



From the Editor

Primum non nocere. First, do not lie. In this season of lying, do we need a new medical maxim? The ancient maxim, *primum non nocere*, 'first, do not harm', makes a straightforward point: bad medicine is worse than no medicine. You would think we should not need a revision reminding us to tell the truth. Truthfulness with the patient seems like an obvious expectation of the doctor. Hippocrates didn't bother to include it in the Oath. So why should we need the reminder now? What is going on in medicine?

The reason can be found in a recent article in the *New England Journal of Medicine* entitled "Primary Care Physicians' Experience of Financial Incentives in Managed-Care Systems." It is an article that recommends itself to clinicians for thoughtful consideration. The authors queried a large sample of California primary care physicians about the types of financial incentives they encountered in managed-care contracts, the amount of income that was generated by the arrangements, the pressure they experienced to meet the incentives, and the ways in which they felt such pressure affected patient care. Significant numbers of physicians reported that financial incentives, usually in the form of bonuses, were linked to behaviors such as not referring patients for specialist consultations or hospital procedures or to seeing more patients per hour. Further, large numbers of these physicians reported feelings of pressure to comply with the incentives, concerns that they were short-changing patient care, and increasingly less satisfaction with their work.

The authors did not ask the physicians explicitly about the issue of lying to their patients, but that is clearly what they were being asked (pressured?) by the insurance companies to do. Color it, rationalize it however you wish; if your income depends on *not* making referrals or on squeezing more patients into the hour than can be properly accommo-

President's Column

In this last year, not only of the century, but of the millennium, the *fin de siècle* urge to cast an eye beyond the here and now, is irresistible. The mere immediate present feels to have diminished to a point of unimportance. With that excuse, let me indulge in a few broader and more distant sightings.

Viewed as a whole, the twentieth century has seen the development of sustained, systematic and, yes, sometimes "scientific" examination and treatment of abnormal psychology. It has seen an acknowledgment of the importance of the study of mental disorder, and the institutionalization of psychiatric medicine and clinical psychology. At least towards its end, this century has seen the establishment of firm and clear empirical and theoretical principles explaining the complex interconnections between psychology, normal and abnormal, and biology.

That these advances had their origins in the last half of the nineteenth century is of course undeniable. Without such figures as Pinel, Esquirol, Griesinger, Kraepelin, Freud and Maudsley, twentieth century psychiatry could not have reached its present state of scientific maturity.

Nonetheless, compared to that of the twentieth century, the psychiatry of the nineteenth century reads today as muddled, arcane and unscientific. Pseudo-scientific distractions abounded, tainting the very best of empirical method and theoretical analysis. Two of these, expunged so successfully from twentieth century medicine that they risk being forgotten, were phrenology, whose influence marked almost all nineteenth century psychology; and the ubiquitous theories of degeneracy which served to cloak racism, sadism and classism. False dichotomizing was common, pitting the mentalists and vitalists against the somatists, and juxtaposing purely psychological "moral" treatment against other forms of treatment as if the two were in some way radically incompatible. The Cartesian ghost in the form of a transcendental, rational soul haunted "the machine," long after the excesses of German idealism and romanticism influencing the psychiatry of the first half of the nineteenth century. As sophisticated a thinker as William James, writing in the last years of that century, finds it necessary to interrupt his perorations again and again to appease, explain and apologize for the completeness of his naturalistic system as one without room or need for metaphysical entities like rational souls.

A hundred years from now, those viewing twentieth century psychiatry will perhaps also find distracting and irrelevant battles, false dichotomies, and pseudo-scientific byways. But what seems notable about the last years of this century is that serious reevaluations of past mistakes and other forms of intellectual house-cleaning are taking, or have taken, place.

Even those trained during the mid-century heyday of psychoanalysis, such as the new president of the American Psychoanalytic Association, Robert Pyles, have today embraced what the *New York Times* recently entitled a "humbler psychoanalysis." And we today recognize the unwarrantedly polarized stances fueling the anti-psychiatry rhetoric, and the

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dated, you will be lying some of the time, and much of the time you won't know whether you are lying or not. To *our* comfort, the California physicians are evidently discomfited by the process.

To appreciate the dilemma in which these physicians find themselves, we need to remind ourselves of the broader context in which they work. We live in a culture in which mendacity has come to be the expected behavior. We expect our politicians (even our president) to lie; we expect corporations to lie; we expect HMOs, as profit-driven corporate entities, to lie. We also expect HMO staff physicians, whose first priority is to

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rhetoric of its opponents, during the 1960s and 70s. Most importantly, there is today a new rapprochement across the divide so long separating those urging biological causes and cures from those committed to social, cultural and "talking" ones. Such works as Kandel's incisive "New Intellectual Framework for Psychiatry" which appeared this last summer, and Gabbard and Goodwin's writing, integrating biological and psychosocial perspectives, exemplify and review the exciting empirical and theoretical justification for this rapprochement. In his State of the Union message President Clinton said of the twentieth century that it was the American century. And surely he was right. Literally, but also rhetorically, culturally and ideologically, American might figured in the broadest schemes of things; and when it didn't dominate the world stage, still it succeeded in stealing the show.

I think it might also be said of the century whose close is so fast approaching, that it was the century of psychiatry. In the twentieth century psychiatry was an actual presence in the practices and institutions of psychiatric medicine, but also a rhetorical, cultural and ideological presence, marking all "discursive" practice. It, too, often stole the show, even when it didn't dominate the stage.

This may not be an unmixed blessing, many would hasten to point out. But, for better or worse, it is a reality. And we can at least anticipate the twenty-first century with some confidence. As had the nineteenth century, the twentieth century of psychiatry also saw imperfect theory and practice. By its end, however, through unflinching self-scrutiny as well as laborious empirical research, the profession has come far in realizing itself both as science and healing art.

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Philosophy and Psychiatry in the Media

Mind-Reading and Folk Psychiatry

Reading the latest issue of *Newsweek*, I noticed an article on multiple personality, titled "Unmasking Sybil: A re-examination

of the most famous psychiatric patient in history." I wasn't so much interested in yet another twist in the debate about the validity of diagnoses of multiple personality, as I was startled by the claim that Sybil is the most famous patient in the history of psychiatry. I hadn't previously ranked famous cases, but I suppose I thought Freud's Dora was more famous. Or maybe a criminal psychopath. But the main one to come to my mind was Hannibal Lecter, and he's fictional. I asked my wife and my students, "what is the first name that comes to mind you think of famous psychiatric patients?" "Sybil," they said. So I guess *Newsweek* was right. What this makes clear, as if it needed making clear, is the difficulty of knowing how "the public" thinks. But in understanding trends in mental health, it is useful to know what is going on in the public's mind when trying to understand trends in psychiatry. Philosophers of psychology have coined the phrase "folk psychology" for how ordinary people think about the mind; maybe the best term for what I am talking about is "folk psychiatry."

