



## From the Editor

The presentations at our seventh annual meeting, held on May 20-21 in Miami and organized around the theme—"Recovered Memories of Abuse or False Memory Syndrome: Clinical, Scientific, and Philosophical Approaches"—were more focused than at any previous annual meeting. This was clearly related to the particular theme of this meeting, and it was a very satisfying experience for the audience.

The meeting began on Saturday morning with Keynote Addresses by Bessel van der Kolk and Paul McHugh, each presenting a point of view on the topic of the meeting. van der Kolk covered a lot of ground in his presentation, beginning with a historical overview and then moving into his and others' research in PTSD and dissociative disorders. He emphasized Janet's historical role as the first psychiatrist seriously to study trauma and dissociation. Janet made a critical distinction between ordinary, narrative memory, in which events are integrated into already existing narrative schemata, and traumatic memory, in which traumatic events are not integrated in the usual manner but are split off or dissociated, to appear later in a pathologic manner. van der Kolk then described the eclipse of Janet and the virtual disappearance of trauma and dissociation from the psychiatric literature until they were 'rediscovered' by Kardiner in the context of traumatic war neuroses in the second world war. The connection of early sexual abuse and dissociation was not made until the 1980s. van der Kolk followed his historical survey with a description of current empirical research, both clinical and neuroscientific, in trauma, PTSD, and dissociative disorders.

Paul McHugh introduced his presentation by invoking Max Weber's distinction between the ethics of responsibility and the ethics of conviction as a framework for understanding the polarization of attitudes in the false memory debate. While the ethics of responsibility emphasizes standards of veracity, the ethics of

## President's Column

The past six months have been a rather busy time for our Association. In April a session organized by AAPP was held at the Annual Central Division Meeting of the American Philosophical Association in Chicago. G. Lynn Stephens presented a paper co-authored with George Graham entitled "The Cognitive Architecture of Multiple Personality Disorder." The discussion which followed proved to be lively and characteristic of the interest in philosophy of psychiatry that was evident elsewhere in the meeting. George Graham and Jennifer Radden participated in a well-attended APA Symposium on Philosophy and Psychiatry. Clearly, there is interest among philosophers in this subject and our Association is attempting to recruit those active in the field into our fold. In this regard, Melvin Woody, who is serving as liaison to philosophical societies, has organized a session for the Annual Eastern Division Meeting of the American Philosophical Association. (See the notice for information.)

This year's annual program was held in Miami Beach, Florida, May 20-21, 1995 on the theme "Recovered Memories of Abuse or False Memory Syndrome: Clinical, Scientific, and Philosophical Approaches." The call for papers brought a wide range of submissions that again presented the Program Committee with the difficulty of eliminating potentially interesting and important papers. The papers accepted for presentation conveyed a rather rich view of the issues associated with the program theme. Elsewhere in the Newsletter, Jim Phillips gives a fuller report on this meeting.

The big news is that planning for the First International Conference on Philosophy and Mental Health has proceeded with most details now worked through. The meeting is scheduled to occur February 28 - March 2, 1996 at the Hotel Triton, Benalmadena, Spain. Registration materials, if you have not received or mislaid your copy, can be requested through Linda Muncy. The meeting was arranged as a cooperative project by AAPP and the Royal College of Psychiatrists Philosophy Group in order to allow both of our organizations to interact in a face to face fashion. We thought that the opportunity to discuss subjects in philosophy of psychiatry and our experiences in promoting this field would be invaluable. We also decided that this meeting would afford an opportunity to extend our reach to colleagues working in philosophy and psychiatry elsewhere in the world. AAPP has many members outside the United States, including Canada, various European countries, and New Zealand and Australia. This meeting will afford an opportunity to get to know these members better and to hear of their interests and concerns first hand. Doing so in the south of Spain at the end of February will hardly matter to most devotees of this field, but I am told that the cuisine is good and the sun always shines. Spouses and families will surely have things to do, in case you wondered!

*(Continued on page 2)*

conviction emphasizes ideals and conduct. Thus while a clinician working under the rubric of the first will feel a need to assess the truth value of reported memories, a clinician leaning toward the second will forego the responsibility to verify in the service of working as the patient's advocate. McHugh then presented a four-compartment frame to describe the four possible relationships among recovered memories (present or not) and factual history of early abuse (true or not). The challenge for the clinician is to distinguish, for the person moving from the "no memory" row to the "recovered memories" row, whether that person is ascending the column, memories and factual history, or the column, memories and *no* factual history. He then described some of the characteristics of pseudo-memories, as well as some of the techniques, e.g. hypnosis, that are often responsible for

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Other meetings are in the planning stage. The Yale/New Haven Group has accepted the invitation of the Executive Council to host a regional meeting in January, 1997. They have chosen a theme focusing broadly on theme of Imagination and its Pathologies. Announcements for this conference will be forthcoming in a future issue of the Newsletter. Interested parties should feel free to contact James Morley, 203-232-4571 (ext 372) or David Pettigrew, 203-392-6805. Jerry Kroll has agreed to serve as Chairperson for the annual meeting which will be held in New York in early May. The theme of the annual meeting is "Weakness of Will," which we hope will be explored fully in terms of its clinical, philosophical, and ethical ramifications.

Interest in the field of philosophy and psychiatry continues to grow and our efforts to develop this interest continues apace. Suggestions from the members are always welcome regarding future programs and projects. We want to know if AAPP is meeting your needs or could do things differently to accommodate your interests. This is an exciting time for AAPP as we venture into a first international meeting, continue to develop collaborative work with parallel organizations, and initiate regional meetings. I hope that you share my enthusiasm for these developments, and I look forward to seeing you in Spain early next year.

George Agich, Ph.D.

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## UK UPDATE

Consolidation and growth were the corporate-language hallmarks of 1994. Research and development have been the corresponding hallmarks of 1995. In addition to our usual programme of workshops and conferences, there have been a number of important research meetings (both here and in continental Europe) and some major initiatives in teaching, including the establishment at Warwick University of what we believe is the first professorial chair of its kind in the world in *Philosophy and Mental Health*.

These exciting developments have been a result of increasingly productive contact between philosophers and psychiatrists at both local and national levels. Among many successful local meetings, Sean Spence, working at the Cyclotron

Unit at The Hammersmith Hospital in London, organised a particularly successful half-day meeting on free will, personal identity and neuropsychiatry. This brought together philosophers and brain imagining experts to examine the significance of recent research linking specific changes in brain activity with higher level subjective phenomena such as willed action and second-order thinking.

