

## From the Editor

Is there any question that the temper of contemporary psychiatry leans in a biomedical direction, that the "bio" of the biopsychosocial model enjoys a certain hegemony over its putative partners, the "psycho" and the "social"? I often have the feeling of a nearly unbridgeable gulf between those psychiatrists (or philosophers reflecting on psychiatry) who espouse some variant of biomedical reductionism and those who do not—between those who insist on a single discoursé in which the mental or the human is described in the language of an underlying level, whether biologic, molecular, or biochemical, and those who hold to the need for a multiplicity of discourses, with that of the human not reducible to those of the lower levels. Our colleague, Kenneth Schaffner, has demonstrated the complexity of reductionism in psychiatry—that most reductionist models and explanations involve a series of overlapping causal levels. In whatever form it takes, however, the thrust is toward some kind of reductionism, and examples of this indeed abound. Let me mention two.

In an article entitled "Managed Care and the Future of Psychiatry" Detre and McDonald argue for a complete merger of psychiatry and neurology, psychiatrists being redefined as "clinical neuroscientists." The argument is premised on the notion that "[u]nless the changes in psychological functioning and behavior that are considered pathological are, in reality, expressions of altered brain functioning...psychiatry can no longer be considered a *medical* speciality—and, if it is not, then what is it?" Exogenous factors such as psychosocial and psychosocial events may affect the presentation of symptoms, but these factors "must produce changes in the central nervous system, expressed partially as the alternations in behavior, mood, and cognition on which psychiatric diagnoses rest and partially as other biological changes, which cannot yet be measured." In this argument what is real is altered brain function, and the psychiatrist is an expert in brain disease. The possibility that many (or most) psychiatric condi-

## President's Column

Taking up my tasks as the newest president of AAPP's executive board, which I am honored to do, I am conscious of the particular honor of following AAPP's founding president Michael Schwartz, and my immediate predecessor George Agich. Michael's grasp of phenomenological traditions, psychiatric theory and clinical practice is legendary. And George Agich is an internationally known authority on medical ethics.

To lead AAPP through the last years of this decade so tumultuous and fruitful in the world of ideas philosophical and psychiatric is an honor, also a pleasure and a challenge. I promise to try to maintain the high standards and ideals for AAPP which my illustrious presidential predecessors set and embodied, and to foster the vision for the future enunciated by George Agich in his last column—of a member driven organization defined by its members' contribution to the "intellectual work of philosophers and psychiatrists," and less concerned with proprietary boundaries than with that contribution. To the task of realizing these goals I bring two things: an abiding fascination with the philosophical and human aspects of psychiatric theory and clinical practice, and the sincerest wish that AAPP will flourish and grow during my watch.

One of the greatest strengths of AAPP is the respect its members show for expertise and knowledge derived from other disciplines than their own. As an interdisciplinary organization, this is to be expected. Still, the deep interest in philosophical questions and considerations, and the nice concern for particularities of clinical description which reveal themselves again and again in our members' discussions, formal and informal communications, conference presentations, and questions and published writing, is an impressive sign of real exchange and cooperative advance. To philosophers this is perhaps especially professionally heart-warming. Philosophers' work often draws on practical and real life activities and concepts. Yet those whose activities and professional focus is subject to philosophical analysis do not always appreciate the importance of the philosopher's removed and impractical questions and concerns, dismissing them as peripheral, ungrounded, idealistic in the pejorative sense, or uninteresting. In offering a demonstration of how cooperative exchange ought to be done, organizations like AAPP with their comfortable interdisciplinary atmosphere and the respectful two-way exchange of ideas, insight and knowledge they foster between clinicians and theoreticians, do perhaps provide an underacknowledged service.

Whether or not organizations like AAPP can take credit, we seem of late to be witnessing a widespread rapprochement between the several disciplines and methodologies which criss-cross here: clinical, experimental, theoretical and frankly "armchair."

In what does this rapprochement consist, if we consider it in terms of habits of mind? A willingness in practitioners to consider philosophical implications of more pragmatic and practical endeavors. A disposition in theorists to come to grips with the daunting details of clinical and experimental material. A preparedness on the part of all to learn from the insights derived by those in other cultures. As well as revealing a welcome

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tions have psychological dimensions that have to be addressed at that level—and that psychiatrists, rather than seeing their role reduced to that of clinical neuroscientists, should be masters of the two levels—is not given serious consideration.

The second article is Nancy Andreasen's "Linking Mind and Brain in the Study of Mental Illnesses: a Project for a Scientific Psychopathology," reviewed by Nassir Ghaemi in this issue of the Newsletter. The author questions the relation of mind to brain and proposes: "One heuristic solution, therefore, is to adopt the position that the mind is the expression of the activity of the brain and that these two are separable for purposes of analysis and discussion but inseparable in actuality." She then goes on to say:

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## UK Update

### "Education, Education, Education..."

Tony Blair, Britain's (nearly) new and (still) smiling Prime Minister, made this slogan the key-note of his highly successful 1997 General Election Campaign. I wish I had thought of it for my 1996 UK Update! Education, I said then, is essential if our subject is to develop successfully. But Tony Blair is right. What we need is "Education, Education, Education" - Education for our students, Education of our colleagues, and Education of each other.

So far as our students go, we have now in the UK, or will have by 1998, three models of Masters-level courses, one at Sheffield, another at Warwick, and, the new kid on the block, King's College, London.

The Sheffield MA in Psychiatry, Philosophy and Society was first in the field by several years. It was started by Alec Jenner, then Professor of Psychiatry at Sheffield, and a lone campaigner for philosophy and psychiatry since the 1960's. It has since been successfully integrated into a set of interlocking Masters-level programmes at The Centre for Psychotherapeutic Studies by its Director, Tim Kendall, and has recently been taken over by Nick Crossley, a lecturer in philosophy.

Nick has continued Sheffield's tradition of focusing on critical anti-psychiatry literature, from history and sociology as well as philosophy (Foucault, for example, is drawn on extensively). The Warwick MA/MSc in The Philosophy and Ethics of Mental Health differs from the Sheffield course in drawing to a greater extent on Anglo-American analytic philosophy. Its structure is also closer to that of conventional medical psychiatry. Sheffield offers an initial intensive two-week course on clinical psychiatry followed by courses on the medical model, the philosophy of mind, psychoanalytic theory and phenomenology. Warwick's programme, after an introductory course on concepts of disorder and the philosophical history of psychopathology, examines the stages of the clinical process (psychopathology, classification, diagnosis, aetiology, treatment and prognosis) from the twin perspectives of philosophy of science and philosophical value theory, followed by a series of topics in the philosophy of mind linked to the main areas of the mental state examination.

The new course at King's College,

London, will be an MSc in The Philosophy of Mental Disorder. Headed by Derek Bolton, the co-author with Jonathan Hill of *Mind, Meaning and Mental Disorder* (OUP, 1996), this will build on two existing courses offered by the Philosophy Department at King's to examine the concept of mental disorder and key areas of psychopathology, drawing particularly on recent work in the philosophy of mind and psychology.

Derek Bolton will be fielding a particularly strong team drawn both from King's College and from The Institute of Psychiatry (where he is Head of Clinical Psychology). The King's contingent will include David Papineau, Head of the Philosophy Department, who, with Derek and myself, ran a series of courses on philosophy of science and philosophy of mind for mental health practitioners at King's in the early 1980's.

