

## From the Editor

I would like to use this column to call our readers' attention to a recent article, "The Philosophy of Psychiatry: Who Needs It?" published in the February issue of *The Journal of Nervous and Mental Disease* and written by our colleagues, Edwin Wallace, Jennifer Radden, and John Sadler. The article serves to remind the larger psychiatric audience of the critical ongoing need for a philosophy of psychiatry as well as of the response to this need by AAPP, the UK group, and PPP. Appropriately, the authors invoke our predecessor and patron saint, Karl Jaspers, for their epigraph. In a statement that could serve as our permanent clarion call, and which I cannot resist citing in full, they quote Jaspers as follows:

Many a psychiatrist has said that he did not want to burden himself with a philosophy and that this science had nothing to do with philosophy. But the exclusion of philosophy would nevertheless be disastrous for psychiatry: firstly, if we are not clearly conscious of our philosophy we shall mix it up with our scientific thinking quite unawares and bring about a scientific and philosophic confusion. secondly, since in psychopathology in particular the scientific knowledge is not all of one kind, we have to distinguish the different modes of knowing and clarify our methods, the meaning and validity of our statements and the criteria of tests—and all this calls for philosophic logic...To sum up: If anyone thinks he can exclude philosophy and leave it aside as useless, he will be eventually defeated by it in some obscure form or another.

Beginning with the Jaspersian point that everyone has a world-view or implicit philosophy and that one is better off being aware of it than not, the authors then offer a broad overview of the issues in contemporary psychiatry that cry out for philosophic reflection. They begin with a review of efforts to define "health" and "mental health." Not surprisingly, they find most of the suggested definitions colored by unac-

## President's Column

### Whither AAPP?

As I relinquish this Column along with the office of President, I feel empowered to offer my views on the future of AAPP, hence the question, "Whither AAPP?"

To know where AAPP might go, it is useful to consider where it has been. AAPP began with a commitment to a singular goal: to promote critical discussion at the interface of philosophy and psychiatry. Its goal was to introduce philosophical reasoning into psychiatry training programs and to bring the clinical phenomena and insights of psychiatric practice to the academic work of philosophers. We have never wavered from that goal.

To come anywhere near achieving the goal, AAPP has worked to promote the field and to establish venues for work in philosophy and psychiatry. It supports PPP, the first academic journal in the field, this *Newsletter*, the annual, regional, and local group meetings as well as sponsored sessions at the meetings of other professional societies, e.g., American Philosophical Association, and international meetings. These are and will continue to be ways that AAPP promotes the field. The Jaspers Prize, too, was designed with this goal in mind. It is no wonder that the work of younger philosophers and psychiatrists, including residents and graduate students, have been commonplace at our annual meetings for a number of years now. We have encouraged their participation or at least have tried to remove barriers to their participation.

These successes, however, raises the question with which I began, namely, where is AAPP headed? With each new endeavor, we have come to question our commitments. In no particular order I offer the following as my advice as I relinquish the presidency of AAPP.

First, AAPP is a professional and academic organization. It does not claim to represent the official position of anyone on matters in philosophy and psychiatry. Indeed, it is almost absurd to think that it could. Give its limited resources, AAPP cannot throw its weight behind projects, because it is not very weighty. It lends what limited support it can to projects in the field—and heretofore has effectively leveraged its limited resources—but its lack of financial resources is well compensated by the dynamism of its membership. The organization should not try to grow for growth's sake, but because growth serves its primary purpose.

Second, the *Newsletter* has reported the establishment of "local groups" in the Soviet Union, Italy, France, and elsewhere. These reports have raised the question whether AAPP has now become an international organization and some have insisted on regarding AAPP as the American Association for Philosophy and Psychiatry. At this point in the development of the field, AAPP would do well to ignore these questions and should resist any efforts to Balkanize the field. AAPP is simply a professional organization. As the field grows and develops, individuals should be added, as some already have to membership on the Executive Council to reflect the diverse interests and needs of our membership. AAPP is not a representative body and has not tried to be such. In fact, it would be far more

(Continued on page 2)

knowledge assumptions. Writing of Jahoda's six indices of mental health, they state: "However useful they may be, these criteria can hardly claim to be purely natural or scientifically derived: they are clearly a function of time- and place-bound cultural contexts as well as of presupposition-laden psychological orientations." They then develop this point by reviewing an array of cross-cultural data: both the variety of conceptions of health and mental health in different cultures, and the varied presentation of psychiatric syndromes in other cultural settings. "There is both historical and cross-cultural evidence that, to the limited degree that we can compare present-day syndromal concepts with past ones, some

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interesting, though potentially more destructive, to decide representation in AAPP based not on location, but on intellectual affiliation. Thus, we could have phenomenological, hermeneutical, existential, analytic, psychoanalytic, computational, cognitive science, neuroscience, and so "divisions." That, however, is the conceit of the splitters, whereas AAPP was conceived by a group of individuals intent on lumping together those few special people who focused their work at the intersection of philosophy and psychiatry. Not until the field matures should we worry about such matters. Whenever circumstances promote the thought of division in the near future at least, AAPP would do well to remember its origin and to avoid these political distractions. AAPP, however, does need to involve energetic and hard working individuals. In fact, if this organization has failed on any single point, it is in not enlarging the circle sufficiently wide to make room for new ideas and creative energy. The Executive Council needs to better cultivate the involvement of the membership in its various projects. AAPP would do well to develop into a member driven organization.

Third, I would like to see regional meetings grow in importance, because they have the greatest potential to promote the field and to cultivate the interests of students. AAPP's involvement at other professional meetings nicely augments this commitment, but national meetings tend to be gatherings of professors, not students.

Fourth, despite what I said about the importance of its membership, AAPP does need resources if it is to succeed in developing this field. AAPP has been successful at developing resources for particular projects, not for augmenting the coffers of the organization. If the organization can continue to tap the energy of its members, then resources can be found to accomplish particular projects. In this, I confess being an Aristotelian rather than a Platonists. Resources are worth pursuing if we can identify legitimate projects worth our effort.