For instance, this year is the last in the "Decade of the Brain": George Bush proclaimed it so on July 17, 1990. Has public thinking about mental illness changed significantly in the last ten years, and if so, can George Bush take any credit for that? Or was Eli Lilly, the manufacturer of the antidepressant Prozac, more influential than Bush in this respect? If the public does now have a greater inclination to think of mental illness as a disorder of the brain than it previously did, how has this affected popular opinion about the responsibility of the mentally ill for their actions? Will drug addicts, now excluded from coverage under the Americans with Disabilities Act, eventually be included? On a tangentially related issue, do people really think that Bill Clinton is a "sex addict"? If so, does this mean they think he cannot control his sexual behavior? There are opinion polls for some of these issues of course, but I don't put a lot of faith in them: they seem to depend so much on the day of the week and how the questions are phrased.

What we can study is the representation of mental illness in the media. This tells us something, but we should be careful not to overestimate the credulity of the public, nor their readiness to listen to reason. Studying discussions of psychiatry on TV, in newspapers and magazines often tells us more about the way that journalists think rather than the ideas of the general public. It is sometimes informative to see which self-help books become best sellers, because they may reflect a mood of the public. Who would have predicted that Peter Kramer's

Listening to Prozac would be on the bestseller lists for so many months? The Internet is also a forum for the discussion of philosophical issues in psychiatry, and some of the self-help pages give more clue about popular ways of thinking. Finally, there's the feedback that students give teachers like myself in classes devoted to ethical and social issues in mental health.

This is all by way of introducing this new column to AAPP Newsletter readers. I will devote future columns to more specific analysis of public and political discussions of psychiatry and mental illness. I'll be looking at all forms of media, (keeping a special eye on the Internet), as a way of trying to read the public's mind. This will all be in the service of my main thesis for this column: public debates about mental health involve a myriad of philosophical and ethical issues, which regularly get ignored. My aim will be to show that philosophers of psychiatry have both the opportunity and responsibility to make those debates better informed and more sophisticated.

Associated with this column is a web page, at <http://www.angelfire.com/nl/metapsychology/aapp.html>

Christian Perring, Ph.D.

Philosophy and Psychiatry: A Humanistic Perspective

Moscow Conference, Oct. 1997

At the end of October, 1997 the Moscow Group on Philosophy and Psychiatry hosted an international conference *CPsychiatry and Philosophy: Humanistic Perspectives*, in Moscow. The conference was co-sponsored by the Russian Mental Health Research Center and the Department of Psychiatry of Russian State Medical University.

The conference attracted a lot of doctors, researchers, and students. There were psychiatrists, psychologists, philosophers and social workers. The conference room with a capacity of 100 was overcrowded till the very end. Conviviality and good spirits could be defined as the main characteristics of the meeting.

The participation of foreign guests—psychiatrists, social workers and philosophers from United Kingdom and United States—were noteworthy and made the atmosphere more versatile, alluring, and intriguing because of the still significant differences in background and tradition between Western and Russian psychiatry and

philosophy. We were delighted to welcome so famous a guest as Melvin Sabshin, M.D., Medical Director of APA during the past 23 years, whose contribution was a great support and honor for us. At the same we were delighted to have a still not so well-known young Oxford graduate, whose contribution showed that the future of philosophy/psychiatry movement is in good hands.

The agenda was designed to be intentionally wide in order to cover all the areas of overlap between psychiatry and philosophy, and to encourage more people to attend. The director of Mental Health Supporting Systems Research Center, Professor Vasilyi Jasrebov presented a welcoming address. The introduction was devoted to the history, current content, and perspectives of the philosophy/psychiatry cooperation in the world and in Russia. The international panorama was remarkably presented by Bill Fulford - one of the founders and leaders of philosophy/psychiatry movement. Elena Bezzubova of the Russian State Medical University described situation in Russia and reported on Moscow group activity.

The presented papers were of high academic quality. Among the most provocative reports were the following. Shulami Ramon of the Faculty of Health and Social Work, Anglia Polytechnic University, Cambridge, UK, discussed the problem of restoration of personal identity in adolescents after psychiatric hospitalizations. The thesis of the presentation was disputed in the ensuing discussion. Mel Sabshin agreed with the speaker's thesis and stressed its importance for everyday psychiatric practice. Some Russian doctors found that the presenter's position to be out of touch with clinical practice.

Nikita Zorin of the Moscow Institute of Psychiatry gave a paper entitled "Semantics and Psychiatry," which focused on the application of French structuralism to the theory and basic conceptions of psychiatry. It was an original and gallant variation in the framework of the postmodern revision of psychiatry. The paper was enthusiastically accepted by young Russian philosophers and psychologists and evoked a rather skeptical response by the psychiatrists in attendance.

Yuri Savenko of the Independent Psychiatric Association of Russia presented the results of his longitudinal investigation on "A New Paradigm in Psychiatry." It was followed by an interesting discussion on notion "paradigm" between Paul Sturdee of the Department of Philosophy and Mental Health, University of Warwick, UK, and the presenter.

In his own paper Sturdee brought forward an original notion of the ethics of changing other people's minds. An alternative to the tradition concept of the person in

the context of psychiatry was offered, based on a model of the individual as a unique system, with its own unique cognitive structure, thoughts and motivations. The audience did appreciate this emotional paper and especially the application of the famous Russian love story, Lev Tolstoy's novel Anna Karenina, to illustrate the core point.

The central event of the conference was a special invited lecture. Philosophy, Spiritual Experiences and the Psychopathology of Delusion, delivered by Bill Fulford. The topic was of great relevance and importance for current Russian society, and psychiatry in particular. Facing the problem of so called non-traditional religions, beliefs and cults, psychiatrists split into two opposite camps and eventually fail to reach any reasonable agreement, not only with media, law and community, but with each other. The presentation had a wide resonance.

The conference summed up one and a half years of activity of the Moscow Group on Philosophy and Psychiatry. The psychiatrists in those sessions are mainly psychiatrists deeply interested in philosophical issues. One of principal goals of our group, however, is the promoting of philosophical concerns within general psychiatric culture. That is why we have been trying to involve in our activities practicing physicians, among whom, at least here in Russia, philosophical reflection on psychiatry is treated somewhat as a sign of professional psychiatric deficiency or even oddity related to the diagnostic category of philosophical intoxication.

