

From the Editor

Be apprised of this editor's New Year's Resolution: the final issue of Volume 4 of the Newsletter will reach you by the end of 1996. (But be mindful of the same man's staggering record of failed Resolutions!) I hope that in this tardy, final Issue of 1995 we will compensate with quality and variety for what we are lacking in punctuality.

From Rome Emilio Mordini has sent us an engaging communication describing both the recent history of psychiatry in Italy as well as the efforts of himself and others to develop the field of philosophy and psychiatry there. And from Heidelberg our energetic and polyglot colleague Manfred Spitzer has brought us a tantalizing smorgasbord of tidbits (his metaphor!) from neuroscience. Greg Mahr and Jennifer Radden offer excellent reviews of recent books, continuing our project of working our way through the relevant literature. Eric Gillett provides a productive commentary that guides us through the lexicon of the mind/brain discussion and its application to Freudian thought. From George Graham we have a description of a MIT publication project in philosophy and psychopathology for which he and Owen Flanagan will be the editors. Finally, there are George Agich's column and the continuation of my report on last May's Annual Meeting. You may note that the column, "New Publications," is missing. Our members have apparently suffered an attack of acute modesty in announcing their recent publications. Hopefully they will overcome this condition forthwith.

I would call your attention to the variety of meetings in which AAPP has been involved or has organized. This issue contains the continuation of a report on our very interesting and successful Annual Meeting of last May in Miami. We also organized a symposium this December at the Eastern Division Annual Meeting of the American Philosophical Association. This symposium, which I am told went very well, will be reported on in the next issue of the Newsletter. Finally, three meetings deserving of mention will take place in the coming months.

President's Column

My warmest wishes for a happy and prosperous New Year. This wish also relates to the association as I reflect on some of the discussions at the Fall Executive Council Meeting that was held on November 10-11 in Washington, D. C. There was lively discussion about the many promising projects that we might undertake, each of which involves resources which we do not presently have. Serious concern was raised about AAPP being a marginal academic society if we do not succeed in attracting a membership that represents the diversity in the field of philosophy and psychiatry. To this end, we think the organization should move to an independent Annual Meeting that is more readily available for our membership. This is particularly important if AAPP is to develop into a member-driven organization that many of us would like.

Meeting just before the American Psychiatric Association Annual Meeting has not proven to be the best time slot for AAPP's needs. Notification of our meeting location is always delayed by the complexity of the APA program and such a large meeting as the APA is restricted to a limited (and usually expensive) convention site. As a result, attendance has suffered even though the quality of the program has been consistently very high. If AAPP is to serve its purpose of promoting research and education in philosophical aspects of psychiatry, then we will have to find alternative for our Annual Meeting. Whatever is finally decided, we will still maintain a presence at the American Psychiatric Association meeting, but perhaps by organizing symposia or special courses. We are already doing something similar at the Annual Divisional Meetings of the American Philosophical Association. The New England Regional Meeting being planned by the Yale-New Haven Local Group for January 17-19, 1997 will allow us to gauge whether a free-standing meeting can attract the kind of attendance that we think our programs deserve. Maintaining and expanding these kinds of efforts will tax our limited resources.

A critical decision was taken several years ago to assure that PPP was given its best chance of success. Dues for AAPP were actually lowered significantly and bundled with the subscription to the journal. So far this has been positive for AAPP as well as the PPP, but we are currently unable to do much to affect AAPP's income through dues. The Council believes that a fundraising effort might be worthwhile as a way to provide a level of expanded support for the organization. Thus far, AAPP has relied on the generosity and hard work of a small group of individuals, many of whom are on the Executive Council. I do not think that this pattern of reliance is a responsible way for the association to develop further, much less to flourish.

Accordingly, I have appointed a Fundraising Committee to bring a formal report to

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At the end of February the First International Conference on Philosophy and Mental Health, jointly sponsored and organized by the British (The Royal College of Psychiatrists Philosophy Group) and American (AAPP) groups, will take place in Benalmadena, Spain. As indicated in the title, this is the first such meeting where the goal is a truly international participation. As George Agich indicates in his column, there is every indication that the goal will be realized. We will have a substantial representation of AAPP members in attendance and giving papers. And with Jonathan Glover and Kenneth Schaffner offering Keynote presentations the opening evening, the conference will be launched on a high level.

The AAPP Annual Meeting on May 4 and 5 also promises to be a rewarding experience. In the manner of last year's meeting, where a fairly narrow theme concentrated the presentations in a productive way, Jerry Kroll has organized this year's meeting around the

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the Executive Council at the Annual AAPP Meeting in New York on May 4-5, 1996. Alfred Freedman has agreed to chair the Fundraising Committee; other members of the committee include Nassir Ghaemi, Michael Schwartz, and Kenneth Schaffner. The committee has been asked to bring a plan for fundraising for a number of projects such as sponsorship of the *Newsletter* and support for an expanded independent Annual Meeting. At this point the committee would welcome any ideas regarding sources of funds or ideas for projects that might attract support. Members should feel free to send their ideas or suggestions to the committee through AAPP's Administrative Secretary, Linda Muncy, whose address is on the back cover of this *Newsletter*.

Registration and submission of papers for the First International Congress for Philosophy and Mental Health scheduled for Benalmadena, Spain, February 8-March 2, 1996 has exceeded our expectations. By the time you receive this *Newsletter* the deadline for registration for this meeting will have passed. I am happy to be able to report that the quality of the submitted abstracts is very high. The Program features a wide array of papers representing various approaches and thematic interests in philosophy and psychiatry. In that sense, it is a relatively good representation of the diversity that is embraced by the phrase philosophy and psychiatry. Submitted papers from seventeen countries will be presented at five plenary sessions; in addition, there are 40 parallel sessions with a total of 170 papers on the preliminary program. This response is extremely gratifying; it reflects the wide interest in the concerns of our organization in other countries as well. The meeting should bring visibility to the work of many of our members and should afford ample opportunities for networking with colleagues working in the field from around the world.

Clearly, the New Year portends good things for our field. AAPP supported or initiated activities are increasing and the scope of the organization's efforts is expanding. With the enthusiastic support of our members, we have much to look forward to in the new year.

George Agich, Ph.D.
December 1, 1995

Letter from Rome Philosophy and Psychiatry in Italy

In Italy philosophy and psychiatry have had a controversial relationship. In the first half of this century Italian psychiatry was very biologically oriented. Psychological approaches and psychoanalysis felt quite separate from one another. When psychiatrists were interested in philosophy, it was just a matter of a personal interest without any relationship to their profession, or, at least, to their clinical practice. One can quote, for example, the introduction to the 2nd edition (1920) of the *Handbook of Psychiatry* of A. Morselli, a renowned scholar of that period: "Psychiatry, no longer a matter of mere philosophical debate, has now become a positive science" (p.7).

