a terribly complex issue, combined with generalizations and exaggerations that are more the mark of journalistic hype than of serious discussion.

If Kramer does not have much to offer the philosopher or philosophically inclined clinician, the same must alas be said for the scientifically inclined reader. In this regard I refer the reader to Sherwin Nuland's review in the June 9 *New York Review of Books*. At the end of a very critical review Nuland concludes: "*Listening to Prozac* is filled with the kind of free-form thinking one might expect from an enthusiastic psychiatrist who is innocent of the ways of serious research and all too willing to release himself from the constraints that govern the objective evaluation of evidence and the logical construction of a serious thesis. The result is a psychopharmacological fantasy that, in the name of science, offers readers an exciting prospect: simple, painless self-transformation if you take the right pill." Kramer's response in the following issue does nothing to weaken the power of Nuland's critique.

Ironically, Kramer has ended up a victim of his own success. His promotion of the wondrous effects of Prozac on his patients ("better than well"), as well as descriptions of its effects on nonpatients—"cosmetic psychopharmacology" is his unfortunate locution—have led the drug's manufacturer, Eli Lilly and Co., to distance itself from the book, which it claims makes some unsupportable claims. As with his response to the Nuland review, however, the author wishes to have it both ways (*Psychiatric Times*, June, 1994): protesting rather vigorously (and disingenuously) Lilly's challenge to

the book's scientific status, while at the same time not wanting to relinquish any of the slippery argumentation that has won him both his fame and his rupture with Lilly.

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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.

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