

From the Editor

This issue of the Bulletin inaugurates a new section devoted to commentary on recent articles of note and relevance to our philosophy/psychiatry enterprise. The target article for this issue is Eric Kandel's "A New Intellectual Framework for Psychiatry," published in the April, 1998 *American Journal of Psychiatry*. Our commentators have discussed this article along with the author's companion piece, "Biology and the Future of Psychoanalysis: A New Intellectual Framework for Psychiatry Revisited," published a year later in the same journal. Professor Kandel's second article was apparently stimulated by the discussion generated by the first, and the AJP included in the April, 1999 issue, in addition to the second article, letters to the editor about the first article, as well as the author's response to the letters. Our commentary in this issue of the Bulletin thus takes its place in a discussion already well under way, and certainly far from over. I would like to take advantage of this editorial space to add my own two cents to the discussion of Professor Kandel's provocative article(s).

I will focus on the opening lines of the target article, on a point not remarked on by any of the commentators nor by any of the letter-writers to the AJP. Dr. Kandel opens his article with the following paragraph:

When historians of science turn their attention to the emergence of molecular medicine in the last half of the twentieth century, they will undoubtedly note the peculiar position occupied throughout this period by psychiatry. In the years following World War I, medicine was transformed from a practicing art into a scientific discipline based on molecular biology. During that same period psychiatry was transformed from a medical discipline into a practicing therapeutic art. In the 1950s and in some academic centers extending into the 1960s, academic psychiatry transiently abandoned its roots in biology and experimental

President's Column

We are inaugurating the new century with a new title for this publication—a title, we believe, which better suits the nature and quality of the publication's contents. Thus: otherwise unchanged, your publication is henceforth a Bulletin.

When asked, recently, about the range of ideas of interest to members of AAPP, I found myself describing our 11th Annual Meeting, held in May, 1999, in which we took on no less a topic than "The Problem of Evil."

This theme proved to offer something for everyone. But it was often a very different something, because—in John Sadler's neat summation—evil emerged as a confusing mixture of monkey and sin....The papers presented generally broke down into those which naturalized evil, and those which introduced non-natural categories. Thus, evil for many of the speakers reduced to human actions with malicious intent and/or harmful consequences. Evil was the irresistible harmful desire, the 'untreatable' psychopath, the sinister deeds of the unabomber, banal and sadistic wrongs, wartime atrocities, and 'crimes against humanity.' Among the most notable of those rejecting this naturalistic interpretation were the last group of speakers, Drs. Klimck, Coomaraswamy, and Ms. Banever, who seriously advocated exorcism when other treatments fail. For them, although apparently for few others in the room, evil can only be understood in supernatural terms.

The radically opposed world views and sets of presuppositions entailed in these natural and non-natural conceptions of evil were somewhat jarring until acknowledged and discussed in a pair of papers exploring philosophical reasons for adopting or rejecting them. Michael Levin urged that we neither can nor should naturalize evil, emphasizing what will be lost as evil disappears to be replaced by the weaker 'suffering.' Opposed to this position, but matched in its self-conscious acknowledgment of the assumptions at stake, Charles Mathewes' plea was for an operationalized evil, an evil freed from its moralistic associations, its "anesthetizing consolations and paralyzing guilt." Only such operationalized evil, he maintained, can help us gain self-understanding.

Another dichotomy separated those papers which resisted, and those which embraced, the kind of biological reductionism grounding, for instance, Dr. Thomas Gerioci's discussion of evil and the neurobiology of consciousness. Meaning, it was here asserted, is "biological—not magical," and, through neuroimaging, receptor typing and subtyping, elucidation of post-receptor signal transduction and genetic expression pathways, and the development of target-specific pharmaceutical agents, we come to understand the neurobiological underpinnings of predatory murder. In contrast, Dr. Dan Stein introduced neurobiology to explain the difference between banal and sadistic evil by reference to limbic processing while insisting that the one must not be reduced to the other.

Our keynote speaker, Dr. Charles Smith, addressed evil from the point of view of a forensic psychiatrist, and focused on the concerns of those who, like himself, are respon-

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medicine and evolved into a psychoanalytically based and socially oriented discipline that was surprisingly unconcerned with the brain as an organ of mental activity.

That no one has remarked on this paragraph would suggest that it is at best an accurate assessment of the recent history of psychiatry or at worst an innocuous introduction to the article that follows. The alternative reading I would like to suggest is that the introduction is fraught with assumptions that in some measure subvert all that follows. To begin with, the author has conflated two points that need to be separated. One is the over-

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(President: continued from page 1)

sible for societal safety. He discussed the newer psychopharmacologic treatments effective in controlling violence, and illustrated the increasing use of objective and actuarial assessment tools such as the Violence Risk Appraisal Guide, in determining dangerousness.

Others speakers offered insights into the moral psychology of evil. Ms. Judith Simonsen explained the place of evil acts in Spinoza's complex system. Professor Christian Perring exposed the indeterminacy of the notion of irresistibility in the legally important category of irresistible desires. Dr. James Phillips and Professor Melvin Woody offered an illuminating case analysis of Theodore Kaczynski, and estimated the unabomber's state through appeal to classical philosophical theories of responsibility.

Other discussions had more explicit implications for mental health policy and law. Doctor Donald Mender advocated a revised definition of criminal insanity sensitive to psychoanalytic categories; Professor Susan Dwyer developed the notion that responsibility is linked with a basic moral competence likely present, contrary to the received view, in psychopaths. Dr. Darryl Gregory introduced empirical data to urge treatment for those often relegated to the category of 'untreatable.'

Finally, in sensitive descriptions from the patient's perspective which drew us back to the clinical setting, the phenomenology of feeling oneself to be evil was introduced by Drs. Lloyd Wells and Elena Bezzubova.

Offering such a feast of interesting ideas and incompatible theories, our meeting on evil ably met the organization's goal of advancing discussion about philosophy and psychiatry. We trust that the theme of this present year's conference—"Rationality"—will prove equally rich in discursive possibility.

Jennifer Radden, D. Phil.

Report Evolutionary Theory and Psychopathology

Regional Meeting of AAPP
Sponsored by New York Chapter
St. John's Cathedral, New York City
November 13, 1999

We were a mixed lot of 65 or so, audience and speakers all trained first in another discipline and reaching to evolution now in our maturity. Our meeting was about discovery, the kinds of ideas passed by email and newsletters, ideas conceived in solitude or in a circle of like-minded dreamers, fueled at 3 a.m. by old coffee, generic cigarettes, solitary walks, or a marijuana bong. As in the late Thomas Kuhn's model, there was far less puzzle solving here and far more discovering the puzzles to be solved.

The topics included epidemiology and reproductive fitness in schizophrenia (Matt Avila), melancholy as a negotiating buffer in mate choice and retention (A.J. Figueredo & Beth Kirsner), diagnostic considerations for antisocial behavior—is it a disorder to be born without a conscience?—(Christian Perring), fitness and executive functions—both, derived from complexity theory (CT), can be diagnostic guides for mania and ADHD, while CT and evolution suggest a new DSM—(James Brody), unipolar depression as an adaptation for changing the social niche (Paul Watson & Paul Andrews), active Darwinism and what therapists might REALLY be doing for patients and how genetic actions relate affirmatively to "free will" (Brody), Social Therapy (Hugh Polk), what adaptation is involved that we respond positively to placebos? (Nicholas Humphrey), and a good argument that we are led by our emotions (Ladislav Kovdc).