Derek's team will also include a new acquisition from Oxford, Jonathan Glover. Jonathan has recently left New College, Oxford, to become Director of The Centre for Medical Law and Ethics at King's. This is bad news for Oxford but good news for London! The King's "Centre," founded by the lawyer Ian Kennedy, has an international reputation for its work in bioethics but has had relatively little interest in either philosophy or psychiatry. Jonathan's appointment, and his commitment to Derek Bolton's course, is thus doubly good news for our subject. He is an inspiring teacher: many of us will remember, besides his key-note address, his invaluable contributions "from the floor" at The First International Conference for Philosophy and Mental Health in Spain. He has also been in the vanguard of research in philosophy and psychiatry: his book on *Responsibility* (1970) was among the first to draw on psychopathology to explore issues in the philosophy of mind and ethics; and his more recent *The Philosophy and Psychology of Personal Identity* (1988) is a paradigm for inter-disciplinary work in this area.

By the end of 1998, then, there will be no shortage of educational opportunities for our students. Even more important, though, we are seeing the first signs of new educational opportunities for our colleagues. This is important because it means that we are starting to reach those from either philosophy or mental health, who are not (yet!) committed to cross-disciplinary work. I signalled this development in my last UK Update with

an editorial, which appeared in The British Journal of Psychiatry, by a man who for a long time had been one of our severest critics, the late Michael Shepherd (1995). We have not yet achieved the "philosophy option" in higher psychiatric training for which Michael Shepherd argued. But a growing number of undergraduate philosophy courses in the UK now offer programmes in abnormal psychology/psychiatry (Oxford and Southampton, for example); several of the UK training schemes for psychiatrists include sessions on philosophical aspects of classification and diagnosis; and there is a strong demand for CPD workshops on ethical and conceptual aspects of practice at meetings of The Royal College of Psychiatrists.

A key player in establishing the CPD workshops has been Gwen Adshead, who is shortly to take over from Christopher Howard as Chair of The Philosophy Group. Christopher's steady leadership and clear political judgement have given the Group stability through a period of major upheavals in The Royal College of Psychiatrists. Gwen's interest in teaching, and her twin professional qualifications as a forensic psychiatrist and psychotherapist, will provide a vital spur to the further integration of philosophy into psychiatric education.

Education for our students, then, and education of our colleagues. But what about education of each other? This is very much in our minds in Europe at the present time. With a common currency due to be introduced next year, all the issues of North-South, Protestant-Catholic, Rich-Poor, and so on, by which the cultural diversity of the European Community is characterised, are coming to a head. And this is a model for the growing international community of philosophy and mental health. We, too, have a rich diversity of cultures, Phenomenology-Neuroscience, Continental Philosophy-Analytic Philosophy, and of course many different schools within each of these disciplines. As in Europe, then, so with philosophy and mental health, our future prosperity depends on replacing our traditional capacity for talking at cross purposes, with a well-informed capacity for generous cross-talk between competing paradigms.

Tony Blair, besides being good at slogans, has given us a lead in replacing confrontation with co-operation. Traditionally in British politics successive governments have been jealously exclusive.

Tony Blair's policy has been to draw on talent wherever he can find it, from both sides of industry, from both sides of the political divide. Perhaps that is why he is still (just) smiling.

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Bill Fulford  
London

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professional humility, these indicate more. A tendency to relinquish proprietary stances over fields of knowledge. A tolerance of ambiguity, and agreement to eschew strict categories. And the adoption of a kind of "perspectivalism" or "standpoint" epistemology, which allows that only from many perspectives can we derive something like the whole picture of how things are.

Reflecting on these traits, I am reminded of Adam Phillips's characterization of the way the boundaries of psychoanalysis have recently become blurred. Since psychoanalysis is no longer owned and so defined by anyone, he notes, "its 'splendid isolation' has been turned into a more interesting muddled pluralism" and it now has spilled into all sorts of other areas—religion, history, philosophy, politics, anthropology—with which it has much in common. By joining in the conversation, Phillips remarks, psychoanalysis has "lost some of the pomposity of its own supposedly unique rigor" (*On Flirtation: Psychoanalytic Essays on the Uncommitted Life*. Harvard University Press, 1994, p. 138).

The old borders dividing philosophy from psychiatry and from psychology, the clinical from the theoretical, and the experimental from both, were also maintained at the cost of such pomposity. Many participating in the new more open standpoint epistemology were nurtured in an

intellectual climate which fostered and bred such intellectual pomposity. The climate of analytic philosophy when I studied it in the 1960's, in Australia and Britain, for instance, was smugly empiricist in its goals and aspirations. Not itself a science, yet adhering to the same distinctions as the sciences, between contingency and necessity, between fact and value, between the empirically proven or provable and the speculative, philosophy was almost a "wannabe" science. So, in a different way, was psychiatry. Granted, the vagaries of clinical psychiatry made it a far cry from experimental physics, but clinical psychiatry also aspired to such scientism.

Such days of rigid disciplinary divisions and pompously disciplinary methodologies are in the past for many of us. And the erosion of those borders has also offered us a more interesting, albeit muddled, pluralism. It is one in which we working at the border of philosophy and psychiatry should, like Phillips, rejoice—and on which we might congratulate ourselves.

But lest in today's happy and fruitful interdisciplinary Weltanschauung we become too smug, we would do well to remember that standpoint epistemology invites us to listen to every theory with some reasons to back it. Today's feminist theorists for example, may also have much to add if invited to join the conversation, and it is with that in mind that next year's Annual Meeting will be devoted to gender issues in psychiatry. Mainstream philosophers and feminist philosophers, not always the closest of bedfellows, will share the podium with clinicians and academic psychiatrists. The style of resultant conversation, I hope, will deserve the highest praise—as AAPP-ish!

Jennifer Radden, Ph.D.  
U. Mass. Boston

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### Returning to Consciousness 1997 Annual Meeting of the AAPP

At the beginning of this century, psychology and psychiatry turned away from consciousness to search for a science of the mind elsewhere. But their critiques of introspective psychology led them in opposite directions. Just as psychoanalysis was delving "beneath" consciousness to seek its explanations in the unconscious, behaviorism turned outward, insisting that the science of the mind that forswear all

### 1998 Annual Meeting Gender Issues and Psychiatry

May 30 and 31, 1998  
Toronto, Canada

(in conjunction with the American  
Psychiatric Association  
Annual Meeting)

Keynote Speakers:

Carol Nadelson, M.D.  
Sandra Bartky, Ph.D.

For further information contact:

Jennifer H. Radden, D.Phil.  
Department of Philosophy  
University of Massachusetts  
Boston, MA 02125  
(phone) 617-287-6546  
(fax) 617-287-7980  
(e-mail)  
radden@umb.cc.umb.edu

appeals to unobservable "mental processes." In America, that parting of the ways opened a chasm between academic psychology and psychiatry, while the study of consciousness all but vanished into that gulf to become a deserted wasteland haunted by phenomenologists and other suspicious refugees.