Meanwhile Italian culture was strongly influenced by two philosophers coming out of the idealist tradition: B. Croce and B. Gentile. Mr. Gentile (1875-1944) was involved with Fascism. He was Minister of Education (to be honest not one of the worst in the Italian recent history), and he reformed the Italian school system according to his view. Eventually he was killed by communist partisans during the World War II. Mr. Croce (1866-1952) was one of the leading intellectuals and opponent of fascism, and, in 1944, at the end of the fascist years, he served briefly as a cabinet minister. The two philosophers influenced the whole Italian culture till the sixties. Both Gentile and Croce identify philosophy with historical studies of the developments of concepts; both believed that human sciences (e.g., literature, arts, philosophy, music) were totally split from natural sciences (e.g., physics, biology, medicine). Both considered new empirical sciences such as psychology and sociology not sufficiently scientifically grounded.

In the sixties this situation was dramatically overturned. Other philosophical views such as phenomenology, existentialism, French structuralism (but not analytic philosophy, which remained rather foreign for still a long period), broke out, especially thanks to the philosophical circle of Turin, with N. Abbagnano. Meanwhile Italian culture discovered psychoanalysis, sociology, and psychology. The first chair in sociology in Italy was set up in Trento in the late sixties, while the first in psychology was set up in Padova in the early seventies. Psychiatry fell in love with these new sciences. Biological psychiatry went out of fashion and young psychia-

trists discovered sociology, psychology and, eventually, philosophy: in particular phenomenology.

Meanwhile the community mental health care movement had also begun in Italy. It was localized in North and Central Italy. In early 1960's some sociologists and psychiatrists (following the analogous movement started in the U.S. and the U.K. in the 50's) began to ask fundamental questions about mental hospitals. What happened was an ideological shift in which the total institution came to be seen as authoritarian, inefficient, and in many ways anti-therapeutic. Early attempts to transform the mental hospital into a therapeutic community (Gorizia, Perugia, Arezzo) were soon overwhelmed by demands that nothing less than its abolition would do. In 1978 Italy radically reformed its mental health system, abolishing psychiatric hospitals (except forensic psychiatric hospitals) and establishing community-based, non-segregated and demedicalized care. Social therapies (part-time hospitalization, self-help communities, substitute homes, non-residential self-help organisations, professional & para-professional organisations) were regarded as the real solution to the problem of mental health cares. Biological psychiatry survived in private clinics and in a few universities, while the whole system of community care and most

FINAL 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.

psychiatric chairs in universities rejected biological approaches to mental diseases. They also rejected psychoanalysis, as a bourgeois science. As a result, phenomenological psychiatry was pushed to become--at least in theory--the official philosophy of almost all psychiatric institutions. Only a few scholars felt the need to deepen the debate on the relationship between philosophy and psychiatry (one can mention, for instance: S. Moravia, A. Natoli, S. Gindro, and U. Galimberti), since one of the two poles seemed to have vanished. Many Italian psychiatrists turned themselves into philosophers and social workers, at least in the sense that they rejected any other perspective to understand (and, sometimes, to treat) mental disturbances. Psychiatry as a real branch of medicine seemed to be doomed.

However in the nineties the debate over the biological roots of psychiatric diseases was reopened. Phenomenological approaches remained important but became less pervasive. Data coming from sociology started to be compared with psychological and biological findings; psychoanalysis, emerging from the ideological quarrels of the 70's, became part of the scientific scenario, in some measure renouncing its pretense to be the only possible psychology. Briefly, the psychiatric field became less conditioned by any kind of ideological commitments. Psychiatrists discovered bioethics: in 1993 a group of psychiatrists, led by A. Giannelli, set up a working group on psychiatric ethics in the *Consulta di Bioetica* (a network among scholars and practitioners interested in bioethics); still in the same year an International Conference on Psychiatric Ethics (*From Moral Illness to Molecular Biology: Ethical Issues in Psychology and Psychiatry*) was held in Rome, organized by the Ethical Committee of the *Italian Council of Research and the Psychoanalytic Institute for Social Research* (IPRS), an independent research institute run by S. Gindro, a scholar who studied philosophy with N. Abbagnano in Turin before becoming a psychoanalyst. In 1994 the IPRS organized a workshop (in which G. Agich participated as a AAPP representative) on *Cross-Cultural and Philosophical Issues in Informed Consent in Psychiatry*, in collaboration with the Psychiatric Network of the International Association of Bioethics and the Philosophy Group of the Royal College of Psychiatry. Subsequent to that workshop several scholars got in touch with the AAPP and some fellows of the IPRS, including S. Gindro, became members of the association. During that period the idea of setting up an Italian working group on philosophy and psychiatry

started. P.L. Scapicchio, president of the Italian Psychiatric Association, was enthusiastic, and a little group of researchers decided to attempt the enterprise. They included--apart from the group of the IPRS--a few young phenomenologically educated philosophers working in Milan and a small group of psychiatrists working in Rome, Milan, Novara and Brescia. In the beginning of 1994, Emanuele Severino, one of the leading philosophers in Italy, officially supported the initiative, and a number of scholars educated by him joined the group. In December 1994, with the support of the European Community, the IPRS organized the first European conference on *Ethical Aspects of Brain Research*. It provided the opportunity for many Italian scholars to come in contact with foreign colleagues as well as to meet with each other. At the present the working group is progressing: many of its components will participate in The First International Conference on Philosophy & Mental Health next February in Spain. During the Spring of 1996 local representatives are going to participate in two conferences: on philosophical and ethical issues in mental handicaps (in Brescia, organised by Dr L. Croce); and on the mind/body dualism in bioethics (in Rome, organized by the IPRS). A special feature of the Italian group is its interdisciplinary character. It enlists not only psychiatrists and philosophers but also neurologists, sociologists and psychologists.

The Italian group therefore promises to rapidly become a well established working group. It is sponsored by the Italian Psychiatric Association (IPA) and aims at being included in the IPA as one of its special sections. The IPA has already given its sponsorship to The First International Conference on Philosophy and & Mental Health, and the current IPA President, Prof. G. Vella, will attend the conference. Moreover Dr. M. Di Giannantonio, as an IPA officer, is organizing the first course on bioethics for psychiatrists, and most of the scholars involved in the working group on philosophy and psychiatry will offer their contributions to this course.