What are we to make of the present state of this organization and its future course? My answer is that we need to be careful not to make too much nor too little. Too much would involve insisting that AAPP is or is not a national or international organization, that AAPP is or is not most closely tied to psychiatrists or philosophers, that AAPP is or is not more sympathetic towards linguistic, phenomenological, or hermeneutic approaches. The organization would do well

to resist the tendency to divide and, rather, should continue to reach out to bring individuals not otherwise associated with this organization into our fold. AAPP should do so less as a way to augment membership, though that does serve our attentions as well, than to continue its eclectic and inclusionary commitment. In this regard, I am far more comfortable to be characterized as a lumpner than a splitter. The dynamic tension between the various approaches, disciplinary orientations, interests, and styles prevalent at our meetings, seem to be exactly what is right with this organization. To attempt to introduce clarity and rigor into these matters would be foolish indeed.

Thus, my future vision of AAPP is a vision of a dynamic organization whose goal of establishing and promoting a field of inquiry consumes its energy. Whether the AAPP as an entity thrives, much less survives, in the future is less important than the contribution that its members make to the intellectual work of philosophers and psychiatrists along a wide range of common interests and concerns. We need to recognize that we are all different and that we are better for it.

Finally, it would be apt to recall that advice freely given is sometimes worth what one pays for it. Perhaps that is true in this case as well, but only the future will tell and I can only hope that we are all in it together in the future to discuss and, perhaps, to disagree about these matters in the same spirit that animates AAPP today.

George Agich, Ph.D.

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**Keynote Speaker Amadeo Giorgi at  
AAPP Regional Meeting in January**

*Imagination and its  
Pathologies*  
**AAPP Regional Conference  
Saint Joseph College  
West Hartford, CT**  
*Report*

In January the Association's local Connecticut Chapter (the Society for Phenomenology and Psychiatry) hosted a three-day regional meeting under the theme "Imagination and its Pathologies" at Saint Joseph College in West Hartford, Connecticut. The conference was well attended. Roughly 70-80 colleagues from various disciplines and professions braved the harsh New England Winter weather to participate in the event. The conference was noteworthy for its conviviality and good spirit. Invited speakers were Amadeo Giorgi, Richard Kearney, Ethel Person, and Martin Dillon. Giorgi spoke on the utility of phenomenological methodology in understanding the meaning of hallucinations, Person presented her

recent work on the adaptive value of fantasy and daydreaming, Kearney spoke on the integrative significance of cultural narrative traditions, and Dillon spoke on revising the psychoanalytic developmental narrative in light of phenomenological ontology. Both invited and submitted papers provoked much friendly and heated dialogue. The papers were of such high academic quality as to merit their collection into a published volume. James Phillips and James Morley are serving as editors to the proposed text and are presently reviewing submissions for the volume. The success of this conference reveals the need for more local meetings to support the interests of humanities-oriented clinicians and to provide a local forum for theoretical psychiatric discourse. Officers and conference participants from the New York, Boston, and Connecticut chapters discussed forming closer professional links and organizing regional conferences on a regular basis.

James Morley, Ph.D.  
Saint Joseph College

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## AAPP at the American Philosophical Association, Eastern Division

### Report

On December 28, 1996, the AAPP sponsored a session at the meetings of the Eastern Division of the American Philosophical Association in Atlanta.

The session was a reprise of two papers originally presented for the AAPP annual conference held in conjunction with the American Psychiatric Association meetings in New York in May, 1996. The theme of the AAPP annual meeting was *akrasia*, or weakness of will. The relevance of this theme to the study of mental disorders is clear, since the tendency to interpret people with such disorders as suffering from weakness of will is widespread in our culture.

For the Atlanta session, the two papers, presented by the authors, were, first: "Weakness of Will: Strict and Socratic Akrotic Action," by Alfred Mele, a well-



Don Mender speaking at  
January Meeting

known philosopher from Davidson College who has written several highly regarded books relevant to the theme of *akrasia*; and second, "Addictive Disorders, *Akrasia*, and Self Psychology: a Socratic View," by Marilyn Nissim-Sabat, an AAPP member who is a philosophy professor at Lewis University in the Chicago area, and who is also a practicing social worker and addictions counselor. Judging by the packed room in which the papers were presented, the historically highly contested issue of the possibility of *akrasia* is still very much current among contemporary philosophers. The papers presented by Mele and Nissim-Sabat were well matched in that the former supports the possibility of *akrasia*, while the latter rejects it.

Perhaps because her paper was presented last, or because Nissim-Sabat utilized some of her experiences in working with recovering addicts to support an interpretation of Plato's dialogue *Protagoras*, according to which Socrates denied the possibility of strict akrotic action, most of the questions from the audience focused on her paper and asked Nissim-Sabat to clarify some of the material she presented.

However, one of the points of contention between the two presenters is whether or not it is appropriate to use the phrase "Socratic akrotic action" as Mele does, i.e., in a way that suggests that Socrates supported the existence of *akrasia*. Another, and perhaps more important, difference between the two views, pointed

out by Nissim-Sabat, involves the question of what is the appropriate starting point for the discussion of *akrasia*. Mele maintains that the discussion of *akrasia* should take its point of departure from a stance such that the views of the people whose behavior is alleged to be akrotic are to be understood as "strictly relativized"; this suggests that a person maintains that a certain course of action is what is best for her or him, that such a claim should be accepted at face value, i.e., as relative to that person and therefore not subject to any further analysis. The crucial point would then be whether or not, in failing to carry out that course of action, the person knowingly acted against what she or he believed to be best, all things considered. Nissim-Sabat, on the other hand, maintains that a crucial factor in the analysis of human action should be the question of whether or not the person's claim or belief that a certain course of action is what is best *actually* is what is best for that person; this implies that, at least ideally, such questions are answerable. According to this view, action that appears to be akrotic is best understood as a consequence of an incorrect assessment by that person of what is best for her or himself.

The papers were very well received and the discussion was lively. No conclusion was reached that is satisfactory to all, hopefully not due to weakness of will!

Marilyn Nissim-Sabat, Ph.D., M.S.W.  
Lewis University

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Ed Hersch taking his turn at  
the rostrum

## The Neurohermeneutic Forum

Last summer, a respected physicist named Alan Sokal published a scholarly paper purporting to tackle issues in his field using the latest tools of literary philosophy. Post-modern philosophers took the work seriously.

However, Professor Sokal then revealed a hidden agenda: his article was only meant as a send-up. All along his aim had been to expose the emptiness of post-modernism and the affectations of academics who invoke trendy post-modern buzz-words.