Perhaps the somewhat peculiar quality of psychiatrists' attitude to philosophy which our group has faced during its work is more than a local, domestic problem. From a common sense psychiatric point of view philosophy is something vague, excessive, as well as useless, and even opposed to the reasonable biomedical framework of the discipline. But at the same a psychiatrist regularly uses such notions as person, personality, psyche, thought, consciousness, etc. And even the most practical-minded psychiatrists cannot help understanding that there is something in these notions that is beyond lapidary psychiatric definitions. These notions carry connotations that are intrinsically connected to crucial dimensions of the human being and in a way should be regarded as philosophical first of all. For clinicians this is something too apparent to deny, but too 'esoteric' to take into academic account or just too far from our clinical categories to be reflected over with our familiar and usual 'medical' manner of thinking. The leading idea of our group—to show the limitations of this manner of thinking and to open room for free philosophical reflection—was actually put into effect at

this meeting. Presentations, deep responses of the audience, discussions with clear agreements and strong disagreements, remarks and replies, proved that psychiatry and philosophy are intrinsically intertwined with each other. This intertwining is complicated and multifaceted—so we have a long way to go to understand the nature of human being and its body and mind in norm and pathology.

The success of this first conference encourages us to think about the next meeting. We welcome colleagues and soul mates to collaborate with us.

Elena Bezzubova, M.D.
Moscow

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The Neurohermeneutic Forum

The Challenge of Neurohermeneutic Psychiatry

In recent times the United States has embraced a culture of information technology, which now shapes collectively hierarchies of power and wealth. As a result, data processing metaphors have come to define our very sense of self. Post-industrial American psychiatry reflects this trend. Leaders of the profession increasingly portray people as carbon-based, neural computers. Authorities differ over specific details of psychophysiological architecture, but the neurocomputational model in general now pervades American psychiatric practice (Mender 1994, 1-18). At the center of these developments is a drive to subordinate the content of cognitive data to the syntax of their encodement, following the formalistic lead of Claude Shannon and Norbert Wiener.

Yet the neurocognitive literature itself is not simply a subset of computational formalisms. It is instead a body of written texts produced within a specific cultural milieu, and layers of alternatively interpretable intentionality may lie hidden beneath its manifest appearances. Some years past, an eminent French philosopher, Paul Ricoeur, identified three "masters of suspicion," whose writings raised profound doubts about any interpretation in the absence of contextual understanding. Ricoeur's "masters" were Sigmund Freud, Karl Marx, and Friedrich Nietzsche (Kearney 1986, 91-112). All three had lived and worked in Europe. For one brief period after World War II, their ideas gained a toehold in the United States through a flood of European intellectual refugees who acted as disciples. Some like Herbert Marcuse managed to create and disseminate potent critiques of "one dimensional" American cultural myopia (Marcuse 1964, 145-146, 152, 157, 162-163). The resulting ferment temporarily expanded America's range of epistemic options beyond empty formalism.

However, by the end of the Cold War, most of the immigrant critics had aged and died; only their books survived. Unsurprisingly, these writings, based on the precepts of Freud, Marx, and Nietzsche, then lost large segments of their audience.

Ricoeur's masters of suspicion retain philosophical prestige in America today only within certain selected outposts of the academic community. The ideas of Freud, Marx and Nietzsche survive largely through the efforts of Lacanians, Critical

Theorists and Post-Structuralists, whose programs remain variably connected to core hermeneutic goals.

Yet the original teachings of each "master of suspicion" remain available for the specific task of illuminating hidden intentional layers beneath the superstructure of cognitive neuroscience. Thus, contributions by Marx, Freud and Nietzsche might yet be marshaled toward deep hermeneutic insights into the neurocognitive paradigm's semantic underpinnings.

The Marxist idea most directly germane to neurohermeneutics is the claim that each kind of human culture grows out of its own peculiar economic processes (Poster 1984, 44-69). Marxist perspectives assert that science in particular has always been directed by bourgeois commerce. Kepler, Galileo and Newton, founders of modern astronomy over three hundred years ago, answered the demands of a nascent merchant maritime industry for precise methods of navigating by the stars. The rise of statistical mechanics during the nineteenth century was fueled by an emergent manufacturing trade dependent on heat-producing engines. Today huge, sprawling corporate hierarchies, held together by computer networks, dominate the world's economy. A Marxist analysis might thus ask how the neurocognitive practice of casting human minds in a computer-like role supports the data-processing mode by which international capital currently maintains its economic hegemony.

Perhaps no author has established links between the cultural determinants of mental models and Nietzsche's concept of the will to power more convincingly than Michel Foucault. Foucault held that every person's boundaries are shaped by uncontrollable historical forces which serve the impersonal interests of institutional power, operating to expunge from consciousness unacceptable aspects of its own cultural foundations. In a social context, this means that coercive definitions of "normality" lead to the isolation and disenfranchisement of "abnormal" people (Foucault 1987, 63, 68). After the birth of the modern industrial work ethic as a slave morality for the conforming masses, mental illnesses became associated with indolence, and thus their quarantine in mental hospitals followed as a matter of cultural necessity. In order to justify this development *ex post facto*, conceptions of madness became medicalized, and therefore even the feudal institution of the confessional was transformed into an instrument of medicalization through its updated guise as the secular technique of the psychodynamic interview. Current standards of psychiatric

practice have extended medicalization via neurocognitivism; Nietzsche might well view this development as a further, explicitly ontological reduction of aberrant sensibilities to fuel the crass, slave-ethical materialism of the laboring herd.

Freudian psychoanalysis, even more than the hermeneutic projects of Marx and Nietzsche, represents a potent means of identifying hidden meanings in neurocognitive discourse. The instruments of Freudian inquiry are linguistic association and object-related interpretation (Greenberg and Mitchell 1983); generically germane "texts" are spontaneously ordered verbal and other symbolic exchanges, which are culturally preconditioned primarily by conventions of family structure. Neurocognitive content becomes relevant in the specifically ontic nature of the latent meanings sought by the analyst. These semantics entail developmentally sequenced, somatically bound affective conflicts between erotic and destructive instincts, whose conscious emergence may be ontologically signaled by anxiety. The conflicting drives and their attached underlying somatic meanings ultimately point to existentially loaded representations of the body in consensually "validated" neurocognitive systems. Psychoanalytic interpretation therefore has the power to exploit interpersonally contextual techniques in fleshing out the ontogenetically transformed layers of angst structuring neurocognitive research imperatives. Disentangling polysemy within the neurocognitive literature using all the concepts bequeathed by Marx, Nietzsche and Freud can expose myths otherwise sustained by post-industrial cultural myopia. Resulting interpretations may thereby expand our historically contextual understanding of the mind-brain problem and its impact on psychiatric practice.