At the end of the century, consciousness has suddenly burst from the shadows to become a center of attention. Suddenly, everyone is aware of awareness. Thousands gather in the desert to celebrate its mysteries, while publications devoted to this long-neglected subject proliferate at a startling rate. This restoration of the middle ground between unconscious ideation and overt behavior has opened a space for renewed dialogue between psychologists and psychiatrists, who find themselves engaged in a lively conversation with neurophysiologists, cognitive scientists and philosophers. This year's annual meeting of the AAPP exploited this return to consciousness with a program devoted to "Consciousness and Its Pathologies".

Professor Patricia Churchland of UCSD set the stage for the two day meetings with a keynote address that asked: "Can Neurobiology Teach Us Anything about Consciousness?" She opened with a broad survey of the competing views of the relevance of neurophysiology to un-

derstanding consciousness, views ranging from those "nay sayers" who doubt that we'll ever understand how consciousness can arise from physical processes -- unless, perhaps, a new physics transforms our horizons of understanding -- to reductionists who see no difficulty in resolving all conscious phenomena into microphysical processes. Churchland placed herself somewhere in the middle, among the "try and seers," who do not deny the gap between synapses and thoughts, but who set out to bridge that gap from both ends. Assuming that there must be some differences in the brain between a stimulus that is accompanied by awareness and one that is not, we should be able to find those differences and thereby illuminate the neurobiology of awareness. This will probably not turn out to be a simple level to level match between molecular events and conscious thoughts, she warned, since there are five or six levels of processes in between. After sketching some lines of neurophysiological research that she finds especially promising, Churchland closed on a more philosophical note by observing that we use "consciousness" to cover a wide range of meanings, from mere sensory awareness to metacognition. But, she urged, we should not be too troubled by the lack of a precise definition at this stage of inquiry, since we can't well define a phenomenon until and as we begin to understand it.

From this broad survey of the problem of understanding consciousness, the meeting turned to focus on problems of understanding its pathologies, beginning with a set of papers dealing with pathologies of self-consciousness. Susanna Lundqvist and Filip Radovic, from Göteborg University, opened this stage of the proceedings with a paper on "The Semantics of Depersonalization Complaints." And in contrast with Churchland's closing note of semantic tolerance, they urged the importance of clear definitions to clinical practice. They pointed out that "depersonalization" is variously used to describe either a psychiatric symptom or a syndrome that includes that symptom -- and that the symptom of depersonalization is variously described by diagnosticians and patients and that they sometimes appear in other syndromes and may occur without any psychopathological background at all. But, they argued, "any proper clustering of symptoms in syndromes and any reliable inference from symptoms to underlying processes presupposes a proper description of the symptoms themselves." Drawing upon psychiatric studies of depersonalization, they proposed a semantic map of the key terms that patients use to describe the experience

of depersonalization in hopes that it could serve clinicians as both a guide to diagnosis and an aid in understanding depersonalization phenomena and their pathogenesis.

Jean Naudin, Dominique Pringuey and Jean-Michel Azorin approached pathologies of self-consciousness from a very different perspective in their paper, "Time and Self-consciousness in Schizophrenia and MPD: About the Pathologies of the Narrative Unity of Consciousness." These three French psychiatrists drew upon the resources of Husserlian phenomenology in order to analyze the psychotic delusions characteristic of some forms of schizophrenia and MPD in terms of "slackened connections between retentions, presentations and protentions. On the basis of that analysis, they propose to understand the relations between self-consciousness, internal time-consciousness and the story telling process and to propose a narrative theory of consciousness that provides a basis for understanding these pathological phenomena and for differentiating between Schizophrenia and MPD.

Dr. Anthony Korner of the Department of Psychiatry at the University of Sydney, Australia proposed yet another strategy for understanding the self and consciousness in "Mind and Consciousness: An Interpersonal Perspective," which developed a theme that offered an interesting counterpoint to Churchland's discussion. Korner argued that although awareness is properly placed within the individual, as the brain is properly placed within the organism, other aspects of consciousness cannot be so simply located, but require an individual-environment level. In particular, he emphasized the importance of the interpersonal constitution of meaning and of the self. Drawing upon Piaget, Winnicott and Stern, he emphasized the necessary role of social interaction, beginning with the mother-infant dyad, in the constitution of the self and mind. He pointed out that this yields a conception of the mind as the interface between organism and environment that does not reduce the mind to the brain, but avoids the dangers of a dualism that conceives of the mind as a separate reality.

Korner's analysis of the environmental and interpersonal dimension of the mind converged with the preceding paper's account of the roles of time and narrative in self consciousness in the next paper, "Multiplex vs. Multiple Selves: Criteria for Distinguishing Dissociative Disorders," which Valerie Hardcastle, of Virginia Tech delivered on behalf of herself and co-author Owen Flanagan of Duke. The two philosophers consider the hypoth-

esis that dissociative disorders belong on a continuum ranging from Borderline Personality Disorder to MPD (or DID, now that Multiple Personality Disorder has been renamed "Dissociative Identity Disorder"). Finding that the continuum view does not yield clear criteria for individuating its two extremes and that psychiatrists disagree about the nature and source of MPD, they adopt and adapt a narrative theory of the self in formulating their notion of a multiplex self. Dan Dennett describes the self as "what we tell stories about, to ourselves and to others." Hardcastle and Flanagan point out that this doesn't yield a single, coherent tale, that our personal narratives are as complex as our lives, since different narrative strands and personal roles fit together rather uneasily. Nor can we simply make up whatever stories we please, since, (as Korner had argued) our stories are constrained by the environment and by the corrections that others offer. Dissociative disorders arise where and insofar as those constraints fail, they suggest, so that the severity of the dissociation reflects loss of the ability to maintain a unified narrative self. MPD arises as a distinct disorder when there is no longer a single self struggling to maintain its coherence, where environmental pressures divide what might have been one self into multiple, but truncated, partial selves. This means that the experience of MPD is very different than that of normal persons and the amnesia and repression, which presuppose a single self, cannot figure in the description or explanation of its symptoms.

But why should we privilege the novelist over the writer of short stories, in any case? Is the unity of the self necessarily a norm -- or dissociation necessarily a pathological disorder. Anthropologist Murray Wax, of Washington University, provoked these questions in his paper on "Cross-Cultural and Pragmatist Approaches to MPD." He pointed out that psychiatric discussions of MPD ignore ethnographic accounts of other comparable phenomena, such as possession trance, which is so widespread among cultures and so highly valued in most that we have to wonder dissociation is a universal human capacity and whether "multiple personae" need be regarded as pathological. Wax challenged the "hyper-rationality" and cultural parochialism of orthodox psychiatry and recommended closer attention to the more social analyses of the self to be found in the pragmatism of George Herbert Mead and the psychiatric theories of H.S. Sullivan, Fairburn, Winnicott and Guntrip. He closed by urging that failure to incorporate their insights burdens psychiatry with an ambiguous and confusing



notion of the self.