Emilio Mordini, M.D.
Rome

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AAPP ANNUAL MEETING

May 4 and 5, 1996

New York, NY

(in conjunction with the American Psychiatric Association Annual Meeting)

Theme:

Akrasia, or Weakness of Will

Keynote Speakers:

Eric Hollander, M.D.
Department of Psychiatry
Mount Saini School of Medicine
New York, NY

Alfred Mele, Ph.D.
Department of Philosophy
Davidson College
Davidson, NC

Amelie Oksenberg Rorty, Ph.D.
Department of Philosophy
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REVIEW

The Healing Spirit, by Paul R. Fleischman, M.D. New York: Paragon House, 1989. *Spiritual Aspects of Psychiatric Practice*, by Paul R. Fleischman, M.D. Cleveland, SC: Bonne Chance Press, 1993.

The American Psychiatric Association's Oskar Pfister Award is given annually to a person who has made "important contributions to the spiritual and humanistic side of psychiatric issues." In 1993 Paul Fleischman joined the distinguished ranks of previous winners like Oliver Sacks, Robert Coles, Hans Kung and Victor Frankl. Fleischman's essay, *Spiritual Aspects of Psychiatric Practice*, includes his Oskar Pfister lecture. His earlier work, *The Healing Spirit*, is a groundbreaking exposition of the relationship between psychotherapy and religion.

In *The Healing Spirit* Fleischman identifies and describes in detail ten religious issues that are heard in the process of psychotherapy. Each issue has both religious and psychological dimensions but is best understood from an all-encompassing perspective that Fleischman calls "bio-psycho-social-spiritual". The ten issues are witnessed significance, lawful order, affirming acceptance, calling, membership, release, world view, human love, sacrifice and meaningful death.

Each chapter of *The Healing Spirit* focuses on one of the religious issues and includes detailed clinical vignettes, as well as religious and historical source material. The first chapter, for instance, "Witnessed Significance", begins with the story of a dysthymic, narcissistic graduate student presenting for therapy because of his inability to finish his thesis. In this patient's angry and ambivalent hunger for acceptance and acclaim Fleischman sees echoes of the broader religious issue of witnessed significance, which is the human need to be accepted and cared for by a loving God. In addition to treating his patient's depression and narcissism, Fleischman addressed the religious issues at the core of his emotional pain. His critical, unhappy fundamentalist father had left him with the message, "Obey the foreman, and pray to God." He had a difficult time distinguishing his own needs and wishes from the angry and conflicted desire to please his father. Clouded by his narcissism were genuine spiritual yearnings. He was hurt that he had never experienced God's grace. "He was bitter, bitter against God, against the phonies who attested to grace. He was furious at himself for his failure. He felt excluded from the eye of the universe." Through the exploration of religious is-

sues, Fleischman was able to uncover core components of the patient's angry narcissism, as well as reinvigorate healthy life affirming spiritual urges. The patient became more empathetic and more loving with his girlfriend. He utilized therapy more effectively, without the limit testing that had previously characterized his therapeutic work. He finished his thesis, and became active in a liberal church. Therapy, being cared about and listened to and mattering to someone else, helped resolve this student's narcissistic conflicts. But he was able to accept therapy only when he realized that he mattered to God.

Dysthymia and narcissism are ubiquitous and particularly difficult to treat. Our usual armamentarium of psychological and pharmacological tools is largely ineffectual. Yet, as Ronningstam et al (1995), recently reported with surprise, people recover from narcissism. Before Freud religion "treated" narcissistic pathology. Calling, membership, release and love all lead irretrievably to a life that transcends the self and its narcissistic concerns. Modern religiously informed therapies like AA overtly and effectively confront narcissistic pathology. While spiritual issues are important in human psychological growth and maturity, the actual practice of incorporating spiritual issues in psychiatric treatment has not been effectively described or demonstrated.

Fleischman shows us, by example, the proper practice of bio-psycho-social-spiritual therapy. He is never dogmatic, never explicitly theological and never encourages any specific religious practice or creed. He is as willing to see the pathological elements of religious practice as he is to see the glory and joy of true religious experience. While maintaining an attitude of strict technical neutrality he listens for and explores the religious, philosophical and existential issues in patients' lives that most therapists ignore.

In the current health care environment effective therapy is seen as brief and symptom focused. Fleischman's leisurely long term treatments focused on personality change seem sadly anachronistic. In *Spiritual Aspects of Psychiatric Practice* Fleischman describes some of the "threats to the healing spirit in psychiatry". Repressive forces in society, in our patients, and in us conspire to block the free speech and freedom of the spirit implied in good psychotherapy. Free speech is always dangerous, expensive and revolutionary. Spiritual freedom, as Fleischman repeatedly points out, is particularly dangerous. The same call to self-transcendence that drove St. Anthony to the desert, that empowered Gandhi and his followers em-

powers fascism and its nationalist zealots. Awe and dread are both appropriate responses to that "fearful symmetry"; repression is natural and expected. The battle for true freedom must be fought over and over. Each generation faces different kinds of repressive forces; in Freud's time it was sexual mores and inhibitions of Victorian society, in our time it is the materialism and moral despair of post-modern culture.

Fleischman identifies several methods for developing and maintaining the "healing spirit" implied in bio-psycho-social-spiritual therapy. These methods include 1) maintaining an all inclusive vision or intersubjectivity that listens for the "universal truths reverberating in discrete persons or moments"; 2) maintaining one's centeredness with contemplation and solitude; 3) maintaining reverence for the words and language that describe spiritual knowing; 4) respecting culture as that which maintains discipline and transmits aesthetic and spiritual values; and 5) maintaining our identity as healers, members of a discipline handed down from generation to generation by direct guidance and example.

Fleischman points out that therapy is an investment, and the costs of emotional immaturity are immense and poorly appreciated. The financial costs of the divorces, career changes, and medical non-compliance that could have been prevented by good psychotherapy are enormous. Fleischman has a deep faith in the power and effectiveness of therapy. He is a witness that telling one's story and being listened to earnestly and reflectively can change lives and personalities.

But we as a culture, as well as many psychiatrists and psychotherapists have grown skeptical about the power of therapy. The fiscal pressures that have been brought to bear on the practice of psychiatry and psychotherapy stem partially from societal doubts about the utility of therapy. Fleischman shows us that good therapy is worthwhile. His descriptions of his patients illustrate the spiritual dimensions of the human despair that we as clinicians attempt to treat.

We as a society must face the social and cultural dimensions of our profound bio-psycho-social-spiritual despair. Cultural solutions that go beyond individual therapy are required. Individual therapy may not be the best and most effective way, as a society, to give our members the sense of belonging, calling, membership and meaning that Fleischman was able to help his patients attain.

References

1. Ronningstam, Gunderson and Lyons (1995). Changes in pathological narcissism. *American Journal of Psychiatry* 152: 253-257.