The closer working relationship between philosophers and psychiatrists was also evident at our Annual Meeting. This was organised at Keele University in the West Midlands by a philosopher, Bobbie Farsides, and a psychiatrist, David Forman. Each session of the programme, which covered a number of closely related themes in the areas of personal identity, the unconscious and the social construction of meaning, brought together a philosopher and psychiatrist working together. This produced a particularly rich set of papers and lively interdisciplinary discussions.

A more specialised research workshop was hosted in March by the Ciba Foundation in London on *Connectionism and Schizophrenia*. The Ciba workshops are designed to bring together researchers from different fields in areas identified as having potential for future growth. They are prestigious occasions and it was therefore particularly encouraging that we were invited to hold a workshop at this early stage in the development of the subject. Key contributors included, from the USA, Ralph Hoffman (Yale) and Johnathan Cohen (Pittsburgh), both of whom have developed important neural net models of schizophrenia; from continental Europe, Bernard Pachoud (Paris) and Manfred Spitzer (Heidelberg); and, from the UK, a wide range of computer scientists, AI experts, psychologists and psychiatrists. These included the new Oxford Professor of Schizophrenia, Tim Crow, the Cambridge animal psychologist, Trevor Robbins; also Professors Aaron Sloman and Margaret Boden, working on AI models of emotion; and Karl Friston, a mathematician working at the Royal Postgraduate Medical School in London on non-linear models of the results of dynamic brain imagining. Although an exploratory meeting, the event attracted considerable interest, and the widely-read science magazine, *The New Scientist*, published a Forum discussion article on the whole topic of schizophrenia and work in Artificial Intelligence.

Important as all these meetings have been, they will only be significant in the long term if we have vehicles for carrying forward and sustaining the research inter-

est they generate. Our new journal, *PPP*, is one such vehicle. Many papers presented at academic meetings are of course not suitable for publication - of the twenty or so (high quality) papers from the above three meetings, only two are likely to be accepted for publication more or less in the form in which they were presented. But John Sadler and I are actively seeking first-class papers in areas of current philosophical and psychiatric interest, and with our system of cross-disciplinary commentaries we believe that *PPP* itself could make a significant contribution to the research process. The *News and Notes* section could also be important here. Among other functions, this offers groups or individuals the opportunity to advertise their research interests. John and I hope that it will increasingly be used for "networking" in this way.

Supporting research will be one of the functions of the new Chair in *Philosophy and Mental Health* set up this year in the Department of Philosophy at Warwick University. As the first holder of the chair, my overall brief is to develop a full graduate programme of teaching and research. So far as research is concerned, the Ciba meeting on artificial intelligence has got us off to a flying start! But we will be keen to give academic support to initiatives in any relevant area. We already have two

### ADVANCE NOTICE

#### THE FIRST INTERNATIONAL CONFERENCE ON PHILOSOPHY AND MENTAL HEALTH

Benalmadena - Southern Spain  
Wednesday, February 28 -  
Saturday, March 2, 1996

#### Keynote Speakers:

Jonathan Glover	Kenneth Schaffner
U. of Oxford	G. Washington U.
UK	USA

The conference will be jointly organized by The Royal College of Psychiatrists Philosophy Group (UK) and The Association for the Advancement of Philosophy and Psychiatry (USA) and will aim to bring together all those international groups and individuals working in philosophy and mental health.

Further details may be obtained from Linda Muncy, Administrative Coordinator, AAPP.

PhD students in place, one working in political philosophy on the move from institutional to community care, drawing particularly on Foucault, the other on Wittgenstein and language use in Alzheimer's disease. Proposals for UK research networks include one on delusion and belief (in particular in relation to forensic psychiatry), and a project in the philosophy of law looking at "communitarian" interpretations of rationality. There is also a proposal for a more ambitious network linking researchers from a number of European Countries working on concepts of health and illness. We also welcome visitors and were delighted that Stephen Braude from the University of Maryland was able to give our first visiting seminar, a lively and provocative account of false memory syndrome.

The other main function of the Chair will be the development of a graduate teaching programme. Jim Phillips is kindly circulating details of this with this Newsletter. As you will see it is primarily in the *philosophy* of mental health but will also include philosophical ethics. The aim will be to create a shared learning experience in which those with a philosophical background are brought together with those whose background is mainly in mental health practice. The latter will include not only psychiatrists but all mental health professionals and also those whose experience is mainly personal, i.e., patients, carers and those working for voluntary organisations.

The graduate programme at Warwick will tie in closely with developments in the UK generally in Continuing Professional Development (CPD). This will become mandatory for all doctors over the next few years and Universities as well as professional organizations such as The Royal College of Psychiatrists will be offering CPD courses. The Philosophy Group has contributed to this with teaching sessions in the form both of workshops during Royal College meetings and of one-day conferences at the Royal College itself. The latter have included sessions on *Teaching Psychiatric Ethics* and of *Diagnosis, Gender and Culture*. The courses offered at Warwick will aim to complement such teaching by offering a wider range and more detailed treatment in a range of courses which will eventually include everything from short certificates through Masters-level taught courses to PhD research. Given the anticipated wide intake, we will be offering at least some of the modules on a "distance-learning" basis.

The core of all these courses will be the four modules described in the leaflet. There is of course no agreed core syllabus

for our subject. However we hope that the modules proposed will cover the main areas of overlap between philosophy and mental health and thus provide a lively and at the same time challenging introduction to the subject for both philosophers and practitioners. The way the full MA will work, everyone will have to do the first module which will provide an introduction to *Philosophy, Ethics and Mental Health Practice*. This will include background reading on philosophy for practitioners and on mental health practice for philosophers. Students will then be able to choose from one or more of the modules on *The Philosophy of Mind and Mental Health* (Module 2, covering such topics as autism and knowledge of other minds), *The Philosophy of Science and Mental Health* (Module 3, topics include "theory-free" description and descriptive psychopathology), and *Ethics, Jurisprudence, Mental Health and Society* (Module 4, including topics in political philosophy and jurisprudence).

In addition to these 4 core modules, students will be able to select further MA-level courses from other relevant graduate programmes within the university. Many students are likely to choose additional philosophy courses. We are fortunate at Warwick in having a very strong tradition not only in Anglo-American analytic philosophy but also in Continental philosophy. We also have active psychotherapy and psychology departments offering a range of courses which will be of interest to other students, not to mention law, politics, ethnic studies and so on - a potentially rich mixture! This is of course not the only possible model for teaching in this area and we welcome suggestions for improving the courses offered. But we hope that the flexible structure proposed, built round a strong central spine of our four core modules, will offer something of value to both philosophers and practitioners.