Vilarroya's paper on "Bounded Functionality" considered natural selection to be less than efficient and the outcomes to be "satisfice's" that negotiate survival demands against "minimal evolutionary effort." Brody applied the computer strategy of "Raise the Stakes" to an array of behaviors; Pat Greenspan reviewed our using "evolutionary reasons" as an *ex post facto* justification of, not an excuse for, varied behavior traits. John Sadler, with schizophrenia as an example, sketched the "ontological reduction" involved in biogenetic psychiatric models. That is, a seer on the walk outside of Neiman Marcus is associated with alleles, chemical paths, and the milling crowd.

Each level is an important part of both explanation and hypothesis formation, each level seeks integration with the others.

Our models for extreme traits have not much changed. (Even Galton argued that celibacy was a composite of simpler adaptations.) But if, like a patient who is to be bled, you survive the cure, there was relief offered by complexity theory fans who made 1/3rd of the NY presentations. For example, Donald Mender proposed that analog output curves, rather than straight lines, more usefully describe events in our minds and societies. He argued that EEG tracings reflect orderly if unpredictable integrals from activity in dispersed cell assemblies; similarly, epigenetic effects may also be highly nonlinear, that the tiniest difference in genes and settings will eventually result in major differences in social outcomes. (One confusing aspect of complexity theory: scale is irrelevant; similar if not identical principles describe the clouds in your coffee, the conduct of Mets fans, or a new galaxy. Start your training with Gleick's book, *Chaos*.)

Recurring issues:

- Depression, (5 of the 15 papers) still confuses us. Does it have one nature or, more likely, 12? "Depression" is clearly an adaptive tool that meets many functions; but, it feels "bad" and most American clinicians will stubbornly miss the constructive functions because of tradition and our primate, exclusive focus on discomforts.
- If complexity models apply, there is NO predictable line from gene either to wart or to angst and the causal sequence is highly similar to the narrow-then-turbulent spiral of smoke from an abandoned cigarette. However, it may also be that genes, parents, morals, and culture put constraints on opportunities, pulling order from confusion. Identical twins can be very similar at their outset and become even *more* coherent across their lives despite all manner of initial variations. (Each of us is also a "twin" of our implicit potentials and may be more "identical" with them than is seen with actual twins.) People combine with ideas, aptitudes cross with opportunities, organisms and genes with niches. Each one—gene or human or tradition—weaves new fabric; each one is an agent that makes an order and sometimes a science that is particular to its creator but often satisfactory to more than one of us at least in some small way.

- To what extent are "genes" the persuasive factor in our culture? Suzie Q, one of my clients, is left by her husband, chops up his cell phone with a hatchet and mumbles "Bobbit." Male chimps rip both larynx and crotch from their victims. A coincidence across 12,000 miles and 7 million years? Not likely.

- Finally, why bother with "evolution" if proximate tinkering will repair so many things? Because, it's 63 degrees outside and raining on January 4th in Philadelphia. 10,000 trees were toppled by 140 MPH winds in the Bois du Bologne. Human activity is one foundation for abrupt shifts in weather and we will not voluntarily stop generating heat and carbon dioxide.

Undiscovered genetic biases may impel us into war when cultures shear and our children hunger. For example, a woman is raped every 26 seconds in South Africa; globally, there are 11 new AIDS cases each minute and 10 of them are also in South Africa. I suggest to proximate tinkers that "evolution" is the best crystal ball available to us; ignore it and our children, all of them, blinded and wandering alone, will be Oedipus' descendants.

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This meeting was sponsored by the New York City Chapter of AAPP. Donald Mender ably served as program Committee Chair, finding us a novel site, organizing a blind review process, and recruiting speakers from Arizona to Barcelona and Slovakia. He made things happen on time; his communications, dedication, rigor, and courtesy were faultless. All of us who spoke and the 50 who attended appreciate his and Bruce Levine's inspired work.

The abstracts are posted at <http://forums.behavior.net/evolutionary> (cheapest and fastest) or you can request them by regular mail from Christian Perrin, the corresponding secretary for the New York City Chapter of AAPP, at cperrin@yahoo.com or at The Department of Philosophy & Religion, Dowling College, Idle Hour Blvd., Oakdale, NY 11769. Ph: 516-244-3349.

James Brody, Ph.D.

(Dr. Brody is forum host for Evolutionary Psychology (<http://forums.behavior.net/evolutionary>); he started a series on Clinical Sociobiology (for the Cape Cod Institute) in 1997. Nancy Segal will talk this summer about "Twins.")

Report Schizophrenia and Identity

Third International Conference
On Philosophy and Mental Health,
Nice, France, June 25-27, 1999

The Mediterranean seems to be a beneficial land for international activity in philosophy and psychiatry. All three international conferences were held in its azure atmosphere—Benalmadena, Spain 1996; Marseille, France 1997; Nice, France 1999. The latter conference represented a significant development of ideas from the Marseille. The French phenomenological tradition of philosophy in psychiatry, from the brilliant work of Janet and Claude to the genial developments of Minkowski and Tatossian, continues in the achievements of its contemporary proponents. The conference was organized by La Clinique de Psychiatrie et de Psychologie Médicale du C.H.U. de Nice, La Société de Phénoménologie Clinique et de Daseinsanalyse de Nice, L'Association pour la Recherche et le Traitement des Schizophrénies de Marseille, and L'Ecole Française de Daseinsanalyse de Paris, with the participation of the Philosophy Group of The Royal College of Psychiatrists of the UK and the Association for the Advancement of Philosophy and Psychiatry.

The Psychiatric Clinic of the University of Nice, with its department head, Professor Dominique Pringuey, was a wise and hospitable host of the conference. The welcoming address was delivered by the Dean of the Faculty of the University of Nice, Professor P. Rampal. The conference gathered more than 190 participants from 15 countries. The geographical distribution was truly impressive, embracing much of the world, from Argentina to Finland and from Japan to Great Britain. The Organizing Committee included representatives from France, Germany, Great Britain, Japan, Russia, and the USA.

The conference was focused on a mutual exploration of the issue of identity and schizophrenia from the joint perspectives of philosophy and psychiatry/psychology. Conference submissions explored the subject in different ways: from metaphysical reflection to clinical observation, from analytical tradition to phenomenology or neocognitivism. The frame and the tone of the conference were formed by two major keynote lectures: "Perspectivity in Schizophrenia" by Wolfgang Blankenburg (Germany) and

"The Meaning of Life and Self Identity" by Bin Kimura (Japan). These speakers are the most distinguished contemporary authorities whose works have created a foundation for philosophical psychiatry. Against the background of the phenomenological tradition of Husserl and Jaspers they have developed their own original conceptions. Their presentations developed such themes as how consideration of delusional and schizophrenic experiences clear the ground for an understanding of the ontology of space and time, the relationship between self and world, and the dialectic of future-present-past coexistence in actual mental phenomena.