Wax's paper shifted the burden of consciousness from client to clinician by suggesting that pathology may be "in the eye of the beholder. Helge Malmgren, from Göteborg University elaborated on a more precise version of that same theme in "Without a Precise Definition, You Do Not See the Phenomenon: A Philosophical Analysis of a Missing Diagnosis." She surveyed the history of an organic mental syndrome characterized by mental fatigue, difficulty in concentrating, secondary memory disturbances, irritability and emotional lability. Already recognized under various names by Krapelin and Bonhoeffer, it has recently been dubbed "aestheno-emotional disorder" (AED). Though typically traced to organic causes, milder cases of AED sometimes appear to be due to mental stress. Malmgren argued that although clinically important, AED often goes unrecognized or misdiagnosed due to deficiencies in the conceptual apparatus used to describe symptoms and classify disorders, especially where the etiology may be either psychogenic or somatogenic. Only a careful philosophical analysis of these diagnostic and descriptive categories will enable clinicians to recognize and understand such conditions, she concluded.

The inability to recognize pathology was also central to Nassir Ghaemi's paper, "Lack of Insight: Towards an Understanding of the Awareness Syndromes," which rounded out the first day's discussions. But Ghaemi shifted the burden of consciousness from the clinician back to the client, focussing upon the patient's lack of insight into his/her own illness. Clinicians have recognized three aspects of dimensions of insight: insight into pathological symptoms, insight into need for treatment and insight into the social consequences of one's illness. After reviewing empirical evidence of lack of insight in anosognosia, Alzheimer's dementia, schizophrenia, mania and the defense mechanism of denial, Ghaemi explored the various available organic and psychological explanations, concentrating upon the ways in which they shed light upon the human ability to be unaware of important aspects of reality.

Lloyd Wells of the Department of Psychiatry at the Mayo Clinic opened the second day of the meetings by asking "Who has Pathologies of Consciousness?: Patient's Perspectives" He described three provocative examples: a schizophrenic, a patient with rapid-cycling disorder and a patient with severe dissociative disorder. Though he examined the self-perceptions of each and how those perceptions effected others in some detail, Wells did not offer any theory of his own to cover these phe-

nomena. Rather than attempt to analyze or explain the cases, Wells simply proposed them as challenges to philosophical and clinical understanding. Their relevance to theories offered the previous day was obvious to all. For example, one of the patients urged that her own "pathological" self-consciousness is really the more normal, while "the sense of cohesiveness" shared by most people is in fact pathological, albeit adaptive, and related to several core defensive maneuvers, thereby evoking Ghaemi's discussion of the role of defensive denial in normal awareness and Murray Wax's suggestion that multiple personae are more nearly universal than the model of a unified, continuous self that psychiatry takes to be the norm.

Wells's challenging particular cases anchored a morning devoted to major theories and broad conceptual issues. Joseph Ghougassian followed Wells with a paper on "Logotherapy: The Rehumanization of Psychotherapy Or Toward Freedom and Dignity" in which he attempted a broad summation of the motives and therapeutic implications of Viktor Frankl's resolute attempt to recenter psychological theory and practice on problems of meaning and value. Frankl's experience in Auschwitz and Dachau motivated a critique of reductionistic psychologies and that critique led him to a theory informed by the existentialist account of the human condition as a free, open-ended project that implicates a search for meaning and value. Ghougassian closed by explaining how this understanding of the human project led Frankl to develop the therapeutic techniques of paradoxical intention and dereflection as ways of restoring to patients "in the manner of Karl Jaspers, a residue of freedom to heal oneself."

Whereas Ghougassian only evoked Jaspers briefly, the next paper developed a more extended comparison between Jaspers and Galitch, a Russian psychologist and philosopher of the previous century. Elena Bezzubova, of the Russian State Medical University, Moscow, spoke on "Consciousness and the Self: Jaspers and Galitch." She began by describing remarkable parallels between Jaspers' criteria of self-consciousness in his *Allgemeine Psychopathologie* and the account that Galitch had developed eighty years earlier in his *The Picture of the Human Being*. After surveying other striking similarities between the two works, Bezzubova asked how two authors, working so far apart in time and space and completely unknown to one another, could have arrived at such nearly identical accounts of the human condition. After acknowledging that the influence of Hegel on both provides a partial answer, she

argued that it is more plausible and illuminating to find the source of their convergence in the application of the same phenomenological approach to the same phenomena of consciousness and self-consciousness. But whereas Jaspers' phenomenology was partially inspired by Husserl's early works, Galitch's phenomenology was unwitting, "primordial and spontaneous." Bezzubova ended by applying Galitch and Jaspers' concepts of self-consciousness to psychopathological data, to the self-reports of patients with depersonalization.

Gordon Globus delved further into the resources of existentialist thought by invoking the later Heidegger in the second keynote address, which he entitled "Consciousness." (with an X through the whole word). Suspecting that Husserl's use of the vocabulary of consciousness had undermined his best insights and subverted his phenomenological project of "a return to the things themselves," Heidegger scrupulously avoided all reference to consciousness in his own phenomenology and set out to describe his own existence and world in fresh terms that would not be prejudiced by the heritage of Cartesian dualism. After a critical review of the functionalist and computational strategies proposed by modern psychology and cognitive science for understanding mental phenomena, Globus adopted this Heideggerian strategy and proposed that we simply "cross out" consciousness and replace the intractable consciousness-brain problem with a brain-existence problem. Such a "postmodern theory of the brain" would recognize that the brain is situated in the world and attempt to understand the representational function of the mind in terms of the quantum level of functioning in the brain. He closed by suggesting how a quantum psychiatry would understand pathology as a malatunement and treatment as a retuning of the situation of the brain in its world.

Globus's paper introduced a series of venturesome theoretical essays. Eric Gillett opened his paper on "Unconscious Experiencing" by noting that most contemporary analysts reject Freud's insistence that there are no unconscious feelings, only unconscious ideation. Gillett argued that the idea of unconscious experience is incoherent, that unconscious feelings are not retained, but recreated upon reactivation of the memory of traumatic events.

In "A Semiotic Model of the Mind," David Olds drew upon information theory and Pierce's semiotics to develop a model of the mind designed to "provide a smooth, continuous transition from inanimate matter to the thinking brain. He

argued for that all living systems transmit information semiotically and that we can understand molecular, neural and linguistic levels of functioning in terms of the different types of signs that Pierce discriminated and suggested how this model can explain important psychoanalytic concepts in both semiotic and biological terms.

In "Natural Kinds of Consciousness: Attractors of Eigenstates" Donald Mender brought the mathematics of non-linear dynamics to bear upon the problems of the brain, but found that "no general formalism of non-linear dynamics can account for the semantic contents of consciousness, especially self concepts. The Eigenstates of quantum theory provide a better model for that purpose, but don't account for the non-linearity of processes in the brain. He therefore turned to some theoretical models that have been introduced in an attempt to unify quantum physics and relativity as offering more promising strategies for understanding the relations between neurophysiology and conscious meaning.

In "Dissociative Identity Disorder and the Postmodern Concept of Consciousness as Reflections of a Modern Western Self Concept" Christina van der Feltz-Cornelis and Willem van Tilburg explored parallels between the critique of the whole notion of an integrated, self-transparent self-consciousness in recent continental philosophy and the upsurge, during the same period, of DID as a clinical diagnostic category in psychiatry. They showed how recognition of this parallel sheds light on controversies about DID and its treatment and suggested that these controversies may reflect a confrontation between 19th century and postmodern conceptions of self and consciousness.