Although based at Warwick, the terms of reference of the new Chair specifically extend to the development of training and research opportunities in other universities, both in the UK and internationally. As I have said before in this column I believe an international perspective is essential in this discipline, with local groups developing autonomously on the basis of local resources, within a framework of strong international links. This year has seen the launch of further groups in Europe (in Italy and the Scandinavian countries respectively) and in India. In the UK, we have had a particularly valuable meeting of local representatives. This was Chaired by the Groups current Chairman, Christopher Howard, and covered each of our key areas of activity: the Newsletter, local

meetings and workshops, teaching and training, the new journal, *PPP*, and the Groups constitution. We reviewed each of these areas in the morning and then discussed them with College officers in the afternoon. We had a lunch break "cabaret" from Alec Jenner and Tim Kendall in the form of a provocative and very entertaining dialogue on Continental Philosophy and Phenomenology. Local groups have developed very strongly here in the UK and bringing them together gave everyone a sense of direction and purpose.

I believe all this augurs well for the *International Conference* next year. This will provide an opportunity for all those actively involved in this actively developing subject to meet, to exchange ideas, to establish new contacts and thus to build on all the good will and enthusiasm that has been bubbling up around the world this year.

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

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#### EIGHT GUIDELINES FOR SUBMITTING TO PHILOSOPHY, PSYCHIATRY, & PSYCHOLOGY (PPP)

After a year of editing *Philosophy, Psychiatry, & Psychology* (PPP), we thought it useful to share our experiences

#### AAPP SESSION/ AMERICAN PHILOSOPHICAL ASSOCIATION

An AAPP session will be held at the Annual Meeting of the Eastern Division of the American Philosophical Association, New York Marriott Marquis (Belasco Room), New York, Weds., Dec. 27, 8-10 PM. The session theme is "The Relational Self as a Goal of Therapy." Speakers are Jennifer Radden (philosophy), "Philosophical Implications of Valorizing the Relational Self in Therapy;" Doris Silverman (psychology/psychoanalysis), "From Philosophy to Poetry: Changes in Psychoanalytic Discourse;" and Janet Farrell Smith (philosophy), "The Relational Self: Metaphysical or Psychological."

For further information contact Melvin Woody, 203-434-2027.

with PPP manuscripts, authors, and the editorial process. Potential authors may find our comments helpful in developing a paper for PPP. Academically, the journal is doing very well, with reader, author, and critical comment ranging from encouraging to positively enthusiastic (*London Times Higher Education Supplement*, December 9, 1994). However, we always need quality papers as well as more *subscribers* if the journal is to be a long-term go. If you haven't appealed to your library to obtain institutional subscriptions, please do so. Often times libraries use requests for *copies* of articles as indicators of the need to subscribe to a journal. Moreover, citation frequency (number of times per year articles from a journal are cited in other journals) is another "index" of the importance and desirability of a journal. This means we should *cite* PPP as often as possible to increase its scholarly impact as well as increase its readership.

Before going into specifics, we would like to remind potential authors that both of us are eager to give your manuscript an informal, pre-submission editorial review. All formally submitted papers are reviewed blindly by independent referees, but the informal review from the Editors allows you to get feedback about the strengths and weaknesses of your paper and receive concrete suggestions from us about how to shape up your manuscript for formal submission to PPP. Let us share some general principles about how to prepare your manuscript.

(1) *Follow the instructions for authors carefully.* We know this is obvious, but it is commonly disregarded in formal submissions. It conveys a lackadaisical or casual attitude that (hopefully) is not what you intend. In the pre-submission review phase we are happy to look at papers that are "out of format," but be sure to get them into format for "official" submission.

(2) *Be sure your paper's focus is congruent with PPP's.* Over the past year, we received papers that are clearly not the "charge" of PPP: history-of-psychiatry works (although the history of *ideas* relevant to psychiatry are welcome), quite a few philosophy-of-mind themes (with no reference to abnormal psychology or clinical issues), literature in medicine essays, and others. PPP's focus is the boundary between philosophy and psychiatry/*abnormal* psychology. Within our focus, some papers take the findings of clinical psychiatry and apply them as "test cases" to philosophical problems, while others take conceptual problems in psychiatry or abnormal psychology and use the methods and findings of philosophy to deal with them. Either direction is fine, but every paper must either

have a substantial and explicit *practical* connection to clinical work or research, and every paper must be overtly philosophical in its approach, or be clearly relevant to a well-defined philosophical topic.

(3) *Think small.* Papers that reach toward the comprehensive field theory of mental disorder inevitably fail as scholarly works. The reason is simple. Things as complex as mental disorders cannot be digested into 10,000 words or less. If you are talented and ambitious enough to aim for such a theory, only a book format can do such work justice. PPP could publish *pieces* of such work, if they are tightly focused on particular and limited problems.

(4) *Respect PPP's review criteria.* PPP reviewers look for four qualities in a manuscript: originality (saying something new), relevance (congruence with PPP's journal focus), rigor (tightness of scholarship) and comprehensibility (clarity of the paper's message for clinicians and philosophers alike). Moreover, be sure your paper coheres across these factors: for instance, a paper that makes an original point that is not relevant to the focus of PPP will be less desirable than one where the original point *is* relevant to psychiatry. Some excellent papers in PPP have been based on *someone else's* original idea being applied to psychiatric issues (and thereby making a truly original contribution in PPP)! Rigor has a number of aspects. In papers where an argument is being presented, rigor means that the logical connections are tight. In papers where a philosophical description is offered, the method is clearly stated, and the description-phase and the interpretation-phase are separate. All rigorous papers demonstrate a consideration of related works in the literature. Comprehensibility, while in the eye of the beholder, is one of the most important things the PPP journal strives for. It is the basis of the journal's making an impact in the separate fields of philosophy, psychiatry, and psychology. Carefully edit your paper to eliminate unnecessary language. Have a friend outside your field read your work with an eye toward comprehensibility. If you use technical language, be sure you have defined it adequately for an "outsider" to understand. (This latter problem issue tends to be more common in the cross-disciplinary aspect, i.e. the psychiatrist using philosophical jargon leaving it undefined. Ditto for the philosopher using psychiatric jargon. Don't assume if you know it, it is common knowledge!) If the elaboration of a technical term seems too digressive for the body of the paper, put it into an endnote.