Neurohermeneutic approaches might prove especially potent in explicitly clinical contexts. On an individual level, multidisciplinary reinterpretation of neuropsychiatric case narratives within the historical context of an intersubjectively discursive *Lebenswelt* could liberate lives by unearthing unsuspected meanings attached to culturally conditioned misinterpretation of symptoms. Psychoanalytic perspectives might help show in detail how neurobiological pseudo-explanations of conflictual pain suffered by identified patients can serve as camouflage for the etiological role of embedding family system cathexes. Genealogy might connect such camouflaging agendas with wider social norms aimed toward repression of "aberrant" affects dictated by a collective slave morality. A Marxist perspective might link repressive

reductionism to the reifying alienation of psychiatric subjects into commodified objects.

As Ricoeur pointed out, no one interpretive approach alone can do justice to the richness of hermeneutic exploration in any domain (Kearney 1986, 91-112), including psychiatry's neuroscientific and clinical subdisciplines. Separate genealogical, Marxist, or psychoanalytic spins on basic research and case-oriented material, though instructive, must remain stilted and incomplete. Taken together, however, they can illuminate a full, three-dimensionally narrative, culturally contextual picture (Love 1986) of contemporary psychopathology. The contours of that picture cry out for synthetic elaboration as the Decade of the Brain approaches its end.

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- Donald Mender, M. D.

Psychiatry and Philosophy In the Literature

Wells L. Psychiatry, managed care, and crooked thinking. 1998. *Mayo Clinic Proceedings* 73: 483-487.

This is a conceptual attack on managed care in psychiatry. Wells levels two main charges at managed care—"ethical shabbiness" and "logical fallacies." The ethical shabbiness has to do with the fact that business trumps the medical profession. Doctors, who used to perform a service, now are mere money-makers, and for others (HMO CEOs) no less. Of course, one might wonder whether it was not the same excessive love of the purse-strings that did not lead to the need for HMOs in the first place. Doctors squeezed patients, insurance companies, and the federal government until something had to be done. The free market, which the AMA and private practice physicians loved so much, provided an answer they have come to hate. HMOs are the new regulators; the years of fighting government regulation seems to have produced its evil free-market twin.

To read the daily hassles of these Mayo Clinic adolescent psychiatrists is to sympathize with them. This generation of physicians is paying for the sins of some of its fathers. (Not all I remember my father, a neurologist, predicting all this over a decade ago when his colleague down the hall kept ordering unnecessary tests in a laboratory which he partly owned.) Among the issues Wells raises, a few stand out: Managed care companies seem to favor reimbursement for medication treatment over psychotherapies. Is the trend towards biological psychiatry pushed by money, rather than science? This is a disturbing question for biologically-oriented psychiatrists. There is a measure of truth to this. Wells describes a striking case where a young woman with hysteria becomes completely paralyzed. Wells does not give her medications, providing psychotherapy with imagery and relaxation. Initially, as in classic hysteria, she is indifferent to her paralysis; soon, she became upset and dysphoric. The managed care reviewer felt she was getting worse and insisted on the initiation of an antidepressant medication. Wells refused; he was no longer paid by her insurers. Her parents stepped in and paid out of pocket. In three days, she could walk perfectly well and was no longer depressed and anxious. This ought to be humbling for managed care

companies. But for all their talk of "outcomes" these anecdotes never come to count for anything.

Wells goes on to analyze the logical techniques that managed care reviewers use over the telephone to harangue treating clinicians into doing what they are told: the Acrooked thinking@ of fallacies such as Apost hoc ergo propter hoc, all instead of some, splitting the difference, suggestion by prestige,@ and others.

I find the transformation of clinical language that Wells notes more revealing than the logical tactics he outlines. Phrases like Amed. checks@ and Apsych evals.@ are the new lingo. Psychiatrists

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do not conduct interviews followed by medication treatment; the Adoctors provide psych. evals and do med. checks. @ Med. checks in particular sound like this is a simple thing to do, sort of like a mechanic Achecking@ under the hood of your car.

It would seem to be a service if someone could conduct philosophical analysis of the logic and ethics of managed care. Wells has provided a first step.

Dohrenwend B. 1995. 'The problem of validity in field studies of psychological disorders' revisited. In: Tsuang M, Tohen M, Zahner G, eds. *Textbook in Psychiatric Epidemiology* New York: Wiley-Liss, 3-22.

The question of diagnostic validity is not amenable to an easy answer. This textbook has a number of chapters that are worthy of attention.

In the most interesting, Dohrenwend provides an excellent critical review of the topic in a paper similar to one previously published in a more accessible journal (*Psychological Medicine* 1990, 29: 195-208). He forthrightly addresses two studies which cast a great deal of doubt on the much-vaunted Epidemiological Catchment Area studies of the 1980s. Those studies, which established much of the prevalence of psychiatric disorders that is often quoted today, were based on the DIS (Diagnostic Interview Schedule). The DIS was supposed to allow lay interviewers to approximate the diagnoses that psychiatrists would make. Walking around five major cities and knocking door-to-door, the lay researchers in the ECA studies used the DIS to establish the prevalence of psychiatric diagnoses in the general public. Yet two follow-up studies found abysmal agreement between those DIS diagnoses and diagnoses made by psychiatrists (using the DIS or through a semistructured clinical interview) in a subsample of the same patients.

This is not good. Dohrenwend reviews possible methodological issues that might restrain our concern, but the problem of the poor reliability and correlation between the DIS and clinical diagnoses persists. Even the original devisers of the DIS admit that its validity is quite problematic. What, in the end, is the gold standard here? Despite all these unanswered questions, textbooks are written, science is conducted, and, worse, economic decisions are made by the federal government. We may need to admit that we are closer to square one than we thought we were.

Dohrenwend suggests the sequential application of more than one diagnostic method: for example, the use of self-report screening scales with strong psychometric consistency, followed up by direct semistructured interview with psychiatrists in all those with high (positive) scores on the screening scales and a large sample of those with low scores. This might be followed by a third stage of outside report from family members or other informants. ATruth@ would be the consensus of this process. These diagnostic systems would also be tested in the traditional method of other sources of validity: genetics, treatment response, longitudinal stability of syndromic classes, and biological markers. He provides some data to suggest that this more rigorous process of establishing diagnostic validity is feasible in practice.