Herbert Muller of McGill argued that "Belief in Mind-Independent Reality Excludes Subjective Experience from Reality." A scientific objectivism that only accords reality to neural or physical processes rules out all experience in so doing, he pointed out. He suggested that this impasse might be avoided by deriving all mental structures from a primordial indeterminate matrix and understanding reality as the ensemble of mental structures accepted as valid on the basis of belief. In this context, objectivity can be recognized as simply one mental strategy for minimizing erroneous expectations.

R. Andrew Schultz Ross of the Department of Psychiatry at the University of Hawaii closed the meeting with a paper on "Psychiatry and the Spiritual Path" in which he tackled the sensitive problem of the relation between spiritual or religious

experiences and psychopathology. But Schultz not only looked at spiritualism from a psychiatric perspective, which always courts the danger of pathologizing spirituality. He also reversed perspectives to ask whether psychiatry itself is in a spiritual process analogous to the spiritual path of individuals. From that standpoint, psychiatry appears to still be stuck in the early stages of spiritual progress, preoccupied with biological functions and political concerns. He pointed out that this recalls the reductionism characteristic of physics before quantum mechanics suggested that consciousness cannot be eliminated from its reckonings and evoked the possibility that psychiatry might find a comparable path from materiality toward spirituality.

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And indeed, as remarked at the outset of this report, we are already in the midst of such a return to consciousness. That was what inspired the topic of the entire meeting, and Jerry Kroll, the program chairman, demonstrated the value of such a restoration of consciousness by eliciting a fine set of papers and weaving them into a balanced and interesting whole.

J. Melvin Woody, PhD.  
Connecticut College  
New London, CT

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## Second International Conference for Philosophy and Mental Health: Marseilles

Between June 28 and 30 of this year, the Second International Conference for Philosophy and Mental Health was held on the shores of the Mediterranean Sea in Marseilles, France. The conference was organized and hosted by the faculty and residents of the Marseilles psychiatric community under the leadership of Dr. Jean Naudin, and was held in a beautiful location nestled atop a hill overlooking, on one side, the old harbor of Marseilles, and on the other, the ocean. While conference participants most assuredly attended the event out of interest in the intellectual stimulation and content of the papers and discussions to be held, it is fair to say that most participants found the hospitality and warmth of the hosts, and the beauty of the location, to equal the more cerebral pleasures of the weekend.

Catered lunches and breaks featured fresh seafood delicacies and wonderful pastries and cakes homemade by friends and colleagues of the hosts. The dinner gala, held at a fashionable restaurant and art gallery (also owned by family of the host) provided a superb setting for a formal gathering, while other evenings were spent informally at a variety of local spots, some close enough to the ocean that diners were sprayed by the waves. Although all of these occasions added to a relaxed and cordial atmosphere, we all were taken, in particular, by the generosity of Dr. Naudin and his family who shared exquisite red wines from their own personal stock for the final lunch that marked the close of the conference.

The theme chosen for this conference was "Vulnerability and Destiny: About the Phenomenology of Schizophrenia." Having been planned for over a year and a half, this topic and the general tone of the conference were carefully chosen by the Marseilles group to honor the memory of their teacher and mentor, Arthur Tatossian. Drs. Naudin and Azorin made the tribute to Tatossian explicit in the welcoming and opening remarks on the first day, with Tatossian's widow in attendance. In keeping with this historical frame of reference, several of Tatossian's contemporaries, who comprise the remaining second generation of European and Asian phenomenologists, gave invited talks throughout the conference. Featured talks were given by Blankenburg, Kimura, Kraus, and Schotte, representing the legacy of the philosophical anthropological tradition of the phenomenological psychiatry pioneered by Binswanger and

Boss. Appearing to mesmerize some of the younger attendees who may not have had the opportunity to hear them speak before, these elder statesmen of phenomenology spoke eloquently of the essential humanness of people with psychiatric disorders and the ways in which their experiences and modes of being may be distorted through disturbances in their relations to self and others. For many, the highlight of the conference came in an extended debate between Kimura and the French philosopher Mark Richir, the discussant for Kimura's talk, both of whom elaborated on the nature of the cogito in Descartes and its implications for understanding the nature of the subject in psychopathology.

Building on this foundation provided primarily by French, German, and Belgian thought, the conference attracted people from all over the globe and spanning several generations. The American phenomenological tradition in psychiatry and psychology was well represented by Schwartz and Wiggins, Sass, and Strauss. The conference organizers, despite their own grounding in the works of Tatossian, maintained a broad enough definition of phenomenology to invite Dr. Nancy Andreasen to provide a featured talk on the first evening of the conference on her work on cognitive deficits in schizophrenia. While she did not stay for the remainder of the conference, her particular form of phenomenology provided a sharp contrast for several discussions over the following two days which decried the more superficial, symptom-based approach of contemporary clinical psychiatry. Although perhaps in the minority on this occasion, Anglo-American approaches were also included through talks by Agich and Fulford.

Finally, in contrast to the many somber discussions which focused on the philosophical and moral bankruptcy of contemporary mainstream mental health (with its fascination with signs, symptoms, medications, and managed care), it was encouraging if not actually inspiring to see a number of bright and creative young thinkers and investigators from around the world presenting new and interesting work. There were in particular several attempts from Italy (Stanghellini), France (Depraz, Naudin), the United Kingdom (Allison-Bolger, Walter), and the United States to reapply the thought of Husserl and an intentional view of mind to current problems in psychopathology. The presence and energy of such work bodes well for the future contributions of philosophy to mental health.

For those who were unable to attend the conference, and for those who liked

what they heard, several of the featured talks have since been published in a special issue of *L'Evolution Psychiatrique*, 62 (2), 1997. The compilation of this journal issue, including the arduous work of translating many of the talks into French, provides the last reminder of the hard work, dedication, and selfless generosity demonstrated by Dr. Naudin and his colleagues in putting this conference together. We thank them wholeheartedly once again.

Larry Davidson, Ph.D.  
Yale University  
New Haven, CT

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### The Neurohermeneutic Forum Psychiatry's Quantum Future

Karl Marx, whose predictions have so often proven wrong, made at least one claim worth weighing. He asserted that human culture grows out of economic processes embodied in "modes of production." According to this view, slave labor shaped the imperial politics of Rome, agrarian serfdom constrained the mobility of feudal society, and mechanized industry created the modern bourgeois penchant for rationalization.

Marx did not live to see our own postmodern culture. Were he to reappear today, he might well expand his economic determinism to embrace the ideas of Michel Foucault, who identified modes of information as the predominant productive engine of recent times.

Contemporary history seems to bear out Foucault's analysis. We have become a culture of bits and bytes. Information technology now defines hierarchies of political power, aggregations of wealth, victory on the battle field, and even allocation of life-giving medical resources. Today media consultants run national election campaigns, companies like Microsoft control billions of dollars in assets, smart weapons give America's military a decisive edge in combat, and health insurance actuaries configure vast systems for "disease state management."

Most importantly, informational paradigms have come to define our very sense of self. The biases of organized psychiatry are a benchmark of this trend. Spokespersons for the profession increasingly see people as biological data processors, with carbon-based "wetware" playing the role of silicon chips in computing ma-

chines. Academic authorities differ over specific computational architectures employed by the brain, but the metaphor has acquired enough power to influence every aspect of psychiatric practice. Neurological manipulations are ineluctably replacing empathic psychotherapy as the mainstay of patient care.