(5) *Collaborate.* The pattern is clear to us: the most successful submissions to

PPP are often clinician - philosopher collaborations. No one is surprised at this, given an interdisciplinary focus. Use your AAPP connections to find a collaborator (or at least, a critical reader) of your paper. The AAPP membership directory will be coming out this year, and may be a resource in the development of a PPP paper.

(6) *Use your abstract to test your paper's organization.* A clearly-organized, tightly reasoned paper will have an easy-to-write abstract that conveys the paper's problem(s), the approach to them, and the major conclusions. If you have trouble writing your abstract, it may be an indication that your paper is too diffuse or the structure too implicit. If the problem, approach, or conclusion is vague, you may want to think through one or more of these in revising your paper.

(7) *Be sure you deliver what you promise.* Many intriguing papers falter because the major thesis stated at the beginning is inadequately or weakly sustained at the end. This usually is not because of an unsustainable thesis, but because the author(s) have not gone far enough in *explicitly* following through the implications of their idea, or have inadequately tied it to clinical issues.

(8) *Use clinical examples.* Nothing carries the thrust of a philosophical point better than a brief, rich "story." The clinical examples we publish in PPP may in the long run be more important to philosophical inquiry than the point they are intended to illustrate. Don't omit or minimize them if they are relevant to your intentions.

**AAPP ANNUAL MEETING  
May 4 and 5, 1996  
New York, NY**

(in conjunction with the American  
Psychiatric Association  
Annual Meeting)

**Theme:**  
Weakness of Will

Deadline for abstracts of 600  
words is Nov. 30, 1995.

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As always, we enjoy discussing works-in-progress with authors, so don't hesitate to write, call, fax, or e-mail us. We look forward to hearing from you.

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### Essential Reading in Cognitive Science: A Bibliographical Guide

In a short space of time, the multi-disciplinary approach to mind known as "cognitive science" has become a predominant paradigm in the psychological sciences. It is often asserted that this "cognitive revolution" has been a crucial paradigm shift. This article is in response to a request from the editor for a guide to "essential readings" in cognitive science.

What is the relevance of cognitive science to AAPP members? Several answers come to mind. First, philosophy has been included as one of the central sub-disciplines of cognitive science. Many of the central questions in cognitive science were first asked by philosophy, and philosophy allows a self-conscious exploration of the assumptions and methodologies of cognitive science. Second, cognitive science has often paid attention to psychiatric phenomena. Furthermore, there is an increasing literature at the intersection of cognitive and clinical science.

One of the most stimulating introductions to cognitive science is Howard Gardner's "The Mind's New Science: A History of the Cognitive Revolution" (1). Gardner provides a detailed account of the development of cognitive science, and clarifies the contribution of each of its sub-disciplines

to the overall aims and thrust of the field. He skillfully draws connections between issues in cognitive science and broader questions in the history of ideas, and his discussion of the relationship between philosophy and cognitive science nicely illustrates his talent for intellectual synthesis. Gardner is able to discuss complicated and technical issues in a balanced and readable way.

A number of "classics" in pre-cognitive science and cognitive science may be of interest to philosopher-psychiatrists. I like to claim Piaget as a cognitivist, and would include his corpus on a reading list. Later classics in pre-cognitive science include (but are hardly limited to) the work of Von Neumann (2), Wiener (3), and the Hixon Symposium (4).

For a comprehensive volume on modern cognitive science, Posner's edited book provides chapters on each of the major topics in the field (5). Contributing authors are acknowledged experts, and the volume comprises a first class textbook of cognitive science. Another edited volume that serves as a useful textbook of cognitive science is Osherson's (6).

The psychiatrist will immediately note that none of the standard texts of cognitive science pay more than passing attention to psychopathology. Where, then, to turn for a discussion of the intersection between cognitive and clinical science? The work of such cognitive therapists as Ellis and Beck immediately comes to mind. However, for a cognitive-behavioral approach that draws more self-consciously on cognitive science theory (including philosophy), Mahoney's edited volume and his authored text, "Human Change Processes", are excellent (6,7).

There is also an increasing intersection between psychoanalysis and cognitive science. This includes publications by Peterfreund, Colby, and Erdelyi (8-10). However, perhaps the most sophisticated and powerful integration is that of Mardi Horowitz. Horowitz has written and edited several pioneering books in this area (11-13).

A number of other texts are useful in considering the relationship between cognitive and clinical science. Ingram has an edited volume on "Information-Processing Approaches to Cognitive Science" (14), while Stein and Young have an edited volume on "Cognitive Science and Clinical Disorders" (15). Stein summarizes some of this work in a recent paper (and gives more references than are possible in this newsletter article) (16).

Cognitivist approaches to general topics such as the self (17), emotion (18), or the unconscious (19-21) are of interest to cognitivist clinicians. A number of books on cognitivist approaches to individual symptoms such as dissociation (22) and depression (23), are also important.

Philosophical issues in cognitive science have been discussed by various authors. Names such as Turing, Dennett, Searle, Giere, and many more come to mind. Goldman's compendium is a useful place to start exploring this literature (24). A few philosophical papers have looked specifically at the intersection between cognitive and clinical science (25-27), and additional articles in this area are appearing in *Philosophy, Psychiatry & Psychology*.

For philosophers and clinicians, a particularly important debate in cognitive science is that between the symbolic and the situated cognitivists. Symbolic cognitivists emphasize the importance of symbols and internal representations, arguing that information is independent of its physical instantiation. Situated cognitivists on the other hand, emphasize that cognition necessarily takes place within a particular context, and that cognition is embodied in the physical structure of the brain. To some extent, this debate parallels positivist versus hermeneutic arguments in philosophy. For a good summary of this debate, see a recent issue of *Cognitive Science* (28).

To some extent the debate in between symbolic and situated cognitivists is also replayed in artificial intelligence or computer modelling. Much of the early work in this field was based on linearly sequenced programs. In contrast, a recent

#### Call for Papers

*Theoretical Medicine*, an international journal for the philosophy and methodology of medical research and practice, is planning another edition devoted to theoretical aspects of psychiatry. The issue will examine psychiatry's place in medicine, ethical problems unique to the field, the scientific status of psychiatric theorization, and matters that traverse the usual boundaries between psychiatry and philosophy. Reviews of recent books of significance to these topics also will be considered. Please mail submissions and inquiries to David Mann, M.D., 89 Magazine St., Cambridge, MA 02139, (Tel/Fax: 617-864-1707).

development has suggested that neural network models are more reminiscent of the brain and are more powerful. A pioneering and influential work in this area is the set of volumes by Rumelhart and colleagues (29). A companion volume by the same authors includes a disk with examples of neural networks. Another useful compendium on neural networks, with reprints of the pioneering contributions in the area, is Anderson's volume (30).