The presentation of one of the founders of philosophy/psychiatry movement, Bill Fulford (UK), "Self and Subjectivity," filled the gap between analytic and phenomenological traditions on the one hand and between the formality of mental health legislation and the reality of psychopathological data on the other hand. His paper provoked exciting discussion

AAPP Annual Meeting 2000 *Rationality and its Alternatives: Models of Health and Ill- ness*

May 13 & 14, 2000
Chicago, Illinois, USA
(in conjunction with the American
Psychiatric Association
Annual Meeting)

Keynote Speaker:

Drew Westen, Ph.D.
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about clinical, theoretical, and socio-cultural divergences of the conception of "insight" in psychiatry in different countries. The contemporary representative of the famous Heidelberg school, Alfred Kraus, delivered a remarkable paper, "Schizophrenia and the Social Role," concluding his preceding works on the interrelationship between psychopathological and social determinants. He articulated interesting social implications for classic psychopathological notions. John Strauss's (US) paper, "The Central Role of the Biographical Self in Schizophrenia," employed case descriptions to demonstrate that to help the patient, the clinician should appeal to biography with all its specificity and uniqueness but not to restrict him/herself with the snares of diagnostic schemes or questionnaires.

The Association for the Advancement of Psychiatry and Philosophy was widely presented. Its co-founder and past president Michael Schwartz, (US), together with co-researcher Osborne Wiggins (US) delivered a wonderful lecture entitled "Schizophrenia, Society, World and Brain." Wiggins presented a philosophical analysis while Schwartz reviewed neurocognitive ideas of brain functioning. The effort to combine these two perspectives was presented and discussed. James Phillips (US) presented "The Recovered Self and the Constructed Self in Schizophrenia." Insightful ideas were developed to understand basic schizophrenic experience as a painful and unsuccessful effort to combine what were described as Aristotelian and Nietzschean selves. Aaron Mishara in his intriguing paper, "Creativity and Self," offered an original and provocative vision of the therapeutic use of poetry to restore personhood.

Many interesting papers were founded on a phenomenological background. "A Husserlian Exploration of Intentionality, Identity and Delusions of Control in Schizophrenia" by Larry Davidson (US) suggested a fruitful way to explore cognitive disruptions and hallucinations of schizophrenia in terms of their relations with a basic sense of self. The conference also provided a wonderful opportunity to compare philosophical traditions and psychiatric paradigms from different countries. These included "Schizophrenia and Identity: Characters in Search of an Author" by Maria Lucrecia Rovaletti (Argentina), "Subjectivity and Quality of Life in Schizophrenia" by Poxana and Basile Chirita (Romania), and "Understanding and Treatment" by Yiri Savenko (Russia).

While the conference was international, it was in fact a *French* interna-

tional conference, with the atmosphere dominated by the spirit of the French phenomenological tradition. This tradition was developed in a number of contributions by French psychiatrists and philosophers. The conference was opened by Georges Charbonneau's paper, "The Concept of Identity." He proposed a gallant revision of such notions as "person" and "self" from the view of viewpoint of a new categorical frame. The presentation of Dominique Pringuey and Jean Azorin, "The Permissive Effect of Antipsychotic Drugs," addressed the issue of the influence of medication upon identity. A conception of a "psychostatic effect" of psychopharmacology was developed. Jean Naudin and Jean Azorin's "Psychotherapy and Schizophrenia" explored therapeutic techniques as practical applications of main phenomenological principles.

Historical analysis and a current review of our understanding "identity" was a background for Jean Garrabe's "From Dissociation to 'Discordance'," disclosing how the story of terms reflects the development of ideas and theories and allows us to anticipate future trends. Bright and vibrating, Françoise Dastur's "The Narrative Self" demonstrated how productive a philosophical intervention into psychiatry may be. E. Escoubas' "Self and Art Creativity in Binswanger" discussed a wide range of issues, including works of Le Corbusier, Wagner, Hölderlin, and Artaud. "Identification and Captivity in Dream and Psychosis" by P. Cabestan and "Identity and Subjectivity in Psychosis" by H. Grivois demonstrated combined a fineness of clinical analysis and with a depth of philosophical reflection. Gracefulness and charm characterized Natalie Depraz's presentation, "Validity of Schizophrenic Epoché, a Limit Phenomenon." Bernard Pachoud argued in his "Identity, Self-consciousness, and Consciousness of Movement" for the role of disturbances of activity and movement in schizophrenic identity. In "Cognitive Behavioral Therapy" C. Beau made an interesting analysis of the cognitive tradition. The audience was very positive and enthusiastic about the artful presentation of Titus Milech's "Identity Therapy According to Benedetti."

An atmosphere of inspiration and excitement characterized all three days of the conference. Vivid and insightful discussions and interactions were led by chairs of the sessions. The intelligence and brightness of Jacques Schotte, J. Alilaire, F. Cherkin, P. Robert, S. Thauby, M. Benoit, and A. Jalobeanu kept the audience in great intellectual and emo-

tional engagement.

The lion's share of organizing the conference was done by our colleagues from the Psychiatric Clinic of the University of Nice, Dominique Pringuey and Frantz-Samy Kohl. The guiding force of the conference was in fact Dominique Pringuey. He succeeded not only in the academic achievement of the scientific agenda but also in injecting French charm into the atmosphere of the conference—from his wonderful multilingual welcoming speech to the concluding act. Every participant will remember the deeply touching recognition of the patriarchs of phenomenological psychiatry, Professors Blankenburg and Kimura.

At times the integration of philosophy and psychiatry is treated as too complicated and abstract, distant from everyday clinical practice. But the truth is just the opposite: everyday practice calls out for a philosophical perspective. The final chord of the conference accentuated this harmony. Pierre Bovet's (Switzerland) "Prescribing Identity" resonated deeply with the final presentation "Family Association Support," delivered by one of the leaders of the Patient and Families Association, B. Escaig. It was a significant expression of the meaning of the philosophy/psychiatry movement—to better see, understand, and help our patients. To find one's way to oneself, to restore authenticity and sovereignty of personhood, is the goal for patients, their relatives and friends, and their doctors—all of which cannot be accomplished without philosophical reflection.

The conference in Nice is over but we are looking forward to the next international philosophy/psychiatry meetings—Florence in 2000 and Paris in 2001.

Elena Bezzubova, M.D.

Review

The Myth of Neuropsychiatry: A Look at Paradoxes, Physics, and the Human Brain, by Donald Mender, M.D. (New York: Plenum Press, 1994).

When I first heard about this book and saw that the author was a highly credentialed authority in neuropsychiatry, I was tremendously excited. The title promised a *radical* critique of the current thinking and practices in biopsychiatry, daring, after all, to label the noble discourse of neuropsychiatry a "myth." I like *radical* critiques of foundational discourses, especially this particular species of reductive materialism. In fact, I am in the planning stages for my own book on the topic. This helped me appreciate the monumental task that Mender tackled. Neuropsychiatry is not a stand-alone discipline but one that draws material from the basic sciences, neurobiology, computer science, traditional, analytic and continental philosophy, as well as psychology, anthropology and sociology. To this daunting list Mender added advanced mathematics and theoretical physics. That he was able to incorporate material from all of these disciplines into his work is laudable and by itself makes this a worthwhile read for anyone interested in the complexity of the current thinking on the mind/brain problem.

However, Mender attempted this in a mere 173 pages. That means that the development of background and detailed explanations of source material is minimal. This hampered my ability to fully appreciate the text because I'm quite weak in advanced mathematics, quantum mechanics and theoretical physics. (I think it may be genetic. I wasn't very good in math or physics in college and in my recent attempt to self educate by reading *A Brief History of Time*, I gave up in the middle). So there will be areas in this review where I will need to acknowledge getting lost, and I will do so.