However, developments yet unnoticed by the public may soon change the general cultural milieu in America and thereby transform psychiatry as well. For several decades, theoreticians have mulled over the notion of building a new kind of computer based on the concepts of quantum mechanics. In the past few years, possible material substrates for such a machine, utilizing principles like electron tunneling, probability wave interference, laser coherence and superconductivity, have been realized. Last spring, an actual quantum-computational program was written. These events presage the practical implementation of a technological revolution that promises to sweep away the very notion of a "bit."

Quantum computing differs in fundamental ways from the digital information processing that now rules our economy. It operates according to a radically more powerful kind of logic, which incorporates standard ways of reasoning but also moves beyond them through a rigorous exploitation of probabilistic truth. The resulting increase in flexibility will allow a quantum device to perform an unlimited number of computations simultaneously, dwarfing the capabilities of conventional computers.

More profoundly, however, quantum perspectives invite reexamination of everyday assumptions underlying orthodox information theory. A half century ago, Claude Shannon formulated the equations that now govern our informational sciences in terms that subordinate the content of data to the form of their encodement. This formalistic bias drives biological psychiatry's current view of mind and self-identity as a mere ensemble of discrete wetware configurations.

Quantum mechanics, on the other hand, revives the relevance of content and meaning in the guise of mathematical "operators." Moreover, a case can be made that quantum principles behave hermeneutically, insofar as numerical parameters in quantum-mechanical systems remain "latent" until a measurement singles out one dimensionalized value among many possibilities.

If Marx's economic determinism and its postmodern variants have any merit, then as quantum computing takes hold of our future economic transactions, quantum self-concepts should spread throughout



our culture to enrich formalized social relationships with multiple meanings. We should welcome such changes: they may ultimately humanize the cold, rigid abstractions that comprise our society's corporate "systems" and government bureaucracies. In the next century, quantum computers might show us a way out of the contentless social order now limiting our lives and point us toward a wide new community of polysemy.

Welcome results for psychiatrists could include a restoration of flexibility in the economics of mental hygiene and a return to interpersonal exploration in attempts to understand psychiatric illness. The very landscape of academic psychiatry in an era of quantum culture might well extend into vast new territories of synergy between neurobiology and the hermeneutics of mind. Some scholars, like Michael Lockwood and Roger Penrose of Oxford University, have already begun to recast our present ideas of mind-brain relations in quantum-computational form. A psychiatrist, Gordon Globus, has pointed out crucial links between the interpretive existentialism of Heidegger and an enlarged, quantum-logical notion of neurophysiology.

Such innovations hold out the promise of a bright new renaissance for psychiatry at the dawn of the third millennium.

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(The Newsletter welcomes articles by any AAPP member for review and possible publication as an installment of *The Neurohermeneutic Forum*. Manuscripts may be sent to: Donald Mender, M.D., Editor, *The Neurohermeneutic Forum*, AAPP, PO Box 1875, Grand Central Station, New York, N. Y. 10163.)

Donald Mender, M.D.

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## Psychiatry in the Literature

Nadelson, T. 1996. Psychotherapy, Revelation, Science, and Deep Thinking. *American Journal of Psychiatry* 153: (7, Supplement): 7-10

In a supplement to *AJP* as a Festschrift for the well-known psychotherapist John Nemiah, one of his former students contributes reflections on the basis of psychoanalytic psychotherapy. As a current viewpoint of a practiced clinician, the paper may be interesting to AAPP readership. It suffers, as is common, from being unsystematic, but some insights may stand out. For example, Nadelson suggests that current psychoanalytic psychotherapy sits at an epistemological point between Freud (who thought that therapy was revealing the truth) and the postmodern hermeneutic extreme (where all therapy is just a useful fiction).

Roush, W. 1997. Herbert Benson: Mind-body Maverick Pushes the Envelope. *Science* 276: 357-359.

Tessman, I. and Tessman, J. 1997. Book review of *Timeless Healing* by Herbert Benson. *Science* 276: 369-370.

The first is not really an original article, but these profiles in *Science* are often entertaining and educational. Benson, author of *The Relaxation Response*, is among the most well-known individuals in internal medicine who have worked on the mind/body aspects of illnesses. This article reviews some of Benson's work on hypertension and the controversies engendered by it. Criticisms of his work often involve noting that his conclusions are weaker on data than they often seem to be on belief. He has taken these criticisms in the direction of interest in the effects of faith on healing. The book review of his most recent book is a careful critique of some scientific shortcomings in his research.

Andreasen, Nancy. 1997. Linking Mind and Brain in the Study of Mental Illnesses: A Project for a Scientific Psychopathology. *Science* 275: 1586-1592.

In this issue of *Science*, Nancy Andreasen, the editor of the *American Journal of Psychiatry* and one of the most prominent academic psychiatrists today, discusses mind and brain theories and the study of psychopathology. Andreasen, author of a book called *The Broken Brain*, is well-known for her hard-core neuroanatomical studies of schizophrenia, but

few know that her PhD after her MD was given for an English literature degree, I believe. Thus, she has a broad background in science and the humanities. However, she seems to belong to that part of the psychiatric establishment which many in AAPP have criticized over the last few years for ignoring conceptual aspects of psychiatry. This article should serve as a good reference to take the pulse of one of the leaders of mainstream psychiatry today.

She begins by locating an historical line of similarity between biological psychiatry and psychosocial approaches in Freud's early biological work. She then discusses the relationship between mind and brain, and she comes out with a basically monist position: the mind is the expression of the activity of the brain, and these two are separable for purposes of analysis and discussion but inseparable in actuality. She proposes a pluralistic, multidisciplinary strategy for achieving a scientific psychopathology, with parallel work in cognitive psychology, experimental psychology, neuropsychology, and neuroanatomy and neurophysiology. She proceeds to clearly describe a classic categorical medical model of disease process: the iterative process of moving from syndromic descriptions to biological features and back again, clarifying each aspect of the disease (phenomenotype and biotype) in each recursive loop. She discusses the category versus dimension controversy in defining abnormality. She also is open to the idea that our focus on diseases rather than symptoms may be excessive and that at times it may be more accurate to study a phenomenon, such as hallucinations, rather than the myriad diseases in which the phenomenon occurs. Van Praag has made the point that he thinks that the disease model in psychiatry should be replaced by a focus on symptoms of psychopathology. Andreasen does not go this far, but her discussion indicates that she is open to the idea.

In the second section of the paper, she gives an example of the linking of mind and brain in PET scanning studies in schizophrenia and depression, which she has pioneered, along with research along the other lines discussed above (neuropsychology, cognitive psychology, neurophysiology, clinical psychiatry), and discusses some of her neuroanatomical theories about the brain basis of these conditions.

One might conclude from this paper that Andreasen is more aware of the conceptual issues in the field than one might have expected from a member of the DSM-III, antitheoretical establishment. On the other hand, those involved with



DSMIV, like Allen Frances, do seem to have an understanding of the conceptual issues involved, based on discussions at conferences and their previous training with others who have contributed to this topic before it was as popular as it is now (e.g., Frances is a former student of Lester Havens, author of *Approaches to the Mind*). Also, judging by the interest shown by others, like Robert Spitzer, in the activities and conferences of the AAPP, such as the upcoming conference on values and nosology, it would appear that the activities of AAPP are making inroads into the consciousness of the profession.