Linguistics comprises an important area for the testing of cognitive science models. Chomsky's early critique of behaviorism's inability to account for the development of language was an important component of the cognitive revolution. A wonderful work that explains language by emphasizing the embodiment of mind is Lakoff's volume, *Women, Fire, and Dangerous Things: What Categorization Reveals about the Mind* (31). This volume demonstrates how current cognitive science can contribute to the resolution of age-old philosophical questions. (Lakoff's colleague, Johnson, has also applied cognitive science in interesting ways, for example to debates in ethics (32)).

What about embodied approaches to cognitive science in the clinic? There is remarkably little in this area. Horowitz's work provides a sophisticated way to look at psychodynamics in the context of the clinic (13). More recently, there has been increasing work on neural networks in understanding psychiatric patients (see the volume by Stein and Young (15) for some recent examples). Lakoff's (31) analysis of such concepts as anger is clinically relevant, and begs for extension into the field of psychopathology.

Indeed, this is the challenge - to move from cognitive science to the clinic and back again - in a way that goes beyond the apparent simplicity of some cognitive science and the apparent obscurity of some clinical theory - so that a complex, but clear, cognitive clinical science can emerge.

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## Review

*Reconsidering Psychology: Perspectives from Continental Philosophy*, edited by James E. Faulconer and Richard N. Williams. Pittsburgh: Duquesne University Press, 1990.

In the introduction, the editors state their aims thus: "[t]his volume intends to make a case—a case against Western philosophical tradition and thus against contemporary mainstream psychology...." The essays focus on problems facing the field of psychology, problems to which the continental tradition might contribute a useful, alternative perspective (p. 1). Eleven essays follow this general introduction:

- Reconsidering psychology—James E. Faulconer and Richard N. Williams;
- Explanation and understanding in the science of human behavior—Calvin O. Schrag;

- (3) Some reflections on empirical psychology: Toward an interpretive psychology—Joseph J. Kockelmans;  
 (4) Psychology after philosophy—Donald Polkinghorne;  
 (5) Heidegger and psychological explanation: Taking account of Derrida—James E. Faulconer;  
 (6) The metaphysics of things and discourse about them—Richard N. Williams;  
 (7) The development of self-consciousness: Baldwin, Mead, and Vygotsky—Ivana Markova;  
 (8) The dynamics of alternative realities—Simon Glynn;  
 (9) Heidegger and the problem of world—William J. Richardson;  
 (10) On becoming a subject: Lacan's rereading of Freud—Debra B. Bergoffen;  
 (11) Life-world as depth of soul: Phenomenology and psychoanalysis—Robert Romanyshyn.

What Faulconer and Williams label "contemporary mainstream psychology" continues to cling to presuppositions and beliefs which one of the contributors, Donald Polkinghorne, calls "Enlightenment principles" (Chapter 4, p. 103). These seem to fall naturally into two groups which might be labeled "foundational" and "representational." Principles which fall into the first group concern timelessness, universality, eternal truths, and necessity (e.g., of psychological laws, of human nature), while those in the second concern formalization or logical structuring (e.g., of perception, affect, language).

Correspondingly, the book's criticisms also tend to divide into two groups. Most of the essays focus on the first, foundational principles held within mainstream psychology. Drawing on the work of the principal twentieth century continental philosophers (e.g., Heidegger, Derrida, Habermas, Foucault, Gadamer, Adorno) Schrag, Kockelmans, Polkinghorne, Markova, Glynn, and Berghoffen offer criticisms which are primarily hermeneutic, deconstructive, or praxial, with the process of *interpretation* occupying center stage. These critics advocate replacing the ideal of, and the quest for, pure foundations by regional and local, contingent, grounds. On this view, theory, observation, empirical "data," or truth, become provisional *in principle*--bound by context, culture, subjectivity, and historical era. These criticisms can be seen as continental complements or parallels to those made by well known social-constructivist or interpersonalist critics such as Cushman, Gergen, Kvale, Sampson, Smedslund, or Osorio (for a review, see Neimeyer et al., 1994; also Cushman, 1995; Gergen & Davis, 1985; Lagerspetz & Niemi, 1984).

While I believe that these chapters are well worth reading, I also believe that the more important and interesting contributions are those found primarily in the few essays that specifically address what I have labeled "representational" issues. It is difficult to summarize what these issues are. They are the mainstays of the belief system which the editors call "the metaphysics of things." Briefly, it is the metaphysics which *from the standpoint of logic or formal structure* conceptualizes psychology's phenomena as perceived objects. Mainstream psychology conceptualizes, observes, and represents its phenomena, both intra- and intersubjective, in this fashion. It treats these from within traditional metaphysics, via the "variables" or "parametric" approach: "both the inner and the outer realms are conceived in terms of variables in lawful and impersonal interaction with one another" (Chapter 1, p. 11). This is the vital and ultimately most problematic aspect of modernism, missed or ignored altogether by the social-constructivist, interpersonalist, and others promulgating "local" psychologies. What such formalized structures can capture is severely limited: "the operators in logic refer entirely to things, their properties, and the relations among them" (Chapter 6, p. 138).

The editors have published earlier and seminal critiques of the metaphysics of things, in the contexts of temporality (Faulconer and Williams, 1984), cognitive psychology (Williams, 1987), and structuralism (Williams, 1978). I would urge the interested reader to study these precursor critiques. In the present volume, Faulconer and Williams extend the contexts further to include issues pertaining to the self (Chapter 1), deconstruction (Chapter 5), and language (Chapter 6). To some degree, Romanyshyn's essay (Chapter 11) also is relevant to these criticisms. He criticizes mainstream psychology's impoverishing practices of conceptualizations of human experience in terms of technological-instrumental formalisms—for example, conceptualizing the experience of seeing as a pale, poor imitation of what cameras, telescopes, microscopes and other optical instruments do "much better."