That problem aside, let's look at the book. The first chapter is "The Rise of Modern Neuropsychiatry." Here Mender gives an abbreviated history of events leading to today's predominance of the biological model of psychiatric illness. Although he doesn't label it as such (in fact no where in the book does he explicitly state just what the 'myth' of neuropsychiatry is), he apparently lays out the myth early in the chapter. He points out that the predominant paradigms guiding today's "hard-nosed" neuropsychiatrists are that "the mind exists primarily as a by-product of brain function" and that

"mental aberrations arise from disturbed brain function" (p. 4). Anyone familiar with the cognitive movement in the 'decade of the brain' recognizes this 'final frontier' enthusiasm of rational materialists.

He then uses case histories of a schizophrenic and a manic-depressive to illustrate the acute suffering of the mentally ill. He mentions other debilitating psychiatric conditions such as dissociative and obsessive compulsive disorders and then goes on to quote the oft-heard statistics of the alarming prevalence of "these afflictions that continue to cause untold misery even in our enlightened society" (p. 9). Here I must register a strong objection.

You cannot get in and out of bed with the enemy just because it suits your current argument! Better yet, in Dr. Mender's own words, ".....defects in support of materialism relate to its basis in circular reasoning. Neuroscientific research backs up philosophical materialism, but materialism justifies that research in the first place. This circularity undercuts the entire future of the neuropsychiatric paradigm" (p.34).

Nowhere is this circularity more evident in my opinion than in the mutual support between our current psychiatric diagnostic system and etiology and treatment research and practices.

The guiding paradigm that undergirds and supports a biological psychiatry is the uncritical acceptance of the DSM categorical system of psychiatric diagnosis. (Its latest incarnation being DSM IV as we all wait, with bated breath, for DSM V). Despite weak protests by the current DSM power elite, there is NO DOUBT that the current system of psychiatric diagnosis rests firmly on the basic assumption that specific mental aberrations do indeed arise precisely from disturbed physical brain functions and, by extension, that mind is merely a by-product of brain. There is also no doubt that most research into the cause and cure of mental illness starts with an unquestioned assumption of the validity of current diagnostic practices. (You'd be hard pressed to find a published study that didn't start with some variant of the statement: "145 patients meeting DSM IV diagnostic criteria for major depression were..." Critical examination of unspoken assumptions such as what exactly defines something as a mental "disorder" and who are making these judgments are conspicuously absent from DSM and research studies. (See Sadler, Wiggins and Schwartz 1994, or Kirk and Kutchins 1992).

So for Mender to uncritically accept

terminology and utilize and quote statistics derived from this method of parsing human beings into either 'having' or 'not having' a mental illness, while at the same time attempting to deconstruct neuropsychiatry seems to be mixing incompatible discourses and leaving half the job undone.

Mender concludes the chapter by rightly pointing out the strong pragmatic element fueling the engine of neuropsychiatry. The discovery (often accidental) of psychoactive drugs with powerful effects has clearly legitimized the field. But how legitimate? That's the topic for Chapter 2.

Chapter 2, "Neuropsychiatry's Current State," is a straightforward treatment of the research, chemicals, gadgets, gizmo's and results (eg. neurotransmitter studies, PET and SPECT scans, designer medications, efficacy research etc.) that have lent compelling support to a biopsychiatric model. This is followed by an immanent

Fourth International Congress of Philosophy and Psychiatry

Madness, Science, and Society Florence, Renaissance 2000

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(organized by The Italian Society for Psychopathology and The Philosophy Group of The Royal College of Psychiatrists)

Under the auspices of
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critique showing some of the holes and flaws in current theories examined from within the modern scientific model. Then we get our first glimpse of a critique of the limitations and negative outcomes of the current scientific paradigm *itself* when applied to evaluating human existence. The treating of complex individuals as mere 'cases', the erosion of any sense of personal responsibility and even addicting or poisoning patients through the misuse and overuse of psychotropic agents are all briefly mentioned. This chapter could be much longer and detailed. This sets up the theme for Chapter 3 which looks more directly at this epistemological controversy by turning to the philosophy of mind.

Well, not exactly to the philosophy of mind, but more of a truncated view of Greek, Roman and Enlightenment thinking on the Cartesian mind-body problem. Of importance here is Mender's introduction of "neutral monism." Spinoza's postulated Ur-stuff that underlies and undercuts subject-object and mind-body dichotomies. (How I long for the entrance of Heidegger here, but, alas, he is absent from the book).

The primary thesis of the book then begins to emerge. Mender introduces the reader to the world of theoretical mathematics and physics with a brief exploration of the mathematical notion of 'symmetry'. Here is where I start to get lost. Then, on p. 44 he states:

In fact, as we will see, parallels between symmetry in modern physics and neutral monism give us a tool to view the dismaying flaws inherent in neuropsychiatry as mere conceptual limits and hence find ways beyond them.

The title of the book, *The Myth of Neuropsychiatry*, implied that the aim of the book was to identify how neuropsychiatry is a 'myth' and then perhaps present an alternative conceptualization. This quote reveals a very different goal. Mender wants to propose a way to 'fix' neuropsychiatry by overcoming certain conceptual limits inherent in the current model.

In Chapters 4 and 5, Mender develops background material for his new and improved neuropsychiatry by looking at the emergence of the modern concept of equating truth with numerical measurement. He then traces how this led to the functionalist model that conceptualizes the physical brain as a serial computer and the mind as a computer program. Chapter 5 ends with the mind-machine proponents at the dead-end search for the master control (CPU) of the brain.

Chapter 6 then brings us to the frontier of the mind-machine issue by examining neural network modeling of brain function. The resulting connectionist model of brain functioning certainly more closely parallels empirically derived data of human brain function than the algorithmic model. (Of course the circularity of reasoning is front and center here because again, theory guides research as much as research guides theory). Mender rightly points out that there are still significant foundational differences between the functioning of parallel process neural net computers and human mental functions. Even the advent of quantum computers (if possible) does not promise to solve these problems.

Which returns us to a more philosophical discourse in Chapter 7 "The Downside of Machine Metaphors." The chapter begins with the introduction of two more analytic concepts, paradox and the self-referential nature of numbers. Russell, Gödel and Turing are briefly mentioned and then, interestingly, Mender turns to Herbert Marcuse and his powerful critique of 'technological man'. Next comes Thomas Kuhn and his analysis of the paradigmatic model of scientific progress. Mender then reports that while physicists are finally openly struggling with the inescapably prejudicial role of the 'observer' in seeking physical truths, he points out that the human sciences of psychology and psychiatry have lagged far behind. So he recommends that "Psychologists and psychiatrists must engage in 'thinking about thinking', which requires an interplay of factors that is beyond computing machines or the rigid paradigms of technical, applied, quantitative science" (p.91).

A beautiful sentence. I couldn't agree more.

The final section of the chapter covers intentionality. Anyone who has followed the heated debates in the cognitive sciences knows exactly which battleground we've stepped onto here.

"What does it feel like to be a bat?" asked Thomas Nagel (Nagel 1974) to point to the gross limitations in computer modeling. Even if we could duplicate the 'wiring' and activity of a bat nervous system down to the last neuron we still cannot say what it feels like to be the bat! Electrical signals coursing around neural nets simply cannot account for the 'qualia' of lived experience. Likewise, it's impossible to imagine how a machine could duplicate something humans experience directly every moment—intentionality. Consciousness is always consciousness 'of' something as Brentano

and Husserl have so clearly shown. We experience 'intentional' states of mind; there is no pure consciousness that we experience as 'coming first.' There is always an I feel..., I believe..., I must..., I want..., I think.... All experience rests on these intentional states. So, of course, any model of human brain function must account for them. But how would you do that? Are we getting there?