The process of making this sausage is far from over.

Nasssir Ghaemi. M.D.

Reconstructing Nietzsche's Sacred Text

In *The Discovery of the Unconscious*, Ellenberger (1970) included a section (pp. 271-278) on Nietzsche's important place in the history of depth psychology. Ellenberger argued not only that Nietzsche anticipated many of the foundational principles of depth psychology in the twentieth century, but that he greatly influenced the seminal figures in the field, including Freud. Ellenberger's section on Nietzsche did not reflect a discovery or unearthing of new material leading to a new appreciation of Nietzsche's importance. We might say, rather, that Ellenberger helped initiate a rediscovery of Nietzsche's importance in the history of depth psychology, a rediscovery that has gained interest and momentum in recent years.

The early analysts were quite familiar with Nietzsche and recognized his anticipation of the findings of psychoanalysis. Jung, Adler, and Rank at times asserted their independence of Nietzsche, but all three of them acknowledged Nietzsche's importance as a psychologist and his profound influence on them. Freud, while attempting throughout his

life to deny Nietzsche's influence on his work, did acknowledge Nietzsche's great psychological insights (although characterizing them as "intuitive" in contrast to the "laborious" findings of psychoanalysis). Early accounts of Freud and the development of psychoanalysis, such as those by Wittels (1924, 1931), also acknowledged Nietzsche's important role in the history of depth psychology. Somehow, under the influence of American Freudian-oriented analysts and their influential supporters in various disciplines and professions, Nietzsche's importance as a seminal influence on the origins and development of psychoanalysis faded from view in the United States during the middle decades of the twentieth century. This point of view received expression from Peter Gay (1988), who characterized the insights of the likes of Schopenhauer and Nietzsche as scattered, intuitive, poetic flashes of insight that had little influence on the development of Freud's thought (pp. 45, 46, 128, 367).

The intellectual climate has changed, and we have once again come to recognize Nietzsche's importance as a psychologist and his influence on the origins and development of depth psychology (see Lehrer, 1995). In recent years we have also seen the appearance of serious studies of Nietzsche's psychology in its own right (see, for example, Parkes, 1994). (In the field of academic psychology, Nietzsche is often mentioned, particularly in regard to his anticipation of and possible influence on Freud, but it is the exception rather than the rule that his work receives any sustained discussion.)

Nietzsche presented us with a wealth of material in the field of depth psychology. Many of his ideas were absorbed and developed by Freud, Jung, Adler, Rank, and many others (for example, those associated with the existential tradition), but we have just begun to enter into serious engagement with Nietzsche's psychological insights, as we are also beginning to understand some of the important influences (such as Hume, Schopenhauer, Herbart, Fechner, Emerson, Mill, Taine, Ribot, etc.) on the development of Nietzsche's psychological concepts and theories.

There are numerous areas of Nietzsche's psychology worthy of exploration. There are his ideas on dreams, the ways and extent to which we think and reason with and through metaphor, the ways in which the self, ego, or "I" is constituted, the formation of bad conscience and the therapeutics of guilt, the functions and effects of unconscious envy and

resentment, sublimation and self-overcoming, the significance of saying "yes" to the demon who brings the terrifying but potentially good news of eternal recurrence, and much more. (For a collection of papers on various aspects of Nietzsche's psychology, including his influence on the origins and development of depth psychology, see Golomb, Santaniello, and Lehrer [in press].) One area of Nietzsche's explorations that has received some attention from clinicians, sometimes explicitly but more often implicitly, concerns his ideas on truth, knowledge, and related matters.

Doris Silverman (1994) is representative of psychoanalytic clinicians who see contemporary epistemological debates as divided into two broad trends, one emphasizing the "pursuit of truth" and "objective representation of reality" and the other arguing that "all experience is relative, subjective, and indeterminate" (pp. 101-102). In the context of such debates, Nietzsche is sometimes celebrated as a forerunner of a psychoanalysis as hermeneutic discipline or of conventionalism or fictionalism. Richard Geha (1993a) characterizes Nietzsche as maintaining that "we can live solely within the fictional realities that the imagination imprints upon some sort of unknowable, primal chaos of the universe" (p. 2). Geha is among those who emphasize what some refer to as Nietzsche's aestheticist inclinations. In a *somewhat* related manner, Peter Loewenberg (1994) heralds Nietzsche as a forerunner of a psychoanalysis understood as "a hermeneutic discipline designed to confer meanings, not a science of truth and falsehood" (p. 82). Such characterizations are in line with seeing Nietzsche as the father of post-modernism.

Nietzsche certainly was an early and most influential exponent of a particular form of perspectivism: understood, briefly here, as entailing that in establishing or specifying facts and in holding beliefs and offering propositions, we inescapably operate from a particular point of view that entails certain assumptions, interests, values, selections, etc. This does not, however, necessarily entail that Nietzsche was uninterested in a psychological science (or other disciplines) that would distinguish truth from falsehood or believed that we could only live in fictional realities (though there can be no doubt that certain strands of his thought point toward such belief). Even in his early paper (which he did not publish and which he had written before his mature

CALL FOR ABSTRACTS

Symposium November 1999 New York

(Sponsored by the New York
Chapter of AAPP)

Theme:

Evolutionary Theory and Psychopathology

A recent explosion of interest in hereditary determinants of mental processes and the application of evolutionary theory to psychology has given new meaning to older Darwinian views of human nature. It has once again become fashionable to invoke the survival value of both cognitive and behavioral traits in order to explain their origin and function.

This outlook has produced novel approaches to the study of psychopathology. The latest theoretical advances in evolutionary theory, developmental neuroscience, population genetics and DNA biochemistry are being applied systematically to the study of depression, schizophrenia, anxiety disorders and the addictions. Technical innovations in the laboratory as well as concepts like kin selection, heterochrony, random drift and strange attractors are moving research forward at a rapid clip.

However, many questions remain.

Some are strictly matters of scientific fact. It is difficult to devise empirical tests for adaptationist perspectives on psychopathology. Moreover, we still have no general agreement on the degree to which human behavioral traits are inherited. Do genes really exert the most crucial influence on normal and abnormal human psychology? Even if they do, phenomena like stimulus-transcription coupling, which may allow learned changes in brain physiology to feed back on gene expression, raise doubts that DNA's effects on the mind are unidirectional.