Greg Mahr, M.D.
Detroit

Harvest in Neuroscience: Food for Thought

In the middle of the decade of the brain, hardly a week passes by without new discoveries in the field of neuroscience. New results get published in a large number of different journals, such that the psychiatrist, psychologist, and philosopher can hardly keep up with the pace at which knowledge is growing in the field (for a good overview, cf. Gazzaniga 1995). In this highly selective and personal review, I want to call the attention of the reader to a few findings and related concepts that appear, at least to me, to be of interest to the wide readership of this newsletter.

Neuroplasticity. Little more than a decade ago, the standard view of the brain, and cortex in particular, was that we are born with it, that it develops after birth to some extent, and that thereafter it dies a slow death over the lifetime of the organism without much change, let alone any further growth.

It is hard to believe that an ear doctor from California radically challenged, and by now, changed this view. This happened because he and his colleagues treated deaf people who had lost their hearing because of pathology of the inner ear with a new, artificial inner ear. Upon awakening from the operation, it turned out, these patients are highly confused by the strange rumbling noises they "hear." However, after a year or so, a substantial proportion of the patients can have a conversation over the phone, i.e., can understand speech without lip-reading! — How can this be? What does the answer to this question tell the psychiatrist, psychologist, and philosopher?

An artificial inner ear (a cochlea implant) works as follows: A microphone outside the body picks up the sound from the environment. The output of the microphone is then amplified and split into several frequency bands, and the signal in

each band is transformed into electrical pulses. Small electrodes are implanted such that they reach the nerve that normally conducts the signals from the inner ear to the brain. Such stimulation results in unpleasant sensations of rumbling noise. After the artificial device has worked for a year, however, remarkable changes in the subjective experience brought about by the implanted device have occurred.

Experimental research in animals and several studies in humans have established how the brain does this extraordinary trick (cf. Merzenich & Sameshima 1993). In brief, it remodels itself according to the needs of the organism and the stimuli coming in from the outside world. This process of remodeling, called neuroplasticity, has generated a wide interest from neuroscientists. The basis of neuroplasticity is the capability of neurons to modify their connections to other neurons either by the growth of new fibers, or by the change of the connecting strength of existing fibers. The principles of such changes have been investigated for more than two decades. By now we have some grasp of how modification at the synaptic level comes about, notwithstanding all the many puzzles that warrant further research on the biochemistry of synaptic strength modification by processes called long term potentiation (LTP) and long term depression (LTD; cf. Baudry & Davis 1994).

Maps in the Brain. The cortex can be regarded as a device that produces maps. In the case of input from the outside world via the body surface, somatosensory maps are formed. We know now that there are many such maps. We further know that there are maps that code the frequency of auditory signals, and other maps that code aspects of visual input (Serenio et al. 1995).

Maps in the brain refer to the way information is stored, i.e., (1) locally and not "holographically", and (2) in an ordered manner, i.e., not scattered around randomly. Finally, (3) nothing in these maps seems to be more constant than change.

Experience-driven changes of somatosensory maps have been demonstrated in humans after amputation and upon selective stimulation of a small area. When a hand is lost, the somatosensory cortical surface which represented the arm is gradually "taken over" by neighboring representations (Spitzer et al. 1995). Not only such decreases in the size of the computational surface upon decreased input, but also the opposite phenomenon, have been directly observed. When humans learn Braille, i.e., learn to discern patterns of small dots on a surface by touching

ADVANCE NOTICE/
CALL FOR ABSTRACTS

AAPP NEW ENGLAND REGIONAL MEETING

Saint Joseph College
West Hartford, CT
Friday, January 17 -
Sunday, January 19, 1997

Theme:
Imagination and its Pathologies

Invited Speakers:

Edward Casey, Ph.D., Professor of
Philosophy, SUNY, Stony Brook, NY

Amedeo Giorgi, Ph.D., Professor of
Psychology, Saybrook Institute, San
Francisco

Richard Kearney, Ph.D., Professor
of Philosophy, University College
Dublin

Ethel Person, M.D., Professor of
Clinical Psychiatry, Columbia Col-
lege of Physicians and Surgeons,
Training and Supervising Analyst,
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choanalytic Training and Research

Deadline for abstracts of 600
words is July 15, 1996. For full infor-
mation contact any of the following:

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James Phillips, M.D.
(cf *masthead*)

them with the tip of their right index finger, the cortical area that represents this fingertip increases in size (Pascual-Leone & Torres 1993). Likewise, when humans learn to play the violin or the guitar, the cortical areas that control the fingers of the left hand increase in size (Elbert et al. 1995). The effect is most pronounced in those who were lucky to start learning before the age of twelve, which corresponds nicely with a remark once made by my daughter's violin teacher that the ability of her students to produce a nice vibrato is much decreased in those starting their musical career after the age of twelve. The effect, however, is also clearly present in those who started at a later age, which should reassure everyone that it is never too late to start playing the violin or the guitar.

Yugoslavia and the Cortex. Neurophysiological and neurocomputational evidence suggests that there are only two principles that govern the formation and change of maps: frequency and similarity of the input. Similar input gets represented in adjacent places on the map, e.g., the cortical representations of the thumb and the index finger occupy areas which border each other.

This brings us to what has been called by some neuroscientists the "Yugoslavia view of the cortex," which can be summarized as follows: The cortex can be regarded as a computational surface where a constant fight for space is taking place. The fighters are the various input patterns activating the particular cortical area. The more they activate, the more space is allocated to their representation. This happens automatically by self-organization processes, which are "built in" in the cortex and which can be studied in artificial neural networks (Creutzfeld 1995, Ritter & Kohonen 1989).

To come back to the patients who hear with newly implanted inner ears. The input patterns that stimulate the primary auditory cortex can be assumed to be completely different from the signals which the maps received under physiological circumstances, i.e., with the intact "live" inner ear. Over time, however, the spatiotemporal contingencies of the input will drive reorganization of the maps such that they are able to "make sense" out of the new input. Moreover, the reorganization of the auditory maps has to be such that the signals from there can be processed further upstream, most importantly, hooked to semantic maps, i.e., representations of meaning. This implies that the input-driven reorganization of the auditory maps has to take place, to some extent, according to "higher order" representations feeding back to the "lower" sensory representations. In other words, in order for the sounds to be analyzed in terms of phonemes (and for these phonemes to be analyzed in terms of meaningful words) the reor-

ganization of the auditory maps not only have to be adaptive with respect to the completely new input, but also with respect to the preserved higher order maps of phonetics and semantics. In sum, marked input-driven changes of tonotopic maps have to take place which are at the same time guided by higher order representations.