There ensued a spate of nasty public debates in the popular national press. Yet during those debates even the most spirited replies from the post-modernist camp seem to have missed Dr. Sokal's true Achilles heel, at which he himself hinted in a subsequent article.<sup>1</sup>

A truly effective rebuttal by philosophers could have pointed out that an author's motives need not fix his work's meaning, once the text is "distantiated" from its moment of creation. Hence, Alan Sokal's sarcastic intent might well be dismissed as irrelevant to interpretation of his essay. Even writing that claims to mock its own philosophical trappings harbors a potential for hermeneutic insight.

It is of particular note that the topic singled out for tongue-in-cheek literary interpretation by the Sokal paper was quantum gravity. Roger Penrose,<sup>2,3</sup> a world-class mathematician at Oxford University, has identified legitimate links between quantum-gravity and questions of profound interest to hermeneutic philosophers.

Professor Penrose has shown that the search for a unified theory of quantum gravity impinges directly on the philosophy of mind. He has pointed out that the principle computational assumption of mainstream neurocognitive research, which ignores issues central to quantum gravity, depends on a distorting trend in contemporary thinking about the mind, propelled by reliance on numbers. He has thus attacked the entrenched computational model as an insupportable theoretical constraint.

Though Dr. Penrose's arguments, which center on the "hard science" of mind-brain relations, skirt explicitly interpretive concerns, they strongly imply a need for neurohermeneutic inquiry. Only a determined hermeneutician can wrestle deeply with the historical origins and teleological implications of quantitative biases

undergirding cognitive neuroscience.

The neurocognitive literature is a body of written texts; layers of intentionality may lie hidden within them. Interpretive tools created by "masters of suspicion" like Freud, Marx, Nietzsche, and their post-modern inheritors might prove capable of revealing latent psycho-sexual, economic, or power-oriented meanings coiled beneath the surface of cognitive neuroscience yet disowned by neuroscientific authors themselves.

Tackling polysemy buried inside the neurocognitive literary corpus hence promises the possibility of shaking up cherished self-deceptions. Resulting insights might thereby enrich and deepen our collective contextual understanding of psychology, psychiatry, and the philosophy of mind.<sup>4</sup>

For this reason, the AAPP Newsletter is inaugurating a regular column entitled "The Neurohermeneutic Forum." Its purpose is to facilitate reinterpretation of biological psychiatry, cognitive neuroscience, and related fields within the context of an intersubjective life-world of spoken, written, enacted, and transacted discourse. Psychoanalytic, Marxist, existential, genealogical, deconstructionist, and other germane approaches are all encouraged as aids in this endeavor.

Any relevant article by an AAPP member is welcome for review and possible publication as an installment of the column. Manuscripts should be approximately 400 words long and may be sent to:

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Editor  
The Neurohermeneutic Forum  
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PO Box 1875  
Grand Central Station  
New York, N. Y. 10163

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Donald Mender, M.D.  
New York

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## THE SECOND INTERNATIONAL CONFERENCE ON PHILOSOPHY AND MENTAL HEALTH

### CONGRÈS INTERNATIONAL DE L'ÉVOLUTION PSYCHIATRIQUE

Palais du Pharo  
Marseille, France  
June 28-30, 1997

Theme:

**Vulnerability and Destiny:  
On the Phenomenology of  
Schizophrenia**

(Organized by l'Association pour la Recherche et le Traitement des Schizophrénies, la Société de l'Évolution Psychiatrique, the Association for the Advancement of Philosophy and Psychiatry, and the Philosophy Group of the Royal College of Psychiatrists)

The language of the conference will be French or English, with simultaneous translation. Registration fee: 1200 Frs, 800 Frs (EP, RCP, or AAPP members), 400 Frs (Students).

For full information contact:  
Dr Jean Naudin, Service de Psychiatrie,  
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SHU Sainte-Marguerite  
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13008 Marseilles, France  
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## Call for Papers Values in Psychiatric Nosology:

### A Conference for Philosophers & Mental Health Professionals

(Cosponsored by The University of Texas Southwestern Medical Center at Dallas, the Cary M. Maguire Center for Ethics and Public Responsibility, and the Association for the Advancement of Philosophy and Psychiatry.)

**December 4-6, 1997  
Dallas, Texas USA**

Despite what are, for many, significant advances in the treatment of mental disorders, psychiatric diagnoses and the classification of psychopathology are a source of controversy. Over the past twenty-five years, public and professionals alike have renewed debate about the virtues and liabilities of taxonomies for mental disorders. While a significant portion of this debate involves routine scientific disputes and the problems of insufficient knowledge about mental disorders and their etiologies, another portion of the debate involves values and how they drive the concept of mental disorder, particular diagnostic categories and criteria, and the development of diagnostic classifications.

This conference aims to assemble mental health professionals involved in the development of existing classifications (such as DSM and ICD) with philosophers and conceptually-oriented clinicians to discuss the role that values play in mental disorder classifications and their development. There are three objectives for this conference: (1) to provide an intimate forum for an exchange of viewpoints about the role of values in psychiatric classifications; (2) to improve the quality of future classifications through an enhanced awareness of value issues; and (3) to make concrete and specific suggestions to psychiatric nosologists about how value-related nosological problems can be addressed in future classifications. A selection of the conference papers and discussions will be published in book form.

#### Instructions for Manuscript Submissions:

All manuscripts should be prepared according to the *Chicago Manual of Style, 14th Edition*, The University of Chicago Press, 1993. All manuscripts should have a cover page that includes the title, author(s)' name, address, telephone number, academic affiliation and title (if any), and computer platform and word processing

program used. All manuscripts should be accompanied by a 200 to 300 word *structured* abstract, which addresses (1) the **specific problem(s)** to be addressed in the paper, (2) the **methodological approach** used in considering the problem focus, (3) a brief summary of the **main steps of the discussion**, and (4) the **major conclusions** drawn. Length of the manuscript should permit reading or presentation of it in 30 minutes or less. Manuscripts should be cited and referenced according to the Chicago manual. Manuscripts will be evaluated with special attention paid toward adherence to the conference objectives stated above. **Submission Deadline: Must be postmarked on or before August 1, 1997.**

#### Submit Papers to:

John Z. Sadler, M.D.: Conference Director  
Department of Psychiatry  
UT Southwestern  
5323 Harry Hines Boulevard  
Dallas, TX 75235-9070, USA  
(Telephone) 214-648-3390  
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(Inquiries should be directed to Linda Muncy through the above details.)