We've all heard the debates that rage around us about whether computers can think. We've witnessed the philosophical fallout of Big Blue beating Kasparov in chess. This is a hot topic and still open-ended. In this final section of Chapter 7 Mender introduces us to some of the key players in this debate: Haugeland, Flanagan, Searle, and Dennet. Again I believe that this discourse is too rich, too multi-layered, to yield to the 7-page summary Mender gives it. He then reaches the conclusion that will set up his turn from defining the problem to proposing a solution when he says "Despite all efforts to develop 'bridge laws' between mental and nonintentional domains, the issues generated by Brentano's phenomenology still stand as unmet challenges" (p.100). I see Chapter 7 as the best in the book, where the controversies surrounding reductive materialism and alternative views are most clearly stated.

In chapter 8, entitled "Meaning in Gauge Fields," (the astute reader of this review knows that I'm about to get lost), the introduction asks "Is it possible to construct a 'larger' psychology that is competent to handle intentional meaning without sacrificing numerical precision completely?" He answers "The quantitative approach may well prove to be only a limiting case within a more comprehensive kind of mental science. It may yet be possible to retain numbers as one tool among many in a truly constructive, flexible understanding of the mind." (p.101). What that more comprehensive model would look like is what he tries to show us in Chapters 8 and 9. Through a journey into the worlds of higher mathematics and theoretical physics (with some brief forays into phenomenological psychology and sociology), he introduces field theory, gauge fields, local and global gauge field symmetry, singularities, torsion, quaternions and a typology of identity as somatic, collective or fragmented.

The upshot of all of this is the following paragraph from the final page of Chapter 9 which summarizes the material covered and conclusions reached in the previous two chapters:

Gauge invariance of a quaternionic self-representation might allow tor-

sion to distribute symmetry along the three scales of alienated identity, recast as analogues of Bose-Einstein, Fermi-Dirac, and Maxwell-Gibbs-Boltzmann statistics. A fully symmetrical, three-dimensionally vectored approach could then purge any asymmetries involving traditional numerical concepts.

I have no idea what this means even after two readings of the book. As I unashamedly admitted before, I simply don't understand it, so that's as far as my critique can go for now.

Chapter 10 (the next to last chapter) covers a topic that I am not only familiar with intellectually, but live every day in my psychiatric practice. "Broken Symmetries of the Neuropsychiatric Marketplace" examines the complex relationship between cultural norms, psychiatry and economic 'market forces'. (This is an exceedingly important topic, very Foucaultian, and, in my experience, palpably real!) But I have to wonder why Mender chooses to subsume these issues under his metamathematical model of torsional skewing, threefold symmetry and intentional gauge fields (p. 143). This seems an unnecessary and complicating distraction. Material from thinkers in the Frankfurt School and other modern and post-modern philosophers he introduces here are more than adequate for a meaningful critique. Unless the metamathematical material somehow demonstrates that even sociocultural phenomena can theoretically be mapped onto neuronal function in this new neuropsychiatry, I just don't see how the jargon is germane to this topic.

For example, when Mender rightfully points out how turning to reified concepts such as 'market forces' to explain the changes in medical care delivery systems conceals the true forces at work (big business and big advertising budgets), thinkers such as Weber, Marcuse, and Foucault offer a more than adequate basis for analyzing this phenomenon. Invoking gauge fields and torsion only tends to obfuscate the analysis and keep it from advancing farther into some meaningful and relevant issues he merely alludes to, such as the socio-historical developments that have led to our current age of mindless consumption (including the consumption of the products and promises of neuropsychiatry).

Chapter 10 ends with the all too brief introduction of the reader to the thought of Michel Foucault. Mender then ties Foucault together with his metamathematical discourse and concludes:

Neuropsychiatric misconceptions of mental illness therefore stem from

and reinforce torsion's fracture of selfhood into economic and somatic subgroups. This happens because if the economic element is normative, then the aberrant component must be somatic. That is the real underlying link between the market mentality and neuropsychiatry (p. 152).

What has been gained here by attempting to tie these discourses together? Why does Mender do this? My thoughts on that in the conclusion of this review.

The goal of the final chapter, "Neuropsychiatry and Psychoanalysis," is stated early on: "That other aspect, which can help restore balance to neuropsychiatry, is psychoanalysis, invented by Sigmund Freud" (p.153). Mender then traces the historical development of psychoanalysis and goes beyond it to include the work of seminal thinkers in other psychotherapeutic schools such as William James, Søren Kierkegaard and Karl Jaspers. This makes a point that, although often heard, bears repeating: there is inarguable value and a pressing need for interdisciplinary respect and dialogue in the human sciences.

Mender looks at some of the barriers to such a dialogue when he notes how the hazy edges and lack of scientific rigor in existential and psychoanalytic theories lead so easily to the out-of-hand dismissals of whole disciplines by died-in-the-wool empirical materialists.

Then he brings up an argument that tends to deflate the entire mind/body debate in an instant. "Psychotherapeutic maneuvers with subjective meaning may even alter the brain all by themselves" (p. 171). Stated in broader terms, if all human experiences, including thinking and feeling, rest on a neurobiological substrate, and, therefore, *all* interventions, (be it talking therapy, a kind word, a change in environment, or directly acting psychotropic medications) ultimately have the effect of altering physical brain structure, then the entire reductionist argument for the neurobiological basis of the human mind becomes trivialized. As Phillips (1997) puts it: "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."

Surprisingly, the metamathematical concepts so carefully developed in this

book play only a minor role in this, the final, chapter. Mender's concluding argument is a call for greater interdisciplinary dialogue that "may allow us to see different traditional approaches to the psyche as related offspring of a more fundamental symmetry principle" (p.173).

His final thought "Humanity cannot help but benefit from such a unified vision" (p. 173).

But.....will it?

Conclusion

In Chapter 3 Mender quotes Sir John Eccles' comment that the overly enthusiastic reductionist community's faith that the psychobiological approach will ultimately explain the entire domain of mind is

simply a religious belief held by dogmatic materialists who often confuse their religion with their science. It has all the features of a messianic prophesy with a promise of a future free from all problems—a kind of nirvana for our unfortunate successors (p.34)

Mender is supportive of this critique. However, when examined carefully, it becomes clear that the main theme of his book is more supportive of the 'messianic prophesy' than Eccles' critique. Let's revisit two quotations from the book.

In the opening chapter Mender, commenting on the suffering of the mentally ill states "Together, all these mental afflictions continue to cause untold misery even in our *enlightened* [my emphasis] society" (p.9).

And then, the final line of the final chapter "Humanity cannot help but *benefit* from such a *unified* vision" [my emphases] (p. 173).

These quotes, viewed from the context of the effort he makes to contribute to an improved version of neuropsychiatry, leaves little doubt that the underlying motivation for Mender is akin to the religious fanaticism he critiques above. He seeks an enlightenment-grounded, totalizing metanarrative of reality, a sort of localized cosmology where the same theoretical constructs that allow us to understand black holes and curved time-space will help us to finally penetrate the mysteries of the human brain. Such a metaphysics of presence, no matter how sensitive to crucial matters such as meaning and intentionality, still misses the central point driving continental and postmodern philosophy. As I read them, these philosophies view Western civilization's pursuit of totalizing metanarratives as the prob-

lem, not the solution!