Further questions raise troubling philosophical and social issues. Not only does the paradigm of Lamarckian

cultural transmission continue to challenge the most overarching claims of genetic reductionism. In addition, it is possible that cultural biases, rooted in the competitive ideology of our market-driven economy, are actually fueling our current fascination with the inherited aspects of mental illness. One may then ask where such biases could lead—to a dark new version of Nazi eugenics, perhaps, or to a bright future of cures for madness through gene therapy. Might there be an ethically fertile and intriguing spectrum of possibilities between these two extreme forecasts?

The NYCAAPP conference planned for November 1999 in New York City will bring together clinicians, researchers and philosophers interested in these and related problems. Presented papers will focus on germane aspects of evolutionary theory, its application to mental illness, and the resulting implications for scientific epistemology, philosophy of mind, biomedical ethics, and clinical practice.

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perspectivism had developed) "On Truth and Lying in an Extra-Moral Sense" (1873), a key text for postmodern thought that some commentators use to argue for a Nietzsche (and without doubt, at least the Nietzsche of this paper) who believes that illusions, lies, and fictions represent our only "truth" (see Geha, 1993b, p. 257), Nietzsche has a place for the pursuit and possibility of truth.

It is in this paper that Nietzsche suggests that scientific "truth" and abstract concepts serve defensive functions, that the essence of things does not appear in the empirical world and is, in fact, inaccessible, that our sensations and perceptions do not correspond to sources of stimulation in the external world, that the intellect is bound up with servile tasks and busy with melancholy business from which it seeks release, and that the liberated intellect will be free of guidance by concepts and be guided only by intuitions. It is here that Nietzsche makes the famous statements that between subject and object "there can be ... at most an *aesthetic* stance," rather than one entailing correctness and error or "adequate expression" (p. 252), and that the mistake of rational man pushed to the extreme is that "he forgets that the original intuitive metaphors [describing the world] *are* indeed metaphors and takes them for the things themselves" (p. 251); that our "truths are illusions about which it has been forgotten that they *are* illusions ..." (p. 250). Regarding our formulation of concepts, he states that "we ourselves project into things" and that laws of nature "are known to us only as relations [that] ... always refer back only to one another and are absolutely incomprehensible to us in their essence ..." (p. 253). But this is far from the whole story.

First of all, Nietzsche writes of the horrific truths against which scientific truth defends. His starting point, so to speak, is the "untruthful moment" in which arrogant animals "invented knowledge," intellect being "given only as a help to the ... most perishable creature in order to preserve it ..." (p. 246). Man's knowledge, his "scientific truth," serves the defensive function of providing "shelter" from the "terrible powers which constantly press upon him, and which run counter to scientific truth with truths of quite another kind ..." (p. 254); "... the man guided by concepts and abstractions merely wards off misfortune by means of them" (p. 256). But to the extent that scientific "truth" is defensive and distorting, it is in relation to horrific existential truths, not illusions or fantasies, that must be defended against for survival, sanity

and creative growth. (Of course, some, including at times Nietzsche, might find the realities pointed to by Nietzsche liberating rather than, or as well as, horrific.) Nietzsche, in depth psychological fashion, tells us that this awareness requires that we break the spell of delusory consciousness "by peering through a crack out of the room of consciousness and downward ..." (p. 247). It would seem that the recognition of our condition entails, at least fleetingly, accurate perceptions, true beliefs, and experiences of reality pertaining to the phenomenal world, and that such awareness may engender defensive and creative impulses toward intuitively based metaphor formation. For Nietzsche, such perceptions of our condition are true enough (he has no problem in this paper with making statements about the state of affairs or the nature of man's situation), whatever we might wonder about the metaphysical essence of things and the relationship between that essence and our sensations, perceptions, and beliefs. It is important to appreciate that such possibility of accurate perceptions and true beliefs can be derived from Nietzsche even in this paper, and that we do not simply have here a case of a thinker who might wish to avoid, but cannot avoid, writing in the very manner that he wishes to reject.

While in the "natural" state man uses consciousness and intellect primarily for dissimulation, the need to live socially and have peaceful agreement leads toward the acquisition of a desire for truth in the form of "the legislation of language" and "a uniformly valid and binding terminology for things" (p. 247). (As can readily be seen, knowledge claims and causal assumptions and claims abound in the paper.) Generally, man only wants truth in this restricted sense, not the truth or reality that appears through a crack in consciousness with the realization that he "is based on a lack of mercy, insatiable greed, murder, on the indifference that stems from ignorance, as it were clinging to a tiger's back in dreams" (p. 247).

As noted, Nietzsche famously states that between subject and object "there can be ... at most an *aesthetic* stance," rather than right perception or an "adequate expression of an object in the subject," which is a self-contradiction being that there can be no expression "between two absolutely different spheres such as subject and object" (p. 252). With the *aesthetic* stance there can be "a stammering translation into a completely foreign medium," for which "a freely fictionalizing" faculty is necessary. Accordingly,

Nietzsche highly values "intuitive man" and the "*artistically creative* subject" (p. 252). He does, however, also appear to value "rational man." In fact, both types are prone to certain kinds of errors. Intuitive man's "mockery for abstraction" is as unreasonable as rational man's "fear of intuition" (p. 256). Nietzsche, describing the facts of the case or the state of affairs, writes that the mistake, the error, of rational man pushed to the extreme is that he "forgets that the original intuitive metaphors [describing the world] *are* indeed metaphors and takes them for the things themselves." Or he believes that his concept (or definition, or classification) "would be 'true in itself,' real, and universally valid, apart from man" (p. 251). (One can, of course, assume the existence of a real world independent of our constructions while holding that our metaphors, conceptions, definitions, classifications, etc. do not exist apart from us. Whether or not some such constructions may be universally valid, and whether or not we can have knowledge of this, is another matter.)

When there is too much abstraction and universalization or too much of it where it is out of place, we no longer allow ourselves to be "carried away by sudden impressions, by intuitions"; we "dilute the concrete metaphors into a schema" (p. 250). This appears to be a reversal of what we would typically regard as a developmental progression from being carried away by intuitions to more abstract concepts and more truthful beliefs about the world. Nietzsche tells us that "man forgets that this is his situation" and that "precisely *by this unconsciousness*, by this forgetting, he arrives at his sense of truth" (p. 250). Or as Nietzsche famously puts it: "Truths are illusions about which it has been forgotten that they *are* illusions ..." (p. 250). Our original metaphor formations, however, already presuppose the forms that evolve out of our projections (including time, space and number) that thus allow a structure of concepts "to be constructed again out of the metaphors themselves" (p. 254). Therefore, there can be no direct revelation through metaphor.