Experience and the Brain. A map-like organization of even the "highest" representations (coding object features, meaning, and, quite possibly, goals, plans, etc.) is not unlikely, given that all neocortex is built, at least in principle, the same way, that is, to function as a map-generating engine. Cortical areas which receive input from other cortical areas will therefore form higher order maps of their input. In fact, self-organizing maps have been demonstrated to generate orderly map-like representations of semantic input (Ritter & Kohonen 1989). When a self-organizing map was presented with the names and characteristics of animals, it formed a map, on which the 16 animals were represented such that animals with similar features were close together, whereas dissimilar animals were far apart. As the authors point out, "this result is very suggestive of how a self-organizing system can learn to spatially guide the formation of memory traces in such a way that its final physical layout forms a direct image of the hierarchy of the most important 'concept relationships' " (Ritter & Kohonen 1989, p. 248).

Watch Your Mind's Diet! There is no reason to believe that "higher" cortical areas, which receive their input not from the outside world but from the output of "lower" cortical areas, are not subject to plastic changes. On the contrary, one may expect from the adaptive and highly flexible functions the "higher" cortical areas carry out that, if anything, they exhibit a comparatively larger degree of plasticity. If this is so, the experience-driven changes of these maps correspond to the experiential changes of the individual. In other words and put crudely, the brain is not a piece of hardware that does not care about the software it is running. The brain constantly adapts to be efficient in processing whatever we provide as input.

The immediate consequence: we should take care not only of the diet we give to our bodies, but also of the diet we provide for our brains. Watching horror movies for two hours a day will

change the brain of the horror fan, that is, an increasing chunk of cortex will be devoted to horror. This piece of representational matter will then influence the responses of the individual to a great many stimuli, and will guide behavior. Those who say that "merely watching" violence, horror, or pornography does not do any harm, in essence, are proven wrong by neuroscience: Unlike a personal computer that does not care which software is running on it, the brain adapts to every experience we make and changes itself to digest into orderly representations, maps, whatever food it is given.

Finally, with respect to psychiatry, we should be aware that the old distinction between mind and brain pathology is no longer tenable. The fact that learning is accompanied by changes in neuronal representations implies that the clinical distinction of "organic versus functional" disorders does not denote a fundamental dichotomy, but rather merely refers to "gross organic versus fine organic" pathology. Hence, it lacks all the fundamental conceptual sharpness that allowed generations of psychiatrists to build their classificatory systems on it. This provides us with the opportunity of a fresh look at "reactive" disorders, disorders of "personality" and other puzzles yet unsolved.

The neurosciences provide an enormous amount of food for thought for the thinking psychiatrist. And all we have had yet were the hors d'oeuvres!

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Review

Philosophical Psychopathology, edited by George Graham and G. Lynn Stephens. Cambridge, MA: Bradford Books, MIT Press, 1994.

The goal of Graham and Stephens' well-chosen collection of readings on issues of philosophical psychopathology, the editors explain in their preface, is to reveal the breadth and variety of philosophical reflection on psychopathology, particularly, "the puzzles and data within psychiatry and related fields that interest or should interest philosophers, and the extent to which a number of contemporary philosophers and philosophically informed psychopathologists are contributing to a rapidly growing literature at the convergence of philosophy and psychopathology." (Preface vii) The intellectual energy at the intersection of philosophy and psychopathology, they insist, "wants notice and advertisement."

This recognition of growing interest in the issues which arise at the borders between the philosophy of mind, the philosophy of psychology, philosophy of science, ethics and moral theory, on the one hand, and psychopathological phenomena and its study, on the other, is timely and important. And Graham and Stephens' volume reflects the first and thus far the only effort to collect and so to "notice, and advertise" these recent interdisciplinary studies. Early collections focused on psychiatric ethics, and on more public-policy related issues arising over mental disturbance, and recent years have seen several important volumes devoted to the philosophical issues arising over diagnostic classification, such as the collection edited by Sadler, et al. (Sadler, Wiggins and Schwartz 1994) But Graham and Stephens have recognized

that, important as these ethical, policy-related, and classification issues are, they do not exhaust the philosophical interest in, and philosophical contributions to a study of psychopathology.

The term "psychopathology" is understood very broadly, in the present volume. Not only does psychopathology designate the subfield of medical practice and psychology which studies mental disorders, as the editors point out, as well as those disorders themselves. In addition, and perhaps more controversially, the conditions which are the subject of these discussions span the distinction between those whose etiology is known to be organic, distinguished in DSM-IV as "general medical conditions" and those "mental disorders" (DSM-IV) whose etiology is yet unknown and is arguably of social or psychological origin. Cognitive deficits resulting from neurological disease and damage such as Anton's Syndrome, the effects of alcohol addiction, and autism, are included with discussions of more straightforwardly functional conditions, such as clinical depression, dissociative disorder, the "thought insertion" symptoms associated with schizophrenia, and delusions. Current thinking on diagnostic classification seeks to diminish this distinction between the results of disease or damage to the brain and functional mental disorders, and the editors of this volume justify the range of disorders encompassed here on the grounds that they are all the concern of contemporary psychiatry (Introduction, page 5). But the issue is controversial, and the current volume's catholicity may be criticized for attempting to occlude what, conceptually at least, is sharply distinguishable.

In addition to research devoted to the meaning of particular symptoms and or conditions, this collection also includes a number of meta-discussions. These discussions cover the issue of diagnostic classification, its purpose and rationale, and also range over a number of particular methodological questions: what can be learned about the nature of consciousness from deficit studies, the effectiveness of psychotherapy, and the significance of the placebo effect.

As this variety suggests, the editors have gathered readings with an eye to illustrating the breadth and extent of the ways philosophical analysis and critique, and philosophical theory, speak to, and about psychopathology. Inevitably, this emphasis on breadth must be at the expense of depth - one could complain of a certain arbitrariness in the selection of just one piece from several areas in which there is by now a burgeoning philosophical liter-

ature. On the other hand, as the excellent introductory essay insists, this volume is intended to acquaint the reader with the richness of a number of areas of inquiry, and at that, for the most part, it succeeds. The editors' introduction also serves to compensate for the inevitably sketchy picture offered by selected readings from such a broad field by providing an extensive bibliographical review of recent work in philosophical psychopathology.

The inclusion of only one piece seemed something of an unwarranted redundancy. Intriguing as it is, Grünbaum's material on definitions of 'placebo' is in no way distinctive to psychiatric medicine or psychopathology (although it is doubtless particularly relevant to psychotherapy). Moreover, Erwin's comprehensive discussion on the effectiveness of psychotherapy also devotes some pages to 'placebo' issues and does so in such a way as to carefully show how and why they arise in relation to the treatment of mental disorder.