Earlier in this review I bemoaned the absence of Heidegger from Mender's book. Heidegger and related thinkers such as Gadamer, Foucault and Derrida present and refine strong arguments against seeking totalizing discourses. For example, Heidegger's existential analytic in *Being and Time* shows how human being will always, by its nature, defy full and complete disclosure. Further, he convincingly argues that the detached, disinterested stance of 'objectivity' is a derivative mode of disclosure, a specialized mode of being-in-the-world, that cannot ground that being. In fact, he often presents the scientific method as a "deficient" mode of understanding, especially in the so-called human sciences.

Interestingly, Mender acknowledges this derivative nature of scientific understanding in the book, but doesn't follow through on its implications. How should he? Well for one he needs not to mix discourses. What flows naturally from the type of critique of neuropsychiatry that Mender is, at least partially, attempting, is a turn to the discipline of hermeneutics. Grounding neurobiological understanding in the interpretive practices of human being rather than grounding interpretive practices in a substance ontology is the meaningful challenge that might one day truly 'benefit humanity'. This approach does not simply toss aside the benefits of biopsychiatrists (as an anti-psychiatry model might), but it does *put them in their place!* It regionalizes biopsychiatry, limits its power and humbles its advocates. Whether or not technical issues such as Mender's proposed marriage of theoretical physics and neurobiology improves biopsychiatry in some way remains to be seen and would be most welcomed. A true improvement will first and foremost require a radical critique of the foundational issues underlying the pre-dominance of the biopsychiatric model itself, a goal Mender speaks to but does not prioritize in his work.

A Final Word

This critique might sound a little harsh. But there is a reason for that. Because there is another side to neurobiology that was not explored in this book, a side of the story that is downright frightening.

In the July 1997 issue of *The American Journal of Psychiatry*, a study entitled "Neuroanatomical Correlates of Happiness, Sadness and Disgust" (Lane, Reiman, Ahern et al. 1997.) uses PET scanning technology to map brain activity

when subjects reported feeling happy, sad or disgusted. The stated goal of the study was to show how "Further delineation of how emotional valence and intensity are regulated in the normal brain will be essential in the quest to understand the functional neuroanatomy of pathological emotional states and the contributions of emotional dysregulation to physical disease" (ibid. p. 932). A noble goal indeed! But what about the other implications of this type of study? What about the technical and even commercial applications that might arise from identifying 'happiness' neurons in the brain? Similar concerns arise in the related discipline of behavioral genetics, a field ostensibly devoted to searching for the genetic bases for mental disease and other troublesome traits such as sociopathy. Here too the implications are clear. We might just as easily search for industriousness and entrepreneurial or even complacency genes in hopes of someday 'selecting' for the types of people who will keep a capitalistic market economy happy, healthy and quiet.

Heidegger has labeled our era *Gestell*, a time of 'technological enframing' of existence where all entities, including humans, come to be seen as mere 'stock' or 'standing reserve' serving the interests of technology. (Heidegger 1977). The linkage between *Gestell* and this vision of neurobiology is what frightens me and cannot be ignored in texts which philosophically critique the field.

But I don't need to close on a negative note. Not at all. I want to point out what I see as a true and lasting value of this work.

I believe that for a practicing neuropsychiatrist to write *The Myth of Neuropsychiatry* takes courage. According to the book jacket, Dr. Mender "was the founding director of the Neuropsychiatric Evaluation Service at Payne Whitney Clinic and served as Director of Neuropsychiatric Research at the Epilepsy Institute in New York City." Obviously, he might have enjoyed a nice uphill climb in orthodox neuropsychiatry by practicing what Kuhn calls "normal science." But instead he chose to try to do something about its glaringly obvious failings and dangers. From what I understand (personal communication with the author), his education in philosophy and theoretical physics was self directed and required him to interrupt his busy medical career. This is courageous and important, because in doing so he has achieved something far more important than a traditional neurobiologist might in advancing some new thesis within the dominant

paradigm. He reeducated himself in new discourses, arming himself to radically interrogate the very foundations of neuropsychiatry itself.

Guignon notes that Heidegger "suggests that to be authentic is to find guidance for the conduct of one's life in terms of the lives of models or exemplars drawn from history" (Guignon 1993). That Mender has drawn inspiration from exemplary role models is clear when he states:

Desirable role models... might include Sigmund Freud or William James. The flexibility demonstrated by these intellectual adventurers enhanced psychiatry's understanding in the past. Disciplined eclecticism like theirs today might help to mend the asymmetries of reduced interdisciplinary dialogue fostered by neurobiological myopia (p.163).

He further proposes that: Prospective psychiatrists might enrich the present, biologically restricted content of their chosen field through greater breadth of learning both during and after training...Medical school admission committees might also demand a solid background in nonscientific subjects such as anthropology, history and philosophy.

We need role models who champion the goal of psychiatrists rising above mere calculative rational models of the mind. If we don't start doing some hard 'thinking about thinking' the true worth of this invaluable holistic discipline will be lost and we can start turning the job over to computers and family doctors. In fact, this is already well on the way to happening! In his actions and his writing, Dr. Mender shows himself to be one of those role models psychiatry so desperately needs.

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Discussion of Eric Kandel's "A New Intellectual Framework for Psychiatry"

(The following discussion is the first in a new AAPP Bulletin series in which a target article will be chosen for discussion and commentary by AAPP members. Dr. Kandel's article, which has already received a lot of attention, appeared in *The American Journal of Psychiatry*, April, 1998, 155:457-469—JP)

High-minded Principles, Mis-minded Reductionism

In his 1998 AJP essay, and repeated in the 1999 AJP article and letters to the editor, Eric Kandel outlines a "new" Call to Arms for psychiatry as it enters the 21st Century. As with many such call to arms invoking an integration of seemingly irreconcilable disciplines, the initial enthusiastic response begins to wane as one examines the outline for the future in detail. What are the assumptions, both large and small, that underlie Kandel's program? What is gained and what is lost? Who are praised and who damned?

I will pass over the details of Kandel's biological assumptions, for they are, as he recognizes, relatively uncontroversial for almost all scientists and not really at issue here. Assumptions such as that "all mental processes derive from operations of the brain" and "genes... exert a significant control over behavior" can be readily accepted without committing oneself to the rest of Kandel's propositions.

Kandel asserts that the future viability of psychoanalysis lies in its developing closer ties to the neurosciences. It is not clear whether psychoanalysts should crow or cry over such a statement. Although it is often considered philistine to note a distinction between theory and practice, it is hard to imagine how a detailed understanding of the corticostriatal-thalamic system will assist the therapist (whether psychoanalyst or not) in responding to the distress of the patient in the therapy session. To the extent that psychotherapy endeavors to work with what is meaningful, painful, and neurotic in human life, to that extent a detailed knowledge of brain circuitry is irrelevant. This appears as obvious to some of us as the equally obvious "the brain underlies behavior" credo. Why doesn't Kandel get it? Therapy deals with human interactions and human misery at the experiential and symbolic level.

If the future of psychoanalysis rests upon discovering a brain mechanism underlying repression, it is in trouble. But if Kandel is calling for the deployment of some researchers into interdisciplinary investigations, who can gainsay this? It is certainly one of the directions that neuroscience will take. But it will not convince anyone that psychoanalysis (or dynamic psychotherapy) is valuable and it will not benefit the skills of those who practice therapy.