Yet, what Andreasen does not discuss suggests lines of inquiry that remain under-attended to. Her description of mind-brain theories does not take into account the problem of how to resynthesize those lines of investigation that are separated for the purpose of analysis. Further, she pays little attention to those aspects of the subjective study of psychological phenomena that are most clinically relevant: psychoanalytic concepts such as defense mechanisms or insight, and the various types of psychotherapies including existential approaches. How can we understand what these psychological studies have to contribute to our understanding of the mind, and how does that relate to what we know about the brain? She does not touch on issues of importance to philosophy of mind that might benefit from work in neuroscience, such as the issue of the effects of advances in neuroscience on folk psychological beliefs concerning current clinical concepts in psychiatry (the self, emotions, thoughts, empathy, projection, etc.). Is there evidence for an effect along the lines of eliminative materialism, as suggested by Patricia and Paul Churchland? She does not discuss theories of consciousness, such as Darwinian views of evolutionary psychology, and how they might be tested by psychiatry and neuroscience, or what they might contribute to the latter.

What she does not discuss may suggest what has yet to seep into the consciousness of mainstream psychiatry, and perhaps we need to expend more effort on these areas. Overall, though, the paper is worthwhile reading and should be a good sign of where AAPP has influenced thinking in its chosen field.

Schwartz, M., Wiggins, O. & Spitzer, M. 1997. Psychotic Experience and Disordered Thinking: A Reappraisal from New Perspectives. *Journal of Nervous and Mental Disease* 176-187.

Members of AAPP know well these

colleagues who have been active and instrumental in our organization since its founding. It is refreshing to see their work in psychiatric journals such as the *Journal of Nervous and Mental Disease*, which is one of the best run and fairly edited journals in the field, in my opinion. The authors discuss psychotic experience in a careful, phenomenological manner, beginning with a case study of disordered thinking, and then proceeding to a discussion of the alien reality of psychotic experience, the expansion of the horizon of meaning, and the reduction of complexity as a mechanism of understanding what purpose psychotic thinking serves. They then discuss brain maps, moving from early versions of Penfield's homunculus to later brain maps of neural networks and later work in semantic associative networks. They highlight the benefits of new approaches in cognitive neuropsychiatry and experimental psychopathology in understanding psychosis.

One would not dare to provide anything resembling a true critique or even a fair summary of their work in this setting, as I am sure our colleagues would prefer. However, a minor point is worth making.

They conclude by emphasizing that the cortical map perspective may allow us to think about neurotransmission as a process of helping or impeding world-brain interactions. Further, they allow us to view psychotic experiences in their positive, beneficial aspects rather than simply as instances of a defect. They suggest that the increase in semantic associations in schizophrenia may have the positive aspect of making connections of meaning that others would miss, referring to the genius of certain schizophrenics. While taking nothing away from the point regarding increased associative ability, I do wonder whether some of those psychotic geniuses in the past were not manic rather than schizophrenic, since this is where the diagnostic mistakes were most common in the past. Their point would hold for psychosis, but not schizophrenia per se, were this the case. They do not discuss manic psychosis in the paper; it would be interesting to see if they too had the same or even more associative ability than those experiencing psychosis as part of schizophrenia.

We are probably too biased to review our colleagues in our own newsletter. But with that caveat, I think all of us would applaud the excellent job done.

Nassir Ghaemi, M.D.  
G.W. University  
Washington, D.C.

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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.

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(Editor: continued from page 1)

"Contemporary psychiatry studies mental illnesses as diseases that manifest as mind and arise from brain." The description of research and disease models in schizophrenia and depression is presented rather thoroughly in terms of brain pathology. A possible crack in this reductionist program occurs around the issue of environmental influence on mental functioning and its explanation in terms of neural plasticity: "...mental phenomena arise from the brain, but mental experience also affects the brain, as is demonstrated by the many examples of environmental influences on brain plasticity." She repeats this point in her discussion of depression, which she describes in terms of neuroanatomic and neurophysiological pathology, but then adds: "Depression may arise as a consequence of the plastic response of mind/brain to experience, and it may also remit because of either pharmacologic or psychotherapeutic manipulations of brain plasticity."

The critical concept in this discussion is of course that of neural plasticity. In theory the concept allows for the influence of psychological/environmental factors on brain function. Psychotherapeutic action literally changes brain circuitry. The real question is this: does the concept of neural plasticity allow for a real mutuality between mind and brain, or is it simply a reductionist maneuver for continuing to insist that the action is with brain and that mind remains epiphenomenal? I am inclined to think the latter, and that for reductionists like Andreasen the notion of neural plasticity merely allows for a grudging acknowledgement of the influence of mind on brain. As she says,

(Continued on page 10)

(Continued from page 9)

depression remits because of something happening in the brain, and that might occur because of "either pharmacologic or psychotherapeutic manipulations of brain plasticity." What is left out of this discussion is the way in which a concept like neural plasticity can provide neuroscientific window dressing for traditional (non-neurological) ideas. If, for instance, some depression is brought on by experience and treated by another (psychotherapeutic) kind of experience, what exactly have we gained by reframing the discussion in terms of neural plasticity? Answer: we have stated the obvious, that all mental activity is subtended by neural activity, and we have created the illusion that the real action is at the neural level—and thus preserved the reductionist program.

For those like myself who argue for an unreducible discourse of the human, one beacon of light is the philosopher Charles Taylor, who has written extensively on this theme. In an effort to describe the guiding idea that has accompanied him through an extensive and varied opus, he writes:

I started on it with a polemical concern. I wanted to argue against the understanding of human life and action implicit in an influential family of theories in the sciences of man. The common feature of this family is the ambition to model the study of man on the natural sciences. Theories of this kind seem to me to be terribly implausible. They lead to very bad science: either they end up in wordy elaborations of the obvious, or they fail altogether to address the interesting questions, or their practitioners end up squandering their talents and ingenuity in the attempt to show that they can after all recapture the insights of ordinary life in their manifestly reductive explanatory languages. [1985, p. 1]

Taylor's early work, *The Explanation of Behavior*, attacked the behaviorist program for its failure to recognize purpose and intentionality. In his more recent writings he has targeted the post-behaviorist programs, such as cognitive psychology with its computational theory of mind. He generalizes that all the efforts to model the human disciplines on the natural sciences share an adherence to naturalism, the latter understood in the sense that originated in the seventeenth-century revolution in natural science—namely, that man shall be understood as other phenomena of nature are understood by the natural sciences.