In general, the quality of the contributions to Graham and Stephens' volume is very high. Those which involve analysis based on empirical studies (Van Gulick on deficit studies, and Gorden and Baker on autism) reveal the methodological clarity and care associated with the best 'philosophy of' writing. Poland, Von Eckardt and Spaulding offer an excellent critique of psychiatric nosology. (It is one which should be required reading for all trainee clinicians whose professional efforts are so shaped by the DSM's.) Looser and more discursive writing such as Flanagan's work on multiple identity, character transformation and self-reclamation,

CONFERENCE ANNOUNCEMENT

CONTROVERSIES IN BIOETHICS

March 18, 1996

This conference on Controversies in Bioethics about the end of life, moral decision making, and managed care, sponsored by The Department of Medical Humanities of the East Carolina University School of Medicine and The Bioethics Center of the University Medical Center of Eastern Carolina, includes national speakers E. Pellegrino, H.T. Engelhardt, R. Charon, L. Churchill, and G. Khushf. For more information, contact Katherine McGinnis, Eastern AHEC, PO Box 7224, Greenville, NC 27835-7224, phone (919) 816-8214, and fax (919) 816-8596.

Schoeman's on alcohol addiction and responsibility attributions, and Garrett's on despair and clinical depression is original and sophisticated, and allows us to see the application of contemporary moral theory to mental disorder. Fulford's discussion on delusion, and that of Graham and Stephens on thought insertion reveal the way an understanding of the philosophy of mind can enhance and help us 'place' clinical and phenomenological descriptions of symptoms. While interesting, Bach's discussion on emotional disorder and cognition did not in my estimation match the other contributions. Bach attempts to make explicit, as he puts it, "certain attentional aspects of emotional disorder." (page 66) A project so ambitious cannot be convincing in a short piece: it lacked the necessary context setting, both within the philosophical literature on attention, and within the psychiatric literature on attempts to categorize and understand emotional disorder.

As its broad scope indicates, this book should have wide appeal. It would make accessible reading both for clinicians and for professional philosophers. It would provide a text to complement straight case materials - for medical students undertaking psychopathology courses, and for trainee clinicians. It would also serve as a college or graduate-school text within philosophy: in advanced undergraduate and graduate courses on the philosophy of mind and the philosophy of science.

In brief then, and on balance, this is an exciting, well-chosen and helpfully introduced volume which provides an invaluable reflection of contemporary research in philosophical psychopathology.

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Commentary: The Mind/Brain Puzzle

For me, the most interesting aspect of this topic is its implications for the Freudian unconscious. But first let us briefly examine the major philosophical

positions. The broadest division is between monism versus dualism. Monism maintains there is only one kind of reality—either physical in the form of matter/energy or spiritual in the form of ideas and sensations. Dualism maintains there are both, but different versions of dualism disagree on the relationship between the two. Interactionism says they interact causally, whereas parallelism claims they are closely correlated but exert no causal influence on each other. Epiphenomenalism asserts that all causal interaction occurs among physical events, some of which are correlated with mental events. Mental events themselves play no causal role in the world.

I will address three questions: (1) What was Freud's position on the mind/brain issue? (2) Is Freud's position tenable? (3) How does the Freudian unconscious relate to this issue?

Quoting extensively from Freud's writings, Wallace (1985) concludes that metaphysically Freud was a consistent materialist but methodologically an interactionist dualist. Freud wavered on whether methodological dualism was in principle reducible. If reducible, then Freud would be "a type-type identity theorist with neurophysiological eliminativist aspirations" (p. 236). If irreducible, then Freud would be a "functionalist" and either a token-identity theorist or a dual-aspect monist. Dual aspect monism holds that the concepts of mind and brain refer to different aspects of a unitary entity or process. Wallace favors dual-aspect monism or token-identity theory because of their superiority in metaphysical parsimony (p. 264). This view allows psychoanalysis to espouse a materialist ontology along with an interactionist perspective. I believe this is most popular position today among cognitive scientists.

A brief description of identity theory is necessary to understand the above. According to one variant of materialist monism, the mind is identical with part of the brain. What is the meaning of "type" versus "token"? "Type" is the same thing as "class." For example, there is the class of all chairs. Each individual chair or member of this class is a "token." Type-type identity theory states that every occurrence of a particular thought (e.g., "Hitler was a house painter") must be identical with a pattern of neuronal firing which is member of the same class of neuronal firings. Type-type identity theory implies that mental events are, in principle, reducible to brain events because causal laws always connect one type of event to another type of event.

The philosophical view called

"functionalism" rejects type-type identity theory in favor of token-token identity theory. The assumption underlying functionalism is the concept of multiple realizability. Functionalism defines mental states in terms of their causal relationships to environmental effects on the body, other types of mental states, or bodily behavior. According to this view, the same thought can be "realized" by anything that has the correct causal relationships. A thought is always identical with some token physical event but these token physical events need not all be of the same type.

Functionalists believe that mental states can be realized in indefinitely many ways. They typically speak of an imaginary being from another planet whose chemical constitution might be based on silicon. The token-token version of identity theory has no problem with this view because it holds that different occurrences of a thought can be identical with quite different material events. The functionalist rejection of type-type identity theory in favor of token-token identity is taken to support the methodological autonomy of psychology from the various physical sciences. In *The Project* (1895) Freud manifested reductionist tendencies, but throughout the rest of his career he claimed autonomy for the psychological from the physiological.

Let me briefly clarify what Wallace refers to as Freud's "methodological interactionism." According to dual-aspect monism, some brain events have a dual-aspect and others have only a single-aspect. Freud tended to identify cortical events as "psychic" in contrast to subcortical events, but the two obviously interact causally. Although Freud writes as though he believes that psychic events causally interact with non-psychic events, this "manner of speaking" does not contradict his metaphysical commitment to a materialist ontology.

Flanagan (1984, p. 64) comes to similar conclusions, though he notes an ambiguity in Freud's writings. One interpretation sees post-1895 Freud as committed to neutrality on the nature of mental events. This position has the advantage that one may study mental phenomena in whatever vocabulary seems most appropriate without metaphysical commitments. Flanagan favors the second interpretation of Freud's writings as espousing materialism without reductionism, noting that recent scholarship (e.g., Sulloway, 1979) sees Freud as firmly committed throughout his life to metaphysical materialism.

Is Freud's position on the mind-brain controversy tenable? I noted earlier that it is similar to the prevailing view in cogni-

tive science today. Wallace says, "It is generally thought that none of the major positions on mind-body is decisively refutable. . . ." (p. 264). However, it is equally true that no position is immune to objections. If I understand Wallace correctly, dual-aspect monism is the same as what many philosophers refer to as "property dualism." "Aspect" is the same thing as "property." Kim says, "The distinctive feature of the mind-body theories that have sprung up in the wake of the identity theory is the belief, or hope, that one can be an honest-to-goodness physicalist [materialist] without at the same time being a reductionist" (1993, p. 266). Kim argues that this "middle-of-the road" position is untenable.