On the down side of Kandel's call to arms in terms of training, one could make a better case that the analyst-therapist needs more training in anthropology and cross-cultural studies rather than in the brain sciences. When all is done with SSRIs and NSRIs to alleviate the suffering of PTSD and other such responses to human violence (physical and psychological), the therapist, if there is one, must still work with the need to place horrific experiences within some type of meaningful framework. This is unfair to say, but some of the most insensitive and clumsy interviews I have ever seen have come from "biological" psychiatrists who have no idea what to say to a patient once the symptom pursuit portion of a computerized DSM-IV interview is completed.

Finally, Kandel just has it wrong

when he attributes the decrease in medical student interest in psychiatry to the dominance of psychoanalytic thinking in the teaching of medical undergraduates. The thing that attracted Kandel to psychiatry, as well as myself and others of our generation, was the intellectual headiness of psychiatry both as an investigation of what made people do the things they do and as a program for alleviating emotional and psychological suffering. If psychoanalysis failed to live up to its promises, we each found more than compensatory areas within psychiatry to occupy our intellects and our hearts. When psychiatry became excessively biological in a narrow way, when it lost sight of the person, it turned off a generation of medical students. There is nothing as deadly dull as learning the categories of illnesses listed in DSM-IV as the pinnacle of achievement of psychiatry, as if saying that someone has a "Major Depression" ends the investigation rather than just begins it. Has anyone asked why only depression is given the rank of "Major" while poor anxiety and obsessionality and even schizophrenia are granted no such honorifics?

To summarize, the neurosciences should occupy one angle of psychiatry, while philosophy and a questioning attitude about the way we do our science should balance out the biological framework from the other side of the field. Otherwise, the drive toward reductionism will be inexorable, whatever high-minded principles are espoused along the highway.

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A Beautiful House: Foundation in Place and Waiting Completion

Eric Kandel, following the principle already applied earlier in his remarkable "From Metapsychology to Molecular Biology: Explorations into the Nature of Anxiety" (1983), shows here how the psychiatry of the future should no longer remain ignorant of the benefits expected from a mutual constraint between the empirical findings of neuroscience and the subjective findings of psychoanalytic experience. Serious education in psychiatry should neglect neither practical training in

psychotherapy nor an introduction to research, and Kandel views a knowledge of brain anatomy and neural processes as just as necessary for the training of future psychiatrists as for future neurologists. The psychoanalysts who were our teachers in the sixties, if they did not entirely put aside the body in making reference to the psychology of drives, seemed only to want to address themselves to a body without brain (Widlöcher 1990). The time has come to correct this error in drawing the attention of our students not only to the superego and the self-esteem of their patients but also to the long-term memory of the snail or to the cortical projection of the three fingers of monkeys trained to eat without the use of their thumbs. A new era is dawning in which the resolution of brain imaging techniques will be such that we will perhaps be able to observe directly the effect of psychotherapies on the functional morphology of cerebral connections. Why not?, Kandel tells us. The issue should not in any case be dismissed out of hand. New concepts such as neural plasticity and epigenesis engage us to consider such a possibility with the respect it deserves. The discovery during the past twenty years that mental processes associated with the social environment are able in the course of development to permanently modify the structure of the brain deprives the dogmatic quarrel between organicists and psychoanalysts of any real foundation. That much is clear.

Kandel drives in the nail by showing with the aid of diagrams how a genetic component can play a role in acquired psychiatric illnesses. He does this cautiously in questioning the effect of acts of communication on cerebral connections, at the same time avoiding the crude snare of a social Darwinism. A step seems henceforth easy to take: if acts of communication permanently modify cerebral structures, therapeutic action is not accomplished by words alone (the situation described by the author is quite surprising, since it is the therapist who speaks and not the patient) but by virtue of *neuronal machinery*. It is at the level of this epistemological slippage that for us the foundation of the argument cracks. We do not in fact share Kandel's theoretical enthusiasm in finding uncontested support in epigenesis and plasticity for affirming that if mental processes presuppose cerebral activity in that modifications of one do not occur without modification of the other, a greater knowledge of cerebral processes will allow a better *comprehension* of mental processes. There is a great risk here of a fatal leap between two lev-

els of different epistemological status: the level of contents of consciousness, on the one hand—a level of *understanding* which we specify as phenomenological—and the level of functional structures of consciousness and causes, on the other—a level of *explanation* which is in turn specified according to the particular explanatory paradigm. To accomplish such an epistemological leap, it would be necessary to have first resolved the fundamental question of consciousness as *intentionality* (Husserl 1962). Kandel, in following the cognitivist model without discussing it, leaves this question in complete obscurity.

In following the cognitivist model, incoming data can be *explained* to the extent that they can be encoded mentally. In doing this one slides gradually from *the mind-body problem* to a *mind-mind problem* that opposes a *phenomenological mind* and a *computational mind* (Jackendoff 1987). If one does not attempt to interrogate the nature of the intentionality of consciousness from the perspective of such a *computational mind*, one does nothing more, in the end, than replace one cerebral mythology with another (Jaspers 1963). Let us follow, for example, the solution proposed by Jackendoff (op. cit.): to account for the leap that is necessitated by the conceptual passage from contents of consciousness to their encoded representation, it is necessary to postulate—in accordance with the theory of perception proposed by Marr (1982)—an intermediary level of representation from which are derived the contents of consciousness while at the same time meaning as such (the objective determinations of the object) is encoded at higher levels. This hypothesis, in postulating levels of representation that are both hierarchical and coexistent, facilitates an understanding of the passage from the psychological dimension of the data of consciousness to an ideal dimension of meaning—a passage that defines intentionality as 'movement' of meaning (Pachoud 1991; Petitot 1990). We would gladly add another stage to the theoretical edifice proposed by Kandel: namely, one that, in connecting behavior and perception as intentional phenomena to the hierarchical structure of levels of representation, would be able to inscribe every cognitive operation both in the context of particular experience and at the same time in a more open symbolic register of general meaning allowing experience as such.

The question of intentionality is posed equally from the perspective of psychoanalysis, and Kandel is one of the rare voices among the biological psychia-

trists trained in the US to affirm that psychoanalysis is a field of experience in which phenomena occur that are worthy of interest to neuroscientists. He makes this point in a very relevant manner in recalling the major role that single case studies have played in the foundation of neuropsychology. But here we must remind ourselves that psychoanalytic case studies brought into focus corporality as the last refuge of memory. The Freudian hypothesis of conversion hysteria, pushed aside by the American psychiatry of the DSMs but with which psychoanalytic experience still confronts us, poses the problem of body and mind and their mutual development in the biography of the individual under an angle that neuropsychology will not be able to avoid for long: that of corporality as the foundation of all lived experience (Merleau-Ponty 1945). Certainly, as Kandel remarks, the psychoanalytic unconscious is distinguished from the unconscious automatisms of implicit memory by its sexual character and ready access to consciousness. But these two distinctive characteristics themselves refer back to the more general problem of the incarnation of mind (Varela, Thompson, & Rosch 1991). The living body is the primary determinant of the metaphors that organize the structure of consciousness in the course of development (Lackoff & Johnson 1989; Varela 1991). From another perspective, and to cite only Demasio (1994), the latter has recently emphasized the primordial role of emotions. Regarding the psychoanalytic unconscious, the question of its localization seems just as void of meaning as that of the location of the soul and to belong to the same Cartesian theater denounced by Demasio. That seems all the more true in that the psychoanalytic unconscious involves an experience identical to that of consciousness.