Not only has this formal feature of the metaphysics of things, this central logical-structural characteristic of modernism, been largely misunderstood and/or ignored by postmodern critics in their own work. The few critiques which explicitly and specifically do address these formal aspects of modernism have not been taken up in any visible way either within mainstream psychology or, as far as I know,

within philosophy. Such critiques are duly published and then promptly ignored. I might mention that in addition to Faulconer and Williams's work there are a few other, isolated consonant critiques (the critics seem unaware of one another), but these seem to have met a similar fate. An interesting task, and one in which I am currently engaged, is to assemble and integrate these widely scattered criticisms.

It seems to me vital that those who either are psychologists or use psychological thinking in their work should begin to understand and appreciate the fundamental limitations, those which I some time ago called the "innate constraints," which pervade contemporary mainstream psychology. Critiques of its foundational presuppositions (e.g., of its acultural, ahistorical stance) have had some degree of exposure, recognition, and success. It is high time that at least equal measure be given to the formal-structural aspects of the metaphysics of things and to the limitations which its formalisms inevitably bring into modernism's frameworks.

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**RECENT CONTRIBUTIONS :  
Interdisciplinary Collaboration of  
Philosophy, Psychiatry, and Psychology**

The past year and a half ('94 and early '95) have in many ways been a watershed for the interdisciplinary collaboration of philosophy, psychiatry and abnormal psychology. Two significant anthologies have appeared concerning philosophy, psychology and psychopathology (1, 2). A third anthology, *Philosophical Perspectives on Psychiatric Diagnostic Classification* (3) is the first anthology produced under the sponsorship of AAPP. It has been reviewed favorably by Bell in JAMA (4) and by Jennifer Radden (as part of a more comprehensive review) in *Philosophy, Psychiatry and Psychology* (5).

At the same time that these anthologies were being published, the journal, *Philosophy, Psychiatry & Psychology* (PPP) was launched; (as many readers already know, it is published in cooperation with AAPP and the Philosophy Group in the Royal College of Psychiatrists). In the present review, I will primarily focus on a few of the contributions to PPP (selected randomly) to demonstrate their variety and originality.

The inaugural issue of PPP begins with a study by Stephens and Graham, "Self-Consciousness, Mental Agency, and the Clinical Psychopathology of Thought Insertion" (6). In this and other studies (7,8), Stephens and Graham apply the philosophical method of detailed conceptual analysis to certain positive symptoms of schizophrenia: the symptoms of thought insertion and hearing voices. Their use of this philosophical method not only makes us question how much we understand the symptoms in everyday clinical practice and diagnosis, but may eventually help us better research their neurophysiology and their structural relation to other symptoms.

Conversely, psychopathological data compel us to make philosophical distinctions which we would otherwise overlook and thus enable us to better understand "normal-self consciousness." The phenomenon of thought insertion (6), for example, requires distinguishing two different experiences of self-consciousness: 1) one's self as being the subject of one's experiences; they belong to the self as "mine"; 2) "the sense of being the agent of mental events within one's mental history." (p. 1). Normally, these two experiential components are not separated. In thought insertion, however, self-consciousness is disturbed in that only the second component is affected. The person is able to acknowledge that the thoughts are happening to her, i.e. that they belong to her, but in-

sists that she is neither their agent nor source.

In a commentary, Wiggins applies the Husserlian distinction of active and passive mental processes to such delusions (9): the sense of being "mine" already occurs "passively" or automatically in inner time consciousness and is prior to, and more fundamental than the "active ego" who may retrospectively attribute such processes to self or other. By also approaching time-consciousness but from a Kantian perspective, Chadwick (10) attempts to explain Stephen's and Graham's discussion of thought insertion in terms of a discontinuity of contents as thoughts are related in time within one consciousness and yet not acknowledged as being thought or produced by that consciousness.

In an equally remarkable companion study, Stephens and Graham detach the clinical phenomenon of hearing voices from our usual understanding of it as auditory hallucination. They rather see it as a disturbance of self-consciousness in which "inner speech" is attributed to alien agency (8).

Philosophical approaches to connectionist neuropsychology and its application to psychopathology are represented by several articles in PPP. In his Key Concepts entry "Associationism," Spitzer (11) lays the groundwork by finding the concept of association to be present in biological, psychological and computational approaches to psychiatric disorders: there is "association between ideas, and association between neurons." (p. 136). He thereby argues for the historical continuity between Kraepelin's adaptation of Wundtian methods (to measure mental associative processes) and the more recent developments (concerning semantic memory) in experimental psychopathology.

In "Connectionist Hysteria: Reducing a Freudian Case Study to a Network Model," Lloyd (12) points out how most connectionist simulations of psychopathology model organic brain damage. Rarely have they attempted to capture how some disorders originate in (traumatic) experience. So-called psychogenic psychopathology might also be modeled as a form of network learning. Unlike networks, which require "coddled schedules" for presentation of training examples, however, human learning involves an "irregular and inconsistent mix of the mundane and the intense." (p. 72). By taking Freud's case study of Lucy R., Lloyd attempts to introduce a new dimension of realism in network learning by implementing Lucynet. Lucynet emulates: 1) routine learning: the basic associations between elements in Lucy's world which are

formed through the learning of routine and repeated expectations. 2) disruptive, traumatic learning: interruptions in "single, intense exposures" rearrange the associations between the elements. These are inconsistent with the associations of routine learning and occur at an abnormally high learning rate; 3) therapeutic learning: continued learning of the traumatic patterns but at a reduced rate which would enable their continuity with routine learning. In their commentary, Phillips and Woody (13) indicate that Lloyd's model deviates from Freud's hermeneutic approach to unconscious meaning. Nevertheless, his network is able to reproduce Lucy's symptoms without resorting to a concept of the unconscious. Rather than adopting Freud's static system of memory, they argue that it is more suited to recent dynamic views of memory as a recategorization or reorganization process of active associations.

Similarly, Park and Young (14) show the superiority of neural nets over symbolic models especially when modeling cognitive faults or psychiatric symptoms through damaging, or, respectively, pruning the network. They argue for a link with clinical phenomenology.

In an editorial comment in *Current Opinion in Psychiatry* Schwartz and Mishara (15) propose that phenomenological philosophy provide a bridging function between subjective experience of the symptoms and cognitive neuroscience by examining philosophical concepts of the person.