The arguments are too complex to summarize. They hinge on the notion that mental events "supervene on" (causally depend on) physical events. Property dualism raises many of the same problems as substance dualism. Do the two kinds of properties interact causally or merely proceed in parallel? Some maintain that mental properties are "emergent" when matter reaches a certain complexity of organization, but that once they exist they can exert a causal effect "downward." Despite the current dominance of materialistic monism, some respected philosophers claim that quantum mechanics is "more hospitable to a dualism of mind and body than a world governed by metaphysical principles associated with classical physics (Shimony, 1989, p. 37).

Let me conclude with the implications of the mind-brain controversy for Freud's concept of the unconscious. According to Rubinstein, "Unless we are prepared to get bogged down in the well-nigh impenetrable mist of a dualistic view of unconscious events, we must accept the notion that unconscious mental events in fact are neural events by another name" (1980, p. 13). The cogency of Rubinstein's claim is based on the fact that all arguments in favor of dualism relate to conscious mental events. However, both psychoanalysis and cognitive psychology currently extend the concept of mental to include unconscious mental contents as well as unconscious mental processes (mechanisms of various sorts) which never become conscious under any conditions. By contrast, Freud's concept of the "descriptive unconscious" is limited to mental contents capable of becoming conscious under some conditions. Preconscious contents have access to consciousness and so do dynamically unconscious contents if the defense is lifted.

Searle (1990) interprets Freud as espousing dualism on the unconscious level,

but he does not support this claim with quotations from Freud's writings. Searle endorses Freud's concept of the unconscious in the sense of mental contents that have potential access to consciousness. However, Searle insists that an unconscious content is nothing more than neurophysiology. "Access to consciousness" is defined as the power to cause a conscious mental event. Searle opposes the concept of the unconscious endorsed by cognitive psychology which postulates mechanisms that in principle can never become conscious. I have attempted to refute Searle on this point (Gillett 1996, accepted for publication) and have argued (Gillett 1995) that both kinds of unconscious are legitimate when "mental" is defined in terms of "level of description."

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Flanagan and Graham MIT Series on Philosophy and Psychopathology

The following is George Graham's description of a new series of publications in philosophy and psychopathology commissioned by the MIT Press.

Editor

Subject: Flanagan and Graham MIT Series.

Series Conception: A Series on Philosophy and Psychopathology to be edited by Owen Flanagan (Professor of Philosophy and Psychology, Duke University) and George Graham (Professor of Philosophy and Psychology, University of Alabama at Birmingham).

Tentative Series Title: Philosophical Psychopathology: Disorders in Mind.

Audience/Readership: Philosophers, cognitive scientists, psychopathologists, psychiatrists, neurologists, anthropologists, graduate students and educated laypersons.

Short Background Narrative: Any decent bookstore can tell the tale. Mental disorder or psychological deficit or dysfunction is "in", taking up whole and entire walls of bookcases. There is no area of human concern which has not succumbed to attraction with psychopathology: from listening to Prozac, women who love too much, the madness of mass murder, and horrors of priestly sexual molestation to the miseries of autobiographical memory loss in Alzheimer's Disease.

We are all disordered minds, the philosopher Kierkegaard surmised, selves locked into intractably incompatible and dysfunctional forms of thought and emotion. Kierkegaard's charge surely is contentious, but the popularity and abundance of literature on mental disorder suggests that the charge contains a kernel of truth.

The aim of the series is novel and uncharted. Philosophers have only just recently begun to try to understand mental disorder. The number of major figures in the history of philosophy who have written about psychopathology can be counted on one hand. However, judging from Graham and Stephen's MIT collection, *Philosophical Psychopathology*, the material devoted to disorders of consciousness in Owen Flanagan's MIT publication, *Consciousness Reconsidered*, Ian Hacking's new

Princeton University Press book, *Multiple Personality Disorder*, the new Johns Hopkins journal, *Philosophy, Psychiatry, and Psychopathology*, and several other recent exercises, that history is rapidly changing.

Should it change? Should mental disorder be addressed by philosophers? Can philosophers contribute? Mental disorder is notoriously the massive, perplexing, and argumentatively heated hub of psychiatry and psychopathology. Why should philosophers or those trained in philosophy—for contributions to the series will not be restricted to professional philosophers—believe that they can do any better or even do anything valuable here at all? The short answer is that in recent years philosophers have done very valuable work in a wide variety of other wise empirical subject matters such as cognitive science and evolutionary theory. So, there is good inductive warrant to expect the same with psychopathology. The long answer, well, that's the point of the series.

The proposed series will feature philosophic approaches to mental disorder. The books will be written by the new wave of philosophers of mind/psychology and those theorists (including physicians and psychiatrists) informed by philosophy who have focused on mental disorder as an area of energetic and in some cases primary concern.

One obstacle to dealing with mental disorder as a philosophic focus is trying to master the thick and tangled thicket of clinical and empirical data which surrounds the topic. The once time-honored tactic in philosophy of neglecting empirical data in favor of armchair conceptual analysis has all but been abandoned. The contemporary approach, to know the data before constructing the theory, requires work, much of it interdisciplinary.

Why MIT Press: The Press excels in encouraging interdisciplinary work, and its many publications in cognitive neuroscience and cognitive science set just the right background and tone for a new series on philosophical perspectives on psychopathology. It will be the job of the series editors to mobilize authors, ferret out new and original thinkers, and encourage established figures. Among the topics which may be explored in book length form are:

—dissociative personality and volitional disorders and what they tell us about rational and moral agency.

—auditory hallucinations and disorders of consciousness and what they tell us about selfhood and self representation.

—cognitive neuropsychology's lessons for the mind-body problem.

—whether disorders such as multiple personality are 'rational strategies' for coping with trauma or stress.

—what the universalizing of addiction tells us about the cultural phenomenon of nihilism.

—the relationships between dream states and psychosis.

—neural network models of pathology and their implications for debate over the functional integration of mind/brain.

—culture specific and gender embedded forms of psychopathology and their lessons for both the taxonomy of mental disorder and the scientific status of the study of mental illness.

It should be hoped that a minimum of one book per year will be offered in the series.

George Graham, Ph.D.

1995 Annual Meeting

(continued from previous issue)

In reviewing the Miami meeting—"Recovered Memories of Abuse or False Memory Syndrome: Clinical, Scientific, and Philosophical Approaches"—in the previous issue, I covered the Keynote Addresses and then grouped the various presentations into those that were primarily clinical, primarily philosophic, and finally a mixture of the two.

Two presentations addressing the conference theme remain to be discussed. The first, Louis Berger's "A Third Psychoanalytic Position and its Views on Narrative and Truth: a Contribution to the 'False Memory' Syndrome Debates," was the only explicitly psychoanalytically oriented presentation. While hewing to a psychoanalytic perspective, this presentation overlapped significantly with other presentations: the deemphasis on the importance (and possibility) of factual truth in recovered memories dovetailing with the presentations of Hughes and Lewis, the emphasis on praxis picking up themes developed by Lieberman and again Lewis.