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#### Review

*Delusions: Investigations into the Psychology of Delusional Reasoning.* Maudsley Monographs No. 36. By Philippa A. Garety and David R. Hemsley. Oxford University Press, 1994. (142 pp).

Delusions are vital to our understanding of severe disorders, yet, until recently, they have been the subject of little careful, systematic analysis. The concept of delusion went undefined, or inaccurate definitions and generalizations went unchallenged. The last several years have brought an end to this neglect of what is arguably the most central criterion of severe disorder, and undeniably one of the most pervasive of psychiatric symptoms. The greatest asset of Garety and Hemsley's readable, straightforward, and well researched book, is that it compiles in one place the result of the many efforts of research and discussion making up this recent focus on delusion.

Much of this book aims to do no more than summarize and connect work by other researchers, and in so doing to show the extent to which standard definitions, particularly the influential discussions of Jaspers, require revision. If these authors had done no more than provide such a review of recent work, with the emphasis they rightly place on the conceptual issues underlying the way the term "delusion" enters clinical and experimental discourse, the book would have been a valuable contribution. The authors point out, for instance, that the features customarily claimed to be defining (of delusion) are neither necessary nor sufficient for every instance of delusion. This is true even of the most striking feature of delusions, the strong conviction with which they are maintained. While undeniably characteristic, these authors explain, conviction fluctuates: it does so even in the subject whose delusions are regarded as "fixed." Through recent research reviewed here, several Jaspersian criteria for delusions are shown to be similarly insufficient. Incurability, a central Jaspersian criterion of delusions, is revealed as problematic; it is argued that the primary/secondary distinction and the claimed irreducibility of primary delusions finds dubious support in fact. (On the question of irreducibility, these authors may have misinterpreted Jaspers, I would argue. Part of their claim that delusions are not all marked by incurability is that: "it appears likely that delusions are generally, if not always, secondary to some more basic dysfunction, given their occurrence in a wide variety of conditions." (125) But, the presence of such dysfunction is entirely compatible with the phenomenological irreducibility intended by Jaspers, for whom delusions are "irreducible" when they arise out of the blue, rather than being derived from primary perceptual experience. (When they are so derived they are what Jaspers calls secondary delusions or over-valued ideas, (Jaspers, 1963))

These authors have also undertaken research of their own which yielded results, albeit they are modest ones. Using a Bayesian normative framework, and employing emotionally neutral content tasks in patients diagnosed with paranoia and schizophrenia, they find further slight confirmation of the "jumping to conclusions" bias hypothesized by others. For the most part Garety and Hemsley's studies merely serve as pilots, however. They indicate the direction for future research efforts, and establish the need for longitudinal studies. In this little researched area, "Almost everything...remains to be done" (140), as these authors rightly note.

While providing a valuable review of many recent analyses of delusion, Garety and Hemsley perhaps insufficiently challenge one feature of the earlier paradigm: the notion of delusions as "cognitive states" narrowly understood, i.e. beliefs and ideas. Jaspersian doctrine itself urges us to question that doctrine. Being deluded, Jaspers insisted, is having a certain sort of experience, not merely adopting certain propositional attitudes. Moreover, as these authors note, recent critics have pointed out that rather than beliefs, many delusions are more complex belief and feeling conjuncts, such as value judgments (Fulford 1989); and others (Spitzer 1990) have noted that the term "belief" ill describes the delusory idea understood from a subjective perspective. (Subjectively, delusions are knowledge, not mere belief.) A closely related point, that delusions may have affective accompaniments in, for instance, accompanying mood disorder, Garety and Hemsley do note. But the more radical suggestion that delusions *comprise* affective elements, is not acknowledged. This failure of emphasis on Garety and Hemsley's part limits the value of their proposals for future research. If delusions are not all rightly seen on a narrowly "cognitive" model, then additional, and rather different research agendas may be required.

A parallel omission to the one just noted (delusions are analyzed on an overly cognitive model), concerns the authors' rejection of so-called "content-based" definitions of delusion (13, 67,126). Like many modern theorists, Garety and Hemsley seek a general definition which captures the form of all delusions regardless of the characterization of their propositional content (whether, for instance, they are delusions of grandeur or of persecution). They insist on doing so even while admitting that the failure of all previous definitions seems to point to the conclusion that there is no one thing shared in common between all cases of delusion. (They embrace the work of Oltmanns proposing that a definition of delusion should merely incorporate a list of defining characteristics, none of which is necessary or sufficient.(8)) And they casually dismiss as *passé* the suggestion that delusions might be classified according to a characterization of their propositional content.(13 ) These authors are right in their assessment of current trends in the classification of functional disorders, as the transformation between DSM-II and DSM-IV from 'paranoia' to DDPT(Delusional Disorder Persecutory Type) illustrates.(APA 1968,1994) Particularly within neuropsychiatry, disorders are still found identified in terms of the

propositional content of the seeming 'delusions' they manifest, such as Capgras (delusory belief that one is dead) and anosognosia (the delusory denial of a real physical disability). Nonetheless, modern non-psychoanalytic analyses have largely set aside the method of classification which relies on propositional content as a primary way of separating syndromal entities.

Yet two factors seem to argue against this casual dismissal. One, noted above, is the dearth of a satisfactory general propositional content-neutral definition. If delusions do not share one or several things in common, we must resort to an Oltmanns list of features none of which is either necessary or sufficient to identify delusions. But at least for some of the practical purposes to which diagnostic definitions and classifications are put, this must be an unwieldy tool.

The second factor which might move us to take content-based classifications more seriously than these authors do is that some propositional content-based categories such as delusions of jealousy, and parasitosis (delusions of infestation) have known correlations with brain toxicity (Siegal 1994); some, such as Capgras and anosognosia, are believed to result from brain disorder and disease, and others are at least suspected of such association (Greenberg et.al. 1984, Campbell et.al. 1981, Young et. al. 1992, Joseph et.al.1986, Joseph, 1986). If these findings presage a special brain location as the source of content specific delusions, then in the interests of the eventual unification of brain science and psychiatry, we might be expected to decide to favor a content based classification over a structural one.