In his effort to describe the human agent in terms that prescind from the naturalist program—and that belie that program—Taylor focuses on an understand-

ing of man as a "self-interpreting animal." The reductive, naturalist claim would be that man can be studied as an object among other objects in the world. Taylor's counter-claim is that our subjectivity is constitutive of our nature: "...the claim is that our interpretation of ourselves and our experience is constitutive of what we are, and therefore cannot be considered as merely a view on reality, separable from reality, nor as an epiphenomenon, which can be by-passed in our understanding of reality" (ibid., p. 47). This is of course a very strong claim. Taylor elaborates it through an analysis of emotions such as remorse that always involve a cognitive import that is subject-referring and must be articulated in language. It is a distinctive feature of such emotions that they are in part constituted through their articulation and thus change as their articulation changes. "Thus because our subject-referring import-attributing emotions are shaped by the way we see the imports, and the way we see the imports is shaped by the language we come to be able to deploy, language shapes these emotions" (ibid. p. 72). To call human beings 'self-interpreting animals' is thus to recognize that the emotions (as well as values, goals, self-evaluations, etc.) that constitute us as humans are formed through complex, language-dependent self-interpretations that are themselves entwined in the culture and language system in which we participate.

It is not difficult to see the relevance of this analysis for the discussion of reductionism in psychiatry. Take, for instance, the example of depression. There is ample evidence for a strong biological component in depressive conditions. Does this mean that depression can be understood as a brain disease *tout court*? Or does depression not always involve what Taylor calls 'import'—both subject-referring and world-referring import—that is either articulated in language or merely inchoate and awaiting articulation? And the 'Prozac effect'—the way in which the import status (self-esteem, outlook, etc.) can be changed through a pill? Does this demonstrate simply the neural nature of depression, or does it not again point to the way in which depression—*whatever its etiology*—must be understood as a state of a 'self-interpreting animal'? The issue here is the distinction between explanation and *causal* explanation. Even if (which is hardly the case) depression could be fully explained *causally* as a disorder of brain function, that would still not count as a *complete* explanation of depression. To conclude that a strong neuro-biologic etiology renders the subjective dimension

epiphenomenal is simply arbitrary and unwarranted.

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James Phillips, M.D.

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## Local Group Notes: Cambridge

After organizing ourselves in 1995, we have made unsteady progress in terms of expanding membership, but even the least well-attended meetings have contained wonderfully stimulating discussion. We have met at the Tufts New England Medical Center psychiatry Department, hosted by that department's supportive and generous chair, Marshal Folstein. During 1995-6 we tried regular monthly meetings at which people presented their own material in some instances and in others we discussed materials circulated in advance. One of the themes of this series was delusory thinking. We were addressed by Dr. Brendan Maher, an expert on this topic from experimental psychology, and we read a number of texts including Jaspers' analysis. In our first year, there were some glitches in notification about meeting topics and details; but there were also some exciting exchanges, and after each session we came away with the sense that there was lots to talk about. For the 1996-7 sessions, we tried using guest speakers for a pre-planned program of meetings. Introducing material from his recent book, Dr. Edward Hundert of Harvard Medical School spoke on "Nature, Nurture, Knowledge, and Values." Dr. Jeff McConnell from the Philosophy department at Tufts and a visiting scholar at the Department of Linguistics and Philosophy at MIT spoke on the (alleged) threat of dualism in psychiatry (no threat, he showed). Finally, Thomas Rudegeair, M.D., from the University of Massachusetts Medical School,



addressed us on adaptionism as it applies to mind, disorder, and psychotherapy in a talk entitled "The Evolution of Mind." Organizers of this group are AAPP members Jennifer Radden and Hillel Grossman, and anyone reading this who would like to take part should contact them at the following addresses: Jennifer Radden (617-287-6546, Radden@umb-sky.cc.umb.edu); Hill Grossman (617-636-8756, hgross.ma@tufts.edu).

Jennifer Radden, Ph.D.  
Boston

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**Announcement:  
NEH Summer Institute  
Mind, Self, and  
Psychopathology**

A six-week institute sponsored by the National Endowment for the Humanities. Meets June 29 - August 7, 1988, at Cornell University, Ithaca, New York.

Directed by Jennifer Whiting, Department of Philosophy, Cornell University, and Louis Sass, Department of Clinical Psychology, Rutgers University.

Faculty: Judith Armstrong, John Cambell, James Conant, John Cutting, Peter Hobson, Katherine Loveland, Richard Moran, Ulrich Neisser, Josef Parnas, Daniel Stern.

Open to teachers at colleges and universities in the U.S.A. Travel, room, and board, plus stipend paid by NEH (total of \$3700).

Both analytic and continental philosophical perspectives will be represented. Topics to be covered include: schizophrenia, autism, multiple personality disorder.

Application deadline: postmarked by March 1, 1998.

For information contact: Thomas Berry, Department of Philosophy, GS218, Cornell University, Ithaca, NY 14853. Tel: 607-255-6830. E-mail: tjb19@cornell.edu.

*(This six-week summer institute sponsored by the NEH will be devoted to a number of topics at the intersection of philosophy with clinical psychology and psychiatry. There will be two speakers each week, usually a philosopher and also a psychologist or psychiatrist. We are interested not only in how recent philosophical work on mind and self can increase our understanding of anomalous and paradoxical aspects of various disorders, but also in the ways these disorders challenge theoretical constructs in philosophy of mind and related areas. The institute will focus on three of the philosophically most interesting forms of psychopathology—autism, schizophrenia, and dissociative identity disorder—but there will also be considerable discussion of other types of psychopathology, and of general issues concerning the nature of mind, consciousness, and self. The institute will have around 25 participants, in addition to invited speakers. Participants must be engaged in teaching at a college or university in the U.S.A.—Louis Sass)*

**Announcement:  
Group Formation  
Continental Philosophy and  
Psychiatry**

If anyone is interested in joining me and forming a group within the AAPP that would focus exclusively on issues related to continental philosophy and psychiatry, please write, call, or e-mail to the following: Philip Sinaikin, M.D., 441 N. Causeway, New Smyrna Beach, FL 32169. Tel: 904-423-9161; Fax: 904-423-3094; e-mail: PhilSin@aol.com.

To get started, the group could utilize some sort of internet technology such as mail lists or the AAPP web-site to communicate and exchange ideas. We might also consider planning for an academic meeting. I am open to all ideas and am willing to do the work to get this off the ground. My specific interest is Heidegger, and I have attended the SPEP and Heidegger conferences in the last two years. While much of interest was discussed there, I have been continually frustrated by the minimal attention paid to psychiatry. I hope to rectify this situation with this group. If you share my passion for continental philosophy and would like to participate in opening this crucial dialogue, please contact me to share your thoughts.

Philip Sinaikin, M.D.  
Smyrna Beach, FL

**ASSOCIATION FOR THE ADVANCEMENT OF PHILOSOPHY & PSYCHIATRY (AAPP)  
MEMBERSHIP APPLICATION**

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.

Annual Dues: \$65 Members; \$32 Student Members (this includes a year's subscription to *Philosophy, Psychiatry, & Psychology (PPP)*). Make checks payable to The Johns Hopkins University Press.

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

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Dallas, TX 75235-9070

Phone (214) 648-3390

Fax (214) 648-7980

E-mail [lmuncy@mednet.swmed.edu](mailto:lmuncy@mednet.swmed.edu)

#### *Newsletter Editor*

James Phillips, M.D.

88 Noble Avenue

Milford, CT 06460

Phone (203) 877-0566

Fax (203) 877-2652

E-mail [james.phillips@yale.edu](mailto:james.phillips@yale.edu)

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UT Southwestern Medical Center  
5323 Harry Hines Blvd.  
Dallas, TX 75235-9070



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