In "Mild Mania and Well-Being," Moore, Hope and Fulford (16) describe a case of hypomania to demonstrate that philosophical concepts of well-being (hedonism, desire fulfillment theory, objectivism) are unable (of themselves) to support the clinical intuition that the patient requires treatment. Even arguments which take into account questions concerning the patient's autonomy, personal identity, rationality, and illness do not suffice. They conclude that "philosophical analysis, by making our difficulties fully explicit, has the practical value of increasing the sensitivity of clinical decision making to the patient's perspective." (p. 175). In so far as psychiatry becomes patient centered, abuses of treatment both in their more obvious form in totalitarian regimes but also in their more subtle form in everyday practice are more likely to be prevented. The commentary by Nordenfeldt agrees with Fulford that a holistic theory of health must base itself on a notion of ability. Both Nordenfeldt and Seedhouse (whose commentary follows Nordenfeldt's) argue, however, that a theory of health and not well being is required to

make a determination in this perplexing case; nevertheless, this does not prevent them from coming to opposite conclusions in diagnosing the mildly manic patient.

Philosophical approaches to narrative have been developed with respect to dissociative identity disorder (Flanagan, (17)) computational theory and dissociative identity disorder (Bowen 18), and psychotherapy (Mishara 19); these have been reviewed by Mishara and Schwartz (20).

In "The Alzheimer's Disease Sufferer as a Semiotic Subject," Sabat and Hare (21) demonstrate by compelling case examples that Alzheimer's sufferers are capable of meaningful behavior and remain in possession of an intact sense of self. This counters the "pessimistic view" that these patients are unable to produce meaningfully guided and deliberate action. By applying a conversational technique (developed specifically for Alzheimer's patients) in which one suppresses one's normal tendency to "fill in" when the patient pauses and tries to recover words, Sabat and Hare were able to show that these patients retain their status as semiotic subjects. This is a finding which escapes routine psychometric testing. Semiotic subjects are able to act intentionally and are able to evaluate their actions in terms of public standards. It is precisely because Alzheimer's sufferers experience themselves as being heard and seen as semiotic subjects that the symptoms they suffer (e.g. word finding problems, speaking and remembering) are particularly painful for them. In their commentaries, Hope and Greenberg applaud the authors for their sensitive analysis of the patient's need for dignity, but raise questions about mind/body relationship (Hope) and whether the concept of semiotic subject should be dichotomous and categorical (as being either present or not present, as Sabat and Hare argue), or more a dimensional continuum (Greenberg).

In Volume 2 of PPP (1995), articles by Bracken and Matthews and commentaries by Kendall, Heinze and Kovel concern M. Foucault's relevance for clinical psychiatry.

The diverse philosophic methods of concept analysis, philosophy of mind, computational theory, philosophic phenomenology, hermeneutic and semiotic approaches to meaning, feminism, structuralist psychoanalysis, and post-structuralist strategies of deconstruction, to mention a few, each have their distinctive gains to bring to the fields of psychopathology and psychiatry. At first, this pluralism may seem confusing. However, there are also points of overlap and room for constructive debate and discussion.

This is certainly one of the strengths of PPP in that experts from both Anglo-American and Continental approaches are well represented on the editorial board and in the contributions.

However, there is also room for disagreement and PPP serves as a forum for such debates. One of these areas has been taken up by Walker. His ambitious four-part (22, 23, 24, the fourth yet to appear) study concerning Jaspers and phenomenology published in PPP argues the fundamental point: the phenomenology of Jaspers' psychopathology is essentially Kantian and not Husserlian. His persevering agenda does not prevent him from playfully poking fun at his intellectual opponents as in the section entitled "Back to Wiggins, Schwartz and Spitzer themselves," punning on Husserl's call "back to the things themselves." He insists that Husserl's phenomenology is not about real experience and therefore stands in stark contrast to Jaspers' detailed clinical descriptions. It is the present reviewer's opinion, however, that by opposing real experience and its eidetic study (as structure or essential idea), Walker argues from a pre-phenomenological standpoint, i.e. from the standpoint of common-sense rather than after its suspension in phenomenological reduction (where the opposition real and ideal no longer holds); the reduction reveals that the "real" is already interwoven and suffused with the "ideal." Walker's effort is no doubt an impressive contribution to the debate concerning the existence, or non-existence, of ties between Jaspers' psychopathology and Husserlian phenomenology. Nevertheless, it is most certain that Wiggins and Schwartz are preparing a rejoinder in this ongoing debate.

One psychiatrist who returned to a strong Husserlian position is Binswanger, whose four-volume selected works have just been published (in German) (25). (For the application of Husserl's philosophy to psychopathology, see the discussion in the review by Mishara and Schwartz (20)). In a subsequent contribution to the Newsletter, I will review some recent developments in phenomenological approaches to psychopathology, psychiatry and psychology.

Also of considerable interest for interdisciplinary collaboration are the books by Fewtrell and O'Connor (26), and Vandereycken and van Deth (27).

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(Continued from page 1)

#### From the Editor

iatrogenically generated pseudo-memories and that should therefore be avoided. He ended on a cautionary note concerning the recovered memory craze and our need to balance the ethics of conviction with the ethics of responsibility.

Following the two presentations, a single question from the audience as to

whether the two presenters were mostly talking about different patient populations evoked a strong reaction from van der Kolk, who exclaimed that he didn't know who McHugh's patients were and that he, McHugh, had presented no data to support his claims. The ensuing discussion between the speakers was fractious, van der Kolk apparently feeling attacked and attacking in turn, McHugh defending his presentation. It all seemed unnecessary and unfortunate. van der Kolk had given a superb presentation and had nothing to feel defensive about. What shouldn't have been a debate turned into one, and van der Kolk, despite his fine presentation, in effect forfeited through refusing to acknowledge any validity to the other side. Ironically (and regrettably), McHugh's remarks on the difficulty of balancing an ethics of responsibility with an ethics of conviction seemed to be the final word on the morning.

While the remaining sessions did not display the passion and fractiousness of the Saturday morning session, they proved to be immensely varied and interesting. Not surprisingly (but with some exceptions) the presentations by clinicians demonstrated a clinical bent, while those by philosophers were more theoretical. In the first group were the papers given by Daniel Schechter ("On the Function of False Lives: a Case of a Falsely Remembered Wartime Trauma in a 50 year-old Woman with a History of Extreme Childhood Physical and Sexual Abuse") and Lloyd Wells ("Recovered' Memories: a Clinical Approach"). Schechter built his presentation around one case history, a 50 year-old woman who, in the course of an inpatient treatment for depression, was found to have replace memories of early physical abuse with flashbacks of fabricated experiences working as a nurse in Viet Nam during the war. This case history, the facts of which were verified by other family members, provided the presenter with an opportunity to discuss a variety of questions regarding differential diagnosis, the nature and function of dissociation, and aspects of lying.