In spite of problems of emphasis such as this one, however, Garety and Hemsley's volume remains a valuable contribution to the closer study of delusions, and an invaluable summary of much that is most exciting and promising in recent research on psychiatric concepts.

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Young, A.W. Robertson, I.H. Hellawell, D.J. De Pauw, K.W. Pentland,

#### AAPP ANNUAL MEETING May 17 and 18, 1997

San Diego, California

(in conjunction with the American Psychiatric Association Annual Meeting)

#### Theme:

Consciousness & Its Pathologies

#### Keynote Speakers:

Patricia Churchland, Ph.D.

Professor of Philosophy  
U. Cal. San Diego

Gordon Globus, M.D.

Emeritus Professor of Psychiatry  
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B. 1992. "Cotard's delusion after brain injury," *Psychological Medicine* 22. 799-804.

Jennifer Radden, D.Phil.  
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## Review

*Emotional Understanding: Studies in Psychoanalytic Epistemology*, by Donna M. Orange, Ph.D., Psy.D. Guilford Press, 1995. (226 pages)

This book is an interesting one which spans the interface between Philosophy and recent Psychoanalytic thinking. As such it will probably have much appeal to the A.A.P.P. readership. Although it is largely a clinician's book it begins with a quote from H.G. Gadamer's (1960) *Truth and Method*:

The person with understanding does not know and judge as one who stands apart and unaffected; but rather, as one united by a specific bond with the other, he thinks with the other and undergoes the situation with him. [Orange, p.1]

This quote seems to situate the book well in terms of its Philosophical orientation. Accordingly, the first chapter is titled as "Making Sense Together."

Epistemology is defined by Dr. Orange as "the inquiry into the nature and limits of human knowledge." She then goes on to state her own position that "our knowledge of anything is *perspectival* and thus *necessarily incomplete*" (p. 1).

In then calling this a work of *Psychoanalytic Epistemology* she "replaces the questions of 'What can we know' and 'How can we be certain that we know?'" (in general) with the more "Field or Discipline-Specific Epistemological" queries (Hersch, 1996) of "What is *psychoanalytic understanding*?" and "How does such understanding *heal* emotional wounds?"

The term "Psychoanalytic Epistemology" in this work, particularly with respect to the "What is psychoanalytic understanding?" question, refers to an *Epistemology of Psychoanalysis*; not a psychoanalytically-driven epistemology. The Gadamer-hermeneutics influence is here acknowledged early particularly in the emphasis on *Understanding* as a major

Philosophical as well as Psychological goal.

The "How does it heal?" issue is far more the question of a clinician, (and one influenced by Pragmatism at that) rather than an epistemological one per se. Thus there are really *two theses* being developed here, one epistemological (or philosophical) addressing the nature and development of such knowledge or understanding as can emerge from the clinical psychoanalytic dialogue, and the second being a clinical, pragmatic, or therapeutic hypothesis arguing that such understanding has healing or curative powers.

These two reflect the dual-training background of the author and fit well with the interdisciplinary emphasis of AAPP. Dr. Orange speaks of this as "a kind of discussion between the philosophical and clinical parts of (herself), an open conversation that the reader is invited to join" (p. 2).

In good philosophical style many key and complex terms are defined and clarified well in the rest of Chapter #1. In arguing her epistemological position and calling it one of "*Perspectival Realism*" (p.10) the author clarifies such terms as "Objectivism" and "relativism" as being "equally poor alternatives," and hopes to develop a more reasonable, moderate position. "Scientific Objectivism," including much of classical drive theory, is seen as part of the former term, while "the constructivist critique" is largely identified with the latter.

An appeal is made to a more open-minded, yet "fallible" approach to understanding based on "dialogue" as a means of "Making Sense Together" and achieving a "good enough understanding" (to paraphrase D.W. Winnicott).

Next the author situates herself within the psychoanalytic world. It is here important to note for readers not overly familiar with the psychoanalytic literature or the various 'factions' or approaches within psychoanalysis, that Dr. Orange's work is closely allied to a particular body of work within psychoanalytic theory known as "Intersubjectivity Theory" (based largely on the work of American Psychoanalysts George Atwood (1984) and Robert Stolorow (1992)).

Within Psychoanalysis, Intersubjectivity Theory has caused quite a stir in recent years and is seen by some as a very major breakthrough. Nevertheless it still has a relatively small sphere of influence in that it is essentially a group within a group within a group in the Psychotherapeutic field. Intersubjectivity theory represents a group (many would say the cutting edge one) coming primarily out of the Self

Psychology movement (based largely on the works of Heinz Kohut (1959; 1971; 1977) and his followers) which is itself a substantial but not completely mainstream group within psychoanalysis as a whole. Psychoanalysis as a whole, of course, is now only a group within the overall Psychotherapeutic community as well. Both Intersubjectivity and Self Psychology place a very strong emphasis on *Empathy* and the healing effects of an empathic understanding relationship in therapy. Self Psychology sought to broaden the perspective of "classical analysis" and "ego-psychology" with a greater emphasis on the *relational* aspects of the therapeutic encounter (as opposed to the *cognitive* efforts of 'interpretation' alone.) It deals particularly with issues of self-esteem and the extent to which we require the comforting, validating, admiring or inspiring presences of the Other to consolidate our own sense of self-identity and self-worth, and also with the particular corresponding "transference patterns" often seen in the analysis of patients with major problems or "deficits" in those areas. Of philosophical interest is also that Kohut sought to define the *epistemological limits of psychoanalysis* as restricted to "within the data of empathy and introspection" (1959).

Nevertheless, despite the radical departure from classical analytic norms and their inherent meta-psychological and philosophical positions, Kohut's work does not particularly refer to works of philosophy for its grounding in any substantial or systematic way. Such is not the case however in the works of Stolorow and Atwood. Indeed one of the most fascinating aspects of their approach (to this author, and perhaps to Dr. Orange as well as to the AAPP readership) is that they attempt to found much of the basis for their psychological theory precisely upon philosophical works - in particular those of continental phenomenology (1984; 1992). Indeed this truly philosophy-inspired type of psychological theorizing may be of great interest to such interdisciplinary types as ourselves. Thus it comes as little surprise that such a philosophically informed approach would provide a useful framework from which to work for someone of Dr. Orange's varied talents.