Nietzsche's worry here about the dilution of the intuitive, concrete metaphor concerns a more primary lived experience prior to the implementation of more abstract concepts rather than any power of such meta-

phor to reveal the essence of things. Yet even as Nietzsche writes of an essence, an *x* that is inaccessible, he also writes that we arrive at our concepts "by overlooking the individual and the real" ("Wirklichen") (p. 249), which would seem to entail that through our original primary intuitions, metaphors, and words we are close to the real if not the inaccessible *x*. (In his later writings, *at times* Nietzsche writes as if the immediacy of our felt experience, rather than our more abstract concepts, is closer to a real world of flux and becoming.)

In the world of worn-out metaphors that have become rigid concepts and form a "prison fortress" (p. 254), our fundamental desire, "the drive to form metaphors," is restrained. This creative (not merely reactive or defensive) drive overcomes the restraint in the province of art and myth. The creative and intuitive man then masters life by "considering only life disguised as illusion and beauty to be real" (p. 256). For Nietzsche at this time, "it is not true that the essence of things appears in the empirical world" (p. 252). It is art that is to be the "middle sphere" and "middle faulty" (transitional sphere and faculty?) between primitive intuition and the forms of regular, uniform abstract concepts (p. 252), the implication perhaps being that art, rather than diluting the concrete primitive metaphors into an abstract schema, works them over into richer, more complex and multifaceted metaphors that in some ways retain contact with more primary lived experience. (Nietzsche is also indicating the extent to which we think and reason through metaphor.)

Nietzsche wants to oppose what he regards as cold, sepulchral concepts with mythical excitement and dream-like marvels (p. 254). Following Schopenhauer, he suggests that in the construction of concepts, we overlook the individual and the real, and the word no longer only serves "as a reminder of the unique absolutely individualized original experience, to which it owes its origin." It now also serves "to fit countless more or less similar cases ... Every concept originates by the equation of the dissimilar" (p. 249), altering our original perceptions that begin with "artistic metaphor-formation" (p. 253). Concepts, so understood, are "the sepulcher of intuition" (p. 254). We sacrifice our intuited primary impressions with their words and metaphors that retain sen-

sory impact for the opposing world of "pyramidal order ... more solid, more universal ... the regulatory and imperative world" (p. 250). The position Nietzsche develops here is also related to his belief at this time that the intellect is bound up with "servile tasks" and "busy with melancholy business" from which it seeks release. The "liberated intellect" will be free of guidance by concepts and be guided only by intuitions. Well, almost.

Nietzsche's own account in this paper is guided by scientific concepts, however much they, like ordinary language, are infused with metaphor and anthropomorphisms. While Nietzsche indicates that it is a mistake to assume that the structure of the world corresponds to the structure of language, ordinary or scientific, he uses scientific concepts and theories as foundations for his own philosophical and psychological explorations. And he uses scientific concepts and theories as foundation for statements about no less than the nature of man's situation (p. 250) and for causal claims regarding the origins and evolution of our intellect and knowledge-related capacities. (Nietzsche assumes that he has a great deal of knowledge about the human subject.) For example, there are what Nietzsche regards as the facts of our sensory and perceptual apparatus. We are limited in what we are able to register and perceive, and we organize our sensations and perceptions in certain limited ways as opposed to other possible ways. (Later, Nietzsche might say that to see certain things and in certain ways we necessarily are blind to seeing other things and in other ways.) We might wonder, from where does Nietzsche derive such ideas? Does he derive them from flashes of metaphorically-inspired personal insight that has retained contact with his immediate intuitions? Perhaps, but they are much more likely derived from the work and theories of then contemporary scientists, such as Helmholtz, who were working in the relevant fields (see Stack, 1983, p. 94).

Throughout his productive life Nietzsche relied upon scientific ideas and theories to provide much in the way of the foundations for his philosophy and psychology. (For a discussion that presents Nietzsche as ultimately not rejecting science as disclosing the nature of the world, and regards "Truth and Lie" as an unstable amalgamation of "Kantian," "agnostic,"

and "neo-Kantian" positions on the availability and conceivability of "pure" truth, see Clark, in press. For a discussion that presents Nietzsche's views on knowledge and science as fictionalist or conventionalist, see Stack, 1994.) He based his ideas on mind and things mental in large part on evolutionary theory, developing what may be regarded in some ways as an evolutionary epistemology. In this paper, Nietzsche (1873) makes knowledge claims and causal claims about the origins and development of our intellectual capacities (p. 256). If it is then argued that Nietzsche only uses such scientific ideas to help make his more philosophical points, that they function primarily as foundational mythic meta-narratives without any implication of truth or validity, then one is left with the questions as to why Nietzsche chooses scientific concepts rather than concepts from other fields and why one should have any interest in them at all as foundation for observations, theory, and argument? If Nietzsche suggests that our modes of sensation, perception, concept formation, etc. evolved through evolutionary means in the service of survival and growth, with implications for the kind and extent of our "knowledge," then he is making knowledge and causal claims that are open to support or refutation.

To take a related type of example, if we were to consider that in his analysis of the psychological factors that motivated the development of certain religious and philosophical ideas (such as in his analyses of Paul and the creation of Christianity), Nietzsche only used his psychological observations pertaining to psychic conflict, unconscious motivation, repression, sublimation, etc. to cause us to alter our usual responses to the ideas under consideration, throw us into doubt and open us to new possibilities, we can ask why his account would be at all compelling since we would presumably not be considering the possible validity of his observations, ideas, and theories? Are the unconscious power motives that Nietzsche uncovered in diverse and surprising places to be regarded as useful fictions that lead to a desired impact or effect on the reader? Nietzsche (1883-1888) tells us: "that it does not matter whether a thing is true, but only what effect it produces -- absolute lack of intellectual integrity" (pp. 103-104).

Whatever their ultimate metaphysical status, Nietzsche makes knowledge claims and, despite his critique of the concept of causality, causal claims and assumptions. (He evidently has ideas on the proper application of the law of cau-

sality as he writes in this paper of "a false and unjustified application of law of causality" [1873, p. 248]. He doesn't state that all applications are false and unjustified. And in other denials of the validity of the concept of causality, he makes knowledge claims.) If we were to take Nietzsche's causal explanations and knowledge claims only as unavoidable products of the structure of our minds (about which Nietzsche seems to know some things) and the medium of expression, and put aside questions of causality, knowledge, truth and falsity, etc., there would be no particular reason for us to find Nietzsche's inferences and arguments compelling. Even if one were to accept that at times Nietzsche presents his theories or interpretations as creative and therapeutic mythic contexts within which the healthy can grow and create, he evidently believes he has something in the way of an accurate diagnosis of our condition to offer and a prescription that meets very real needs, needs that are accurately identified (see Berkowitz, 1994).