Berger described three psychoanalytic orientations: an older, objectivist viewpoint that insists on the reconstruction and recovery of actual events and memories; a narrativist approach that developed *contra* the objectivist position and that acknowledges the patient's subjective contribution to the narrative of the past but that still locates therapeutic efficacy in

this product; and finally a deconstructionist alternative (espoused by Berger) that, in contrast to the above approaches, *undermines* the patient's stories and histories in the service of shifting the analytic focus onto facilitating unimpeded intrapsychic communication in the present. If the therapeutic action of psychoanalytic therapy is centered in this intrapsychic loosening-up and reorganization in the present, it follows that the entire issue of veridicality of repressed memories assumes less importance. Finally, the question of how the memories are dealt with in an atmosphere freer internal communication becomes one of therapeutic praxis.

Greg Mahr's presentation, "Pessoa and the Dissociative Process," was, like the subject of the presentation, *sui generis*. Mahr described the creative use of dissociative processes in the twentieth century Portuguese poet, Fernando Pessoa, who has remained relatively unknown in this country but is recognized as one of the great poets of the century (see Harold Bloom's *The Western Canon* and George Steiner's review of Pessoa in the current, Jan. 8, issue of *The New Yorker*). In a dramatic moment at the age of twenty six, Pessoa suddenly burst into a torrent of poetry in the identity of one, and then two other, dissociated personalities. These "heteronyms," to use Pessoa's term, remained with him for the remainder of his life. Each had a distinct identity, a separate biography, wrote in his own style, and commented on the others' verse.

Around the intensely curious case of Pessoa, Mahr developed a fascinating presentation that understandably produced more questions and suggestions than definitive answers. What is the relationship of Pessoa's heteronyms to Pessoa? And who is Pessoa? Were the heteronyms like the alters of pathologic dissociation? And what is the relationship of Pessoa's dissociation to his emergence as a great poet? Mahr grappled with all these questions and then suggested that one difference between Pessoa and patients with MPD is that dissociative processes that remained primarily fictional with him are reified into the familiar alters of MPD through the therapeutic process. We were all grateful to Mahr for bringing to our attention this poet who is so interesting and relevant to the concerns of this conference.

Finally, mention must be made of the two presentations that concluded the conference and that were not related to the conference theme. The first, Joseph Loizzo's "Intersubjectivity in Wittgenstein and Freud: Other Minds and the Foundations of Psychiatry," took up the question of our knowledge of the subjectivity of oth-

ers—the “problem of other minds” in the Anglo-American tradition—and focused on the strong treatment of this question in Wittgenstein’s late work. He then moved on to the issue of intersubjectivity in Freud and developed a productive dialogue between the Wittgensteinian and Freudian approaches to this issue.

The nature of Loizzo’s topic was such that we could draw it back somewhat into the conference theme. That was not the case with the final presentation by John Sadler, “Some Implications of Philosophy of Technology for Psychiatric Classification,” and it was thus fitting that the conference end with this presentation. Sadler began by reviewing a number of philosophical analyses of technology, such as that of Heidegger. He then focused in on the area of psychiatric classification, questioning particularly whether the tendency toward reification of the diagnostic categories into concrete disease entities is inevitable and/or desirable. An afternoon program cancellation allowed extra time for discussion of this and Loizzo’s presentations, and we availed ourselves of the opportunity. The conference ended on a note of satisfaction and satiety.

J.P.

(Continued from page 1)

circumscribed focus of Weakness of Will (or Akrasia, to draw on its medieval roots). The Invited Speakers all bring relevant expertise in this area. Eric Hollander has worked extensively in the areas of impulse and obsessive-compulsive spectrum disorders. Among his numerous publications on neurobiological and clinical aspects of these conditions, he is the author of *Obsessive-Compulsive Related Disorders* (APA Press, 1993).

Alfred Mele has worked extensively on different aspects of Akrasia, and his published books include *Irrationality: An Essay on Akrasia, Self-Deception, and Self-Control* (Oxford, 1997) and *Autonomous Agents: From Self-Control to Autonomy* (Oxford, 1994). Finally, Amelie Rorty has written extensively on Aristotelian ethics and psychology, emotion, self-identity, and on philosophy of mind. A collection of her essays, *Mind in Action* (Beacon, 1998), includes two very relevant contributions: “Where Does the Akritic Break Take Place,” and “Akrasia and Conflict.” Certainly we can look forward to a high quality of discussion on the theme of this meeting.

Finally, we are organizing what will be the first regional AAPP conference next January at Saint Joseph College, West Hartford, CT. As George Agich mentions in his column, we are attempting a couple things with the New England Conference: to hold a second and separate conference apart from the Annual Meeting and organized on a regional basis, and to test out a format other than that of our Annual Meeting. While holding our Annual Meeting in conjunction with the American Psychiatric Association Annual Meeting has always seemed like a good idea, it has in fact proved to have some disadvantages. Specifically, there are the unrelenting pressures of competing APA activities, and, related to that, the difficulties in providing a setting for informal exchange and fellowship among the meeting attendees. The regional meeting, spread over two to three days, with an audience in attendance exclusively for the meeting, and meals and receptions available at the conference site, will hopefully overcome these limitations of the Annual Meeting.

As with the Annual Meetings, we are striving to develop the Regional Conference around a designated theme: Imagination and its Pathologies. As in the meetings already described, our Invited Speakers bring impressive credentials to the conference and have all published in the area of the conference theme. Edward Casey has written in many areas of phenomenology and continental philosophy, including a study of the phenomenology of imagination (*Imagining: A Phenomenological Study*, Indiana, 1976). (Ed is also one of the founders of the local Yale/New Haven philosophy/psychiatry group that is now affiliated with AAPP and is the organizing group for this conference). Richard Kearney, also working in the in the continental tradition, and sharing his time between University College Dublin and Boston College, has also written on our conference theme (*The Wake of Imagination: Toward a Postmodern Culture*, Minnesota, 1988). Amedeo Giorgi is well-known as one of the founders of phenomenological psychology in this country. His publications include a collection of essays on our theme, *Imagination and Phenomenological Psychology* (Duquesne, 1987). Finally, Ethel Person, brings to the conference her multiple qualifications as psychiatrist and psychoanalyst, clinician and researcher, and her specific expertise in the area of fantasy, about which she has just published a book (*By Force of Fantasy: How We Make our Lives*, Basic Books, 1995).

Please note that the New England Regional Conference is the only conference being described here that is still open for submission of abstracts (deadline July 15, 1996). We heartily encourage your participation.

James Phillips, M.D.

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