Certainly one of the major contributions of Intersubjectivity Theory has been in its emphasis of "*the in-between*" or the "*intersubjective space*" as "the place where therapy takes place" and in its rejection of "isolated mind" models of subjectivity (1992). In this however, tensions arise between this theory and the original Self Psychology theory to some extent (Stolorow, 1995). Furthermore the under-

lying philosophical assumptions even of Intersubjectivity theory remain at times unclear, inexplicit or tending to head inadvertently toward problems of relativism (Hersch, 1993).

In this regard this and previous works by Dr. Orange (e.g., 1992) have gone a long way towards tightening up, clarifying, and extending the epistemological foundations of the theory. While the works of Stolorow and Atwood are directed primarily to a clinical psychoanalytic/psychological audience focused mostly on the search for better healing techniques, Dr. Orange's work also seems to contribute something of a 'keeping them philosophically honest, consistent, or grounded' as well; as a sort of Philosophical Conscience of Intersubjectivity theory.

Despite this background attempt to developmentally situate this work within the broader fields of psychoanalytic and psychological theory two points need to be made:

1) Most of the ideas presented by Dr. Orange need not be confined to the relatively narrow boundaries of the sphere of influence of Intersubjectivity theory, Self-Psychology, or even psychoanalysis as a whole. There is a great deal of value here for all those concerned with the psychotherapies in general and/or in the philosophical bases thereof, and

2) There seems to be a surprising convergence of ideas arising from a variety of different intellectual traditions which are quite in harmony with those presented by Dr. Orange. Indeed her own philosophical background is in American Pragmatism even though her work blends in so well with the Continental Phenomenology of Stolorow and Atwood, and the Hermeneutics of H.G. Gadamer.

As philosophers and psychiatrists alike know all-too-well, there is nothing like the technical jargon of a particular in-group, movement, or approach to scare off a wider readership of 'outsiders' who might otherwise have a great deal to both learn from and contribute to the group's discussions. In this regard Dr. Orange's book particularly excels in that it does tend to cut through a great deal of very technical jargon (both psychoanalytic and philosophical) to present extremely complex subject matters with uncommon clarity.

Let us now return to the chapter by chapter contents of the book.

In chapter 2, Dr. Orange begins by clarifying the philosophical concept of "understanding" from Kant and Hegel through Dilthey and especially Gadamer.

Next the concept of *Empathy* is explored (with some reference to Kohut's work) which she comes to see as

"emotional knowledge gained by participation in a shared reality. It is knowledge arising from attunement" (p.21). It is seen as grounded in "vicarious introspection" but like Gadamer's concept of Understanding, it is also always a relational and *participatory* (or dialogical), intersubjective process.

Psychoanalytic understanding then is described in terms of having a "triadic" structure consisting of "the therapist's subjectivity, the patient's subjectivity, and the emerging and changing sense of the "we"" (p.24).

A discussion follows on the *Developmental* approach to understanding which has traditionally been central to psychoanalytic thought, but which has been challenged by some other Relational theorists (e.g. Stephen Mitchell (1988); Harry Stack Sullivan (1953)) as being over emphasized or given undue importance. Dr. Orange makes it clear that her position is a *Relational* one (i.e., the relationship is a/the key element in therapy) but one which still finds the developmental / historical approach quite worthy. While "*temporality*" is described and brief reference to Henri Bergson is made (p.28), curiously there is no mention here of the contributions of either Martin Heidegger (1927) or Jean-Paul Sartre (1943) on temporality and/or "*historicity*" which might have been quite relevant to this part of the discussion.

The more clinical points of the chapter, as it ends however, seems to be that Psychoanalytic understanding is seen as something which: a) is a collaborative effort in which both patient and therapist must participate emotionally, b) is focused on origins and meanings, c) is focused on emotional life, and that d) the patient's experience of feeling understood in such an emotional way by the analyst or therapist appears to have healing and self-consolidating qualities.

"Both theory and practice are forms of *understanding*" in Dr. Orange's words (p. 34). Chapter 3 on "Theory-Choice and Fallibilism" begins with a quote from Aristotle on praxis and proceeds to argue that in a practical/applied field like psychoanalysis we are right to try to search for the *Necessary* conditions required to form psychoanalytic understanding but are misled if we think we can find the *Sufficient* ones (p.33). Thus she argues that we should "hold our theories lightly," (an attitude she largely attributes to the writings of Charles Sanders Pierce (p.43)), which is referred to as "*Fallibilism*." The term is as opposed to being "Infallible" and the attitude is put forth not to encourage a wishy-washy eclecticism but rather simply as a self-humbling protection against dogmatism.

This is of course necessary and consistent with the author's perspectivist approach in which human knowledge is seen as always only partial or incomplete.

As such, theory is seen as a developmental process which must continually evolve and dogmatic positivistic positions are outright rejected. An appeal to "Reasonableness" is then made as the basis for our moment-to-moment or time-to-time choices of 'which theory to use' and for deciding when new information will require us to "reasonably" readjustment our theories. Again this fits with the Gadamer-inspired view of understanding as a developing active process.

Interestingly on this point Dr. Orange breaks sharply from such Intersubjectivists as Atwood and Stolorow who've argued that theory-choice is largely a function of the personal psychology of the theorist (1979). Dr. Orange eschews this potentially psychologically-reductionistic approach in favor of an appeal to reason and proceeds to provide some historical background on the concept of "reasonableness" as a criterion for theory choice from both philosophical and psychoanalytic sources.

Three important criteria for reasonableness in theory choice are described including: a) inclusiveness or universalizability b) it makes a *practical* difference, or the application of the theory yields practical effects, and c) coherence (or internal consistency within the theory).

In chapter 4 the author builds upon the above to clarify her position of an Epistemology of Perspectival Realism. This chapter (which echoes earlier articles by the author (e.g., 1992)) does a particularly good job of clarifying such philosophical terms as "Subjectivism," "Relativism," "Objectivism," and "Realism" in a way that is readable and accessible to non-philosophers. This seems extremely important to me as these terms are found increasingly in the general Psychiatric/Psychotherapeutic literature and discussions, often without clear or consistent definitions being applied.

She also distinguishes between "Epistemological Subjectivism" and "Ethical Subjectivism" (p. 54).