In his presentation Lloyd Wells also focused on concrete clinical phenomena, first several cases of verified early sexual and physical abuse who presented with intrusive memories in adolescence or early adult life, and then other cases in which the memories appeared to be induced by clinician suggestion. One of the first was a girl complaining of memories of "ritual abuse" in childhood whose medical record revealed early childhood medical treatment, the details of which appeared to be incorporated into the pseudo-memories. These

cases allowed Wells to speculate on the vicissitudes of early trauma and its aftermath. For the audience the fascination of Schechter's and Wells' presentations was the opportunity to observe, in documented cases, the way in which early traumatic experiences are processed and reworked into the forms they assume in later memories.

Philosophical issues involved in FMS were raised in two presentations given by philosophers. Nancy Potter ("Loopholes, Gaps, and What is Held Fast") argued that any discussion of the epistemic status of recovered memories must take account of the epistemological assumptions of the inquiring community--and that our prevailing epistemologies harbor social and political dimensions that are often overlooked. This condition may then lead to abuses of epistemic power. She advanced this argument to the point of questioning whether the institution of memory problems into a full syndrome represents such a case of epistemic power abuse by the (male?) psychiatric establishment. While this presentation provoked some testiness in the audience along predictable gender lines, it served to alert us to a dimension of the FMS that had not yet been discussed.

Jordon Hughes ("The Myth of Memory: True or False?") undertook an analysis of the relationship of memory and selfhood. After scanning some of the central figures in the history of philosophy around this theme, he reviewed findings in cognitive science that support the notion of memory as an active, constructive process that does not simply provide an accurate record of the past. The very notion of accurate recall depends on an erroneous expectation of certainty that derives from Descartes. The "myth of repressed memory" is thus conceivable only on the basis of a prior "myth of memory." Viewed as both fallible and constructive, memory becomes essential to a selfhood that is as much an active narrative product as a constitutional given. In this vision there is finally no conflict between the Humean and Kantian views of the self.

Moving to the the presentations by clinicians that tilted in a philosophical direction, Bradley Lewis' "Philosophical Pragmatism and Childhood Memories" connected nicely to that of Hughes. Lewis also focused on the obsession with certainty (again, the specter of Descartes) as the curse that bogs us down in the FMS debates. While Hughes had focused on the constructive dimensions of memory and selfhood, Lewis aimed at finding a philosophical approach to the uncertainties faced by the clinician in dealing with recovered memories. He advocated philo-

(Continued on page 11)

**NEW PUBLICATIONS**

The following are recent publications by AAPP members. As indicated in the previous issue, we would like to use the Newsletter as a forum for announcing new and recent publications by members of AAPP. Please send relevant information to the editor.

Braude, Stephen. *First Person Plural: Multiple Personality and the Philosophy of Mind, Revised Edition*. Lanham, MD: Rowman & Littlefield Publishers, 1995.

DeGrazia, David. *Autonomous Action and Autonomy-subverting Psychiatric Conditions. The Journal of Medicine and Philosophy* (1994) 19: 279-297.

Globus, Gordon. *The Postmodern Brain*. Amsterdam and Philadelphia: John Benjamins, 1995.

Lewis, Bradley. *Psychotherapy, Neuroscience, and Philosophy of Mind. Amer J Psychotherapy* (1994) 48: 85-93.

Magid, Barry. *Is Biology Destiny After All?: Three Clinical Conundrums: Homosexuality, Alcoholism, and Obesity. Journal of Psychotherapy Practice and Research*. (Winter, 1995) 4: 1-9.

Mann, David W. *A Simple Theory of the Self*. Dunmore, PA: W.W. Norton, 1994.

Neziroglu F, Yaryura-Tobias JA, Lemli J, & Yaryura R. Estudio demografico del trastorno obsesivo-compulsivo. (A large scale demographic study of obsessive compulsive disorder.) *Acta Psiquiatrica Latinoamericana* (1994) 40: 217-223.

Yaryura-Tobias JA, Neziroglu F, &

Kaplan S. Self-mutilation, anorexia, and dysmenorrhea in obsessive compulsive disorder. *International Journal of Eating Disorders* (1995) 17: 33-38.

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**LETTERS TO THE EDITOR**

To the Editor:

I am collecting material for a long paper or a short book dealing with people who are tortured by the need to find a meaningful life. I call it my Nihilism Project. I should like to correspond with anyone else who is interested in the subject. Please write me at the following address:

William L. Clovis, M.D.  
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To the Editor:

I have been looking, so far unsuccessfully, for catalogs of audio and/or videotaped lectures on philosophy. The only source I have been able to find is The Teaching Company's "SuperStar Teachers" lecture series. Can any member help with suggestions or references? I would be most grateful.

Perhaps the Newsletter could offer an "inquiries" column for such requests on a regular basis.

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(Continued from page 10)

From the Editor

sophical pragmatism, presented through its current interpreter, Richard Rorty, as a productive philosophical approach to the clinical dilemmas of FMS. Assuming this point of view, we would accept our lack of certainty in these matters and focus, pragmatically, on the consequences of accepting or not accepting a particular memory report.

The question of certainty of recall was picked up yet again in a presentation by Paul Lieberman ("Remembering: a Philosophical Investigation"). Lieberman began with a brief clinical vignette in which a patient claimed memory of childhood sexual abuse that was strongly denied by her father--the paradigm case with which a clinician is often confronted. For a philosophical orientation to the clinical issue of this patient's memory, Lieberman advanced an ordinary language analysis, via Wittgenstein and Austin, of memory. An adequate understanding of how we ordinarily deal with memorial phenomena will give us a framework for handling a particular situation. Lieberman offered a detailed ordinary-language analysis of two questions: what is a memory?, and when do we believe or accept a memory? (e.g., the presence of a mental image is no guarantee of the validity of a memory). Following this exposition he returned to the paradigm case and showed how the analysis might be applied clinically.

(Continued in next issue)

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Membership in AAPP is open to all individuals interested in the subject of philosophy and psychiatry by election through the Membership Committee. The Association welcomes Student Members (enrollees in degree-granting programs in colleges and universities and physicians enrolled in approved psychiatric training programs and post-graduates in post-doctoral programs). In order to join AAPP please detach this form and mail to: Ms. Alta Anthony, Journal Subscriptions/Memberships, The Johns Hopkins University Press, P.O. Box 19966, Baltimore, Maryland 21211.

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