For Nietzsche to uncover our illusions and falsifications, as he does in this paper and throughout his writings, it can only be, usually with the help of scientific concepts and ideas, from a perspective that offers a more accurate, valid, or truthful account of the way things are. He regards such perspectives and concepts as valid foundation for his own explorations and explanations. And there is nothing in this paper to indicate that Nietzsche does not regard his account of our condition and situation as, in a meaningful sense, true or an attempted account of the way things are, even if he does not regard himself as having access to ultimate metaphysical truth. (One cannot coherently present an account, even as meta-commentary or meta-narrative, of the grounds of our knowing and falsifying that is to be regarded as accurate, valid, or true, and then claim that there is *only* falsification and illusion.)

Although at this time Nietzsche (1873) may have believed that abstract concepts and the material of science stem "not from the essence of things," neither did he believe that they stem "from a never-never land" (p. 249). And regarding the relationship between art and science, at about this time Nietzsche (1872) suggested not that art must dominate science but that art may be a "necessary correlative of, and supplement for science" (p. 93). In fact, in this paper Nietzsche (1873) even allows that concepts are not necessarily mummifying, but can be used creatively as "scaffolding and plaything," and that "unheard of conceptual com-

pounds" can "correspond creatively to the impressions of the mighty present intuition" (pp. 255-256).

Even in this early period, Nietzsche is, much more than is usually assumed to be the case, open to and ambivalent about the possibility, at least in certain contexts, of creatively utilizing our observations and concepts to adequately designate and describe (and even explain) phenomena and to better point to what is real in the empirical world. It would certainly seem that Nietzsche believes he is engaged with a very real world, whatever the difficulties may be in conceptualizing the nature of that engagement. In fact, one of the, at first, torturous dilemmas for Nietzsche going back to his early writings is that we are capable of seeing through our fictions and illusions, at least temporarily, and yet at the same time we are unable to dispense with them. In this early paper Nietzsche seems to be seeking a way out of this dilemma by consciously, creatively, and affirmatively willing inevitable illusion even as we recognize it as illusion, as falsification. This is in addition to his implicit recommendation that honestly and openly willing creative illusion is the best we are capable of in relation to the real underlying, unknowable essence of things. But while the creative subject is lauded for "playing with serious matters" and reaping "from his intuitions ... clarification, cheerfulness, redemption" (p. 256) (from the sin of concept-creation, the fall from lived experience, and believing in truth where there is only illusion), he is also closer to the immediacy of lived experience and closer to the real. Although the metaphysical essence or *x* of things may be inaccessible, Nietzsche explicitly and implicitly allows for contact with what is real and kinds and degrees of truth that are valid even if they do not reveal or explain the ultimate underlying nature or essence of things. Even as one acknowledges that Nietzsche's great use of metaphor here (and elsewhere) reflects his beliefs about the limitations of more abstract concepts and the dangers of "the legislation of language," that at times he is more interested in insight than argument, he nonetheless attempts to illuminate things through his use of metaphor.

If Nietzsche, with this paper and with his later ideas on, for example, knowledge as perspectival in nature, is looked to as an important thinker who questioned the nature and value of truth, it should be recognized that he never ceased to struggle in the service of truth. At about the same time that he wrote "Truth and Lie," Nietzsche (1873a) wrote

that his age had more need than ever of what continues to count as untimely -- "I mean: telling the truth" ("Wahrheit") (p. 55). At the end of his productive life he wrote: "At every step one has to wrestle for truth ... the service of truth is the hardest service ..." (1888, sec. 50).

Clinicians participate in the struggles for truth that take place in the course of therapy. They know, or should know, of the great limitations on the kinds and extent of truth to be found, the necessity of living with uncertainty regarding what is true of even the most vital matters, and questions about even the value of the pursuit and attainment of truth. Nietzsche helped us to become aware of such matters and their potential frightening and liberating implications, but while he pointed the way to the postmodern resolution of the dilemmas he diagnosed and attempted to face, ultimately he chose not to take that path toward resolution, at least not in its more extreme form.

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(Editor: continued from page 1)

protect the multi-million dollar salaries of their CEOs, to lie. But we do *not* expect our personal physicians to lie. There's the rub. No one in his right mind expects omniscience of his physician these days, but is simple honesty too much to ask?

How have we gotten ourselves into this mess, where such a simply expectation can no longer be taken for granted? The answer if of course in turning our medical care over to for-profit corporations. Managed Care Organizations (MCOs) are not more corrupt than other corporations, but they are certainly not less. What naïveté went into assuming that they would provide high-quality, low-cost medical care rather than the mix of shabby care and ethical slime they are forcing on California physicians and citizens? Corporations do what they need to do to turn a profit. In the best of circumstances that means turning out a good product. Such was the free-market faith in turning our health care over to the corporate world. We are now learning the hard way that measuring quality in health care is a good deal harder than comparing automobiles. What we are left with is health-care giants that operate more like used-car salesmen than automobile manufacturers—lying about quality, lying about benefits, manufacturing myths about 'medical necessity', and—as in the California experience—delicately easing physician providers down into their ethical sewer. We are also learning that regulating corporate medicine is a lot harder than setting emission standards and requiring seat-belts. Gestures such as outlawing so-called 'gag-rules' hardly phase MCOs, who have no trouble staying two steps ahead of the regulators.

What is to be done? Certainly the solution is not to eliminate the rationing of medical care. With the ever expanding reach of medical technology, medical costs will continue to escalate. Decisions about who gets what care will need to be made. The problem now is that we just happen to have made the very worst choice as to who makes those decisions, namely, profit-driven corporate entities. And they are doing their best to coerce physicians into participating in the profit-driven decision making. Common sense would suggest that these decisions should be made by physicians or other medically informed individuals whose individual incomes are not indexed to the decisions. In the current atmosphere that is of course asking for pie in the sky. In the meantime we can only hope that individual physicians—yours and mine—will not succumb to the pressures and blandishments of the managed care entities and will, first and last, tell the truth. And, of course, the clinicians among us can strive to resist the virus of 'managed mendacity' as it moves into the mental health field.

James Phillips, M.D.

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