There are some very interesting thoughts expressed in this chapter on Edmund Husserl whom she views as an Epistemological Subjectivist (which ends in radical solipsism), but not as a "relativist." Husserl is also seen here as having missed out on some key aspects of our relatedness and historicity (our "in process" dimension) in what is described as the "radically ahistorical character of Husserl's phenomenology" (p. 56). Although such an analysis of Husserl may seem quite war-

ranted this particular reader would have liked to have seen a discussion of the much more 'relatedness-and-temporality-attuned' but Husserl-inspired works of later Phenomenologists such as Heidegger, Sartre, and Maurice Merleau-Ponty (1945) at this point. But hindsight is easy and asking for everything all at once would betray the Reasonableness criterion above!

The Realism portion of *Perspectival Realism* is clarified in this chapter too with "Realism" defined as "the view that some matters do not depend on our opinions about them," and various forms of Realism are discussed. The author's own position is described as a "moderate" realism in which "the real" is seen as "an emergent, self-correcting process only partly accessible via personal subjectivity but increasingly understandable in communitarian dialogue" (p.62). It seems to be quite a Reasonable position.

In chapter 5 a new and interesting term, that of "*Co-transference*" is introduced. It refers "primarily" to "the analysts' contribution to the intersubjective field in psychoanalytic treatment" or "More broadly, the term refers to the concurrent and mutual organizing activity of analyst and patient" (p. 63). This term is meant largely to replace the traditional term "counter-transference" which for Orange implies an Objectivist epistemology where there is an "idea of an objective reality to which one party has access and the other does not," (p. 64) with the latter party's view being seen as "distorted" and lacking in "correspondence" to such objective reality. In this the author clearly wishes to distance herself from both Objectivism and the accompanying Correspondence Theory of Truth. As such the concept of "Transference," if seen as the patient's "*distortion*," might equally be seen as inappropriate, though this is not dealt with at length here. Instead the author uses this concept of Co-transference as a starting point which moves through the use of the term countertransference in Self Psychology toward a position in which *Empathy* becomes better understood as an Intersubjective phenomenon in which psychoanalysis can be seen as an effort of a jointly pursued *hermeneutic* endeavor. The psychological point here is the intersubjective one, that even Empathy can only be understood as grounded in the intersubjective field. As such she rejects any psychoanalytic thinking which ignores or neglects the contribution of, or the importance of the analyst's "subjectivity" to what transpires in therapy (even when this is not of a "pathological" or "interfering" quality). Further references to the work of Gadamer are here made as the Psychoana-

lytic dialogue is seen as a hermeneutic process in which the participants try to further their *Understanding* through an evolving series of jointly-made "Interpretations" (in Gadamer's philosophical sense more so than in the traditional psychoanalytic one). At the end of the chapter the term "countertransference" however is brought back, now in the more restricted sense of the "interfering" aspects of the analyst's contribution. That part remained somewhat unclear to this reader as to precisely where and how one distinguishes among countertransference, co-transference, and transference. This seems to be an area of valuable territory to be developed further, perhaps in a subsequent work.

Chapter 6 is a wonderful and well written one in which the author seeks to clarify the nature of human *Experience*. A nice exposition is provided of some of the major thinking of both Realism and Idealism as found in each of Psychoanalytic theory and Philosophy. Realism is described as a position in which 'things of the world' or 'objects' are "*given*" to consciousness while in Idealism they are "*made*" by Consciousness. Dr. Orange takes a reasonable middle ground in which Experience (rather than consciousness) is seen as always part "given" and part "made" (p. 86). But it is also seen as an *Emerging* (i.e.; continuously being newly created) active and interactive *process* in which to experience something is always to re-organize and re-interpret something, to make a new sense of it.

Chapters 7 and 8 move us more in a clinical direction and the focus is then on "Affect," "Emotion," and "Emotional Memory." The overemphasis on the cognitive and the verbal in psychoanalytic theory is here criticized by the author as are the "dualistic" and "atomistic" attitudes from which affect and cognition have been traditionally described. In introducing the term "Emotional Memory" the author seeks to undercut these artificial separations and return to a concept which is both more "holistic" and "experience-near." Emotional memory is that "visceral knowledge" or gut-feeling sort of knowledge which we may have even if it is not verbally articulated. The author argues that this term is indeed one patients can relate to and use themselves and is far more experience-near than say "unconscious" or "primary-process thinking" with far less metapsychological baggage.

By Chapters 9,10, and 11 the thrust of the book is more firmly clinical and the basic question of "How Does Psychoanalytic Understanding Heal?" (the title of Chapter 11) is discussed largely from the

viewpoint of the author as a clinician. She further tries to illustrate here how her philosophically-well-grounded position can create an invaluable stance from which to do presumably better clinical work. This portion of the book is seen as a more traditional one of psychoanalytic writing with less of formal Philosophy involved. It will have much appeal to anyone interested in the clinical process and the Relational-Developmental hypotheses about the psychoanalytic healing process. Dr. Orange's approach is largely influenced by Self Psychology here in that the major curative factors are seen as positive-therapeutic-Relationship ones in which patients who have suffered from developmental deficits or arrests (based on their early deprivations) primarily in the area of the lack of "emotional availability" of significant others in their past are, in effect, given a second chance through a healing, "emotionally available" new relationship with their analyst or therapist. This is summed up at the end of Chapter 11 with the statement that "There is no greater bonding agent than a prolonged attempt to make sense together of someone's emotional life" (p.179) and such "bonding" is seen as healing. Dr. Orange's philosophical views provide a particularly respectful and non-authoritarian stance toward the patient, the therapy, and to its guiding theoretical framework, from which to attempt such healing endeavors.

In the final chapter of the book Dr. Orange reconsiders Sigmund Freud's famous case of D.P. Schreber, particularly from a more Relational, Self Psychological, and Intersubjectivity Theory based viewpoint. This is done partly to illustrate "that theory-choice matters" [a lot] and that it "has clinical import." The misfortunes of the Schreber case are partly attributed here to "the uncritically held scientific empiricism ([of] Schreber's father and Flechig) and dogmatic instinct theory ([of] Freud and Niederland)" (p.205). The point to be re-emphasized here again in closing being that we must both "choose our theories carefully," and also "hold them lightly" such that we remain "open to surprise."

We must recognize our understanding as always being only "provisional" and in a process of further development.

Whatever one's own views are on the nature or genesis of psychopathology or on the variety of philosophical issues dealt with in this work there is a certain clarity, respectfulness, and a combination of intellectual astuteness and honesty mixed with an outright sense of caring humaneness present in this work that would be hard not to admire. One senses that the author in-

deed possesses a great deal of "Emotional Understanding" or wisdom in addition to her obvious set of scholarly achievements. As such this book is here highly recommended to all those interested in the psychotherapeutic process (not as merely restricted to the psychoanalytic approach) and particularly to those interested in its philosophical underpinnings and its attempts to philosophically understand itself.

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discussion. Regarding the use of other locutions found throughout the manual, they write: "...on a number of grounds, many have found reason to criticize the *DSMs III-IV* and other psychiatric writing, which make such unreflective use of philosophically complex and ambiguous concepts of 'health,' 'illness,' 'malady,' 'disorder,' and 'dysfunction.' Focused as they are on the nature and role of normative claims and assumptions, those trained in philosophy bring a particular expertise and acuteness to this analysis."

Finally, regarding the DSM claim to be methodologically atheoretical, the authors remind us that some of the century's major philosophers of science have rejected the possibility of an atheoretical classification system in the behavioral sciences, and they argue that the less-than-atheoretical status of *DSM III-IV* simply bears this out.

It should be clear from the above that many of the issues raised in this article will be the focus of attention in the Dallas conference scheduled for next December and described elsewhere in this issue.

Have the authors of this fine article covered all the terrain of contemporary psychiatry warranting philosophic reflection? Almost but not quite. The remaining area in great need of our attention is that of contemporary standards of treatment and

(Continued on page 11)

(Continued from page 1)

of the major psychiatric disorders (such as schizophrenia, melancholia, major depression, mania, and even delirium and dementia) are so multifactorially (i.e., biopsychosocially) shaped that the underlying syndromes themselves, and not merely their manifestations and sociocultural particulars, have changed significantly over time."

The major focus of the article is on the philosophic problems posed by the *DSMs*. The authors begin with the *DSM-IV* definition of mental disorder. They painstakingly expose the questionable and unquestioned assumptions in locutions such as "clinically significant," "behavioral or psychological syndrome," "symptom," and "loss of freedom"—in other words, practically every phrase included in the definition! And "[f]inally, what is the conceptual and metaphysical (i.e. ontological) relationship between the person ('the disordered') and his or her 'disorder,' and what does it mean to say that it occurs 'in' him or her?" As the authors point out, the latter point leads one into all the puzzles of the mind-body

## 1998 Annual Meeting Feminist Perspectives in Psychiatry Advance Notice

The 1998 Annual Meeting of AAPP will take place in Toronto on May 30-31, 1998. The meeting is being organized by Jennifer Radden, who would welcome hearing from anyone who is interested in participating in the meeting. At this point Keynote Speakers have not yet been designated, and a formal call for abstracts has not yet been sent out. Interested parties should contact:

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(Continued from page 10)

managed care. Surely this great slough of dubious standards of care, questionable outcome criteria, and ethical sleaziness could profit from a little philosophical reflectiveness. For openers, have we not reached the point in official psychiatry that Max Weber prophesied as the "iron cage of bureaucracy" in which our century would end? If one simple criterion for reaching that point would be the stage at which what is documented in one's chart is more important than what is done with or said to one's patient, we have surely found our way into Weber's iron cage.

What are the further ramifications of the bureaucratic cage of contemporary psychiatry? For one thing, much that is of useful research value—e.g., DSM diagnostic criteria, particular outcome criteria—is misused in the treatment of individual patients. In the case of managed care companies, of course, the correct word is "abused" rather than "misused." To justify further care the practitioner is required to juggle irrelevant diagnostic criteria and DSM axes, and is increasingly required to apply outcome measures that have little to do with the actual treatment. Implicit in such measures are untold presuppositions about goals of treatment such as symptom reduction, return of "function," etc. (Not that such measures are not important, both as research tools and often as stated goals of patients. The point is rather that (1) this is all done quite unreflectively, and that (2) such measures are used quite abusively by managed care companies for the sole purpose of denying treatment.)

Another aspect of the bureaucratic trap is the role of medication in contemporary psychiatry. As marvelous as the new

psychotropic agents are, there is a way in which official psychiatry, with its emphasis on the marvels of neuroscience and the consequent medicalization of psychiatry, plays into the hands of the thugs of managed care in forcing pharmacologic treatment. At least in the case of the managed care companies with which I deal, if you want an extension of treatment, you had damn well have the patient on medication. Certainly one could muse to some length and profit over the luxuriously endowed symposia offered by the pharmaceutical companies at our annual APA. Such money being handed out to our most respected researchers leading the symposia, such culinary freebies to the audience!

Finally, do we not need some kind of in-depth analysis of the insurance-speak with which we are all assaulted—and have undoubtedly internalized? Let's start with "quality." Everyone from President Clinton on down speaks of cutting costs while preserving "quality." Preservation of quality has indeed become the shibboleth of the insurance industry. But we all know of course that when the industry speaks of preservation of quality, keep an eye on your back pocket. So we had better take on the task of trying to define what quality in mental health care might mean. If not us, then who?

Other gems of current insurance-speak are "medical necessity" and "functioning." The first is a thoroughly chameleon term for which just about everyone has his or her own definition. In the insurance industry it is usually used pragmatically to describe the criteria that your treatment does *not* meet. As for "functioning," it is a philosophically rather nasty concept that contains much of the as-

sumptions of old-fashioned behaviorism and perpetuates a mythology about a separation of one's "inner" and "outer" life. And we know that the insurance industry—with some support from the pharmacy industry and the neuroscience industry—is not so big on the "inner" life.

If you would like a reprint of "The Philosophy of Psychiatry: Who Needs It?", please contact Edwin Wallace, IV, M.D., Center for Bioethics, Institute of Public Affairs, University of South Carolina 29208.

James Phillips, M.D.

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## NonEnglish-Speaking Authors

It has come to the attention of the Executive Council of AAPP that there are nonEnglish-speaking AAPP members who would like to write for PPP but are prevented from doing so because of the lack of an adequate command of written English. We would like to overcome this barrier by offering to match up prospective authors with native English speakers who would be available to work with them in some kind of collaborative way. Anyone interested in such collaboration should contact John Sadler or the Newsletter editor.

JP

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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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