The question of 'how' ("How do unconscious strivings become transformed to enter awareness as a result of analytic therapy?") posed by Kandel at the end of his article is on the other hand crucial. The phenomenal status of the unconscious should be thought through starting from lived corporality as the place of the preliminary resolution of the *mind-body problem*. The access to consciousness of data expelled from the latter but symbolically coiled in a bodily metaphor poses especially the problem of the role of emotions in the archiving and recall of memories (Widlöcher, op.cit.). That which distinguishes for now the unconscious of the neuroscientists and the unconscious of the psychoanalysts is the intentional character (in the Husserlian sense of the term) of

the phenomenon of forgetting. The unconscious of the neuroscientists is a non-mentation, while the unconscious of the psychoanalysts is, as an intentional phenomenon, a particular form of mentation (Widlöcher, op.cit). The intentionality at work in forgetting can only be understood on the basis of an integration of the emotions in their status as a complex dynamic of neural processes together with a biographic (narrative) understanding of human development. The question of the 'how' cannot in the end avoid that of a naturalizing of subjective time as the living present (Varela 1991, 1999). Here again an intermediary level seems required: namely, that of the affects, which as it were assure the inscription of the emotions in time and the anchoring of narrative in corporality.

These theoretical considerations, purely speculative, should not make us forget that only the practical experience of psychotherapy puts our finger on the necessity of such a construction. It would be a mistake, in return (as has unfortunately been the case in France during the eighties and as a misunderstanding of Kandel's words would risk), if the resurgence of interest in psychiatry by way of neuroscience were accompanied by an abandonment of the practical teaching of psychotherapy. If such were the case, the 'brainless' psychoanalysis of the sixties would be replaced by the 'biography-less' neuroscience of the present—which is hardly better.

To summarize, let us follow Kandel's direction in affirming the following: because they are at the basis of all incarnation of mind, the cognitive dimension of the emotions have to be able to be integrated into an explanatory model of the Freudian unconscious and furnish the theoretical basis of a convergence of psychotherapeutic action and biological treatment. But we go astray when, in confounding too quickly the phenomenological and the explanatory levels, we seem convinced that we can resolve the problem. Kandel bravely initiates the construction of a conceptual house to shelter the psychiatry of the future. We are ready to follow him, but the structure is incomplete: we lack the means, but there is still time to add a story to the house. Let us especially not forget to continue teaching our students how to handle a trowel.

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Kandel: Neuroscience and its Discontents

In this commentary, I am writing as a practicing psychoanalyst with an interest both in neuroscience and in philosophy. In the target article, as well as in his follow-up article published a year later (1), Kandel is asking the question of whether biology is at all relevant to psychoanalysis.

I would first ask, what is the relationship of psychoanalysis to other intellectual disciplines? I would hold with Ricoeur (2) that psychoanalysis is a mixed discourse of desire that falls outside the motive-cause alternative. In this view, psychoanalysis is not an observational science and cannot logically speak of causes. Moreover, motive in the psychoanalytic sense is a plausible, reported reason, not a motive in an observational psychological sense of a connection between two observed psychological events. Motives are closer to historical explanations which seek to find reasons behind human actions. The practice of psychoanalysis, in this view, is inherently hermeneutic, an exegesis of meanings. Kandel notes the tension between the philosophical and the scientific. One line of argument, originating with Freud, is that psychoanalysis is a prescientific discipline. Both the biology of Freud's day needed to advance, and psychoanalytic methodology would evolve toward real science. Kandel is arguing this point of view. Many analysts have energetically looked at this interface (3). Another opposing point of view has arisen in recent years. It holds that psychoanalysis is inherently hermeneutic or narrative and can reveal only relative truths about any one individual (4,5). More recently, psychoanalysis has become interested in relational theories, extending intrapsychic concepts into intersubjective spaces (6). These points of view hold that psychoanalytic data are uniquely subjective and cannot be translated directly into scientifically verifiable hypotheses.

This discussion goes back to an argument that started with Descartes. He postulated that there are two kinds of substances, matter and mind. The modern form of this argument takes a variety of forms. Kandel, Edelman (7) and other neuroscientists would argue for a unitary substance, a type of evolutionary biology in which consciousness evolved out of biological structure and function and can be reduced to the biological. Alternatively, models from artificial intelligence (8) suggest that the mind is a massive parallel processor, a biological machine.

Dualism in its modern form would understand the brain and the mind as phenomenologically different, one substance, two modes. Phenomena in the mind cannot be reduced to phenomena in the brain. Furthermore, we are at different levels of description. The brain can only be described from a third-person point of view, while the subjective mind can only be described from a first-person point of view. It is possible to combine models. For example, Sperry (9) postulates a model of nested brain hierarchies in which consciousness is an emergent novel and independent function, which has its own regulation and interactions. See Solms (10) and commentaries for a review of the complexities of this subject.

Kandel argues that psychoanalysis has been historically valuable as a generator of ideas about the mind. While this was productive in the early years, Kandel argues that "as a research tool this particular method has exhausted much of its novel investigative power" (p. 506). Kandel forcefully calls for a development of scientific methods within psychoanalysis. How might this be possible? I would argue that the primary facts of psychoanalysis are inherently subjective and intersubjective, and cannot be otherwise. However, out of these clinical facts psychoanalysis postulates theories of mental development and function. It is these theories of mental functioning that need to be consistent and synergistic with theories of brain function. Kandel states "one can begin to outline how biology might at least clarify some central psychoanalytic issues, at least at their margins" (p. 508, italics mine). The margins represent this interface of theories. I believe that the psychoanalytic conception of the mind is consistent with Sperry's model; the mind is based on the physical functioning of the brain, but within the mind are developed novel functions that are inherently subjective. In addition, psychoanalysis as a model of the mind is concerned only with enduring emotional memories that determine personality formation and current mental conflict. Cognitive psychology is now expanding into study of many other areas of conscious and unconscious mental functioning. I agree with Kandel that neurobiology, cognitive psychology and developmental observation have much to offer psychoanalysis in the theory of drives, memory functions, development, and constitutional states of the mind. I would envision a dual research track, where neurobiology studies the brain as a generator of the psychological while psychoanalysis, cognitive psychology, and epistemology study the organization

within the mind itself.

One area where empirical research can directly impact on psychoanalytic practice is in the study of outcome of therapy. We do not have a coherent theory of how psychoanalysis can produce lasting change in the personality. There are several methodological difficulties in such studies. In treatment, there is a field of two subjectivities that interact in countless ways. The very act of scientific study, i.e. voice recordings, would be experienced as highly intrusive into the privacy of the analytic work. As Kandel points out, personality change ought to be expressed in physical changes in the brain. The only large-scale study of outcome of psychoanalysis and psychoanalytic psychotherapy (11) was not conclusive. I would agree with Kandel's call for "rigorous outcome studies, with comparison to short-term nonanalytically orientated psychotherapy and placebo" (p. 521).

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The Neurohermeneutic Forum

The Ultimate Price Tag

How much money is a human life worth? I found myself asking that question recently in an unlikely setting.

I was riding a bus on the Upper East Side of Manhattan with an attractive young woman; we were starting out on a blind date. The mutual friend who had fixed us up assured me that she was very bright, a crackerjack MBA from an Ivy League school. I therefore had expected sparkling repartee, but as it turned out our conversation was going nowhere. I tried to liven things up by poking fun at a few posters and billboards. She began to respond in kind; then an advertisement for a private psychiatric clinic caught her eye.

"The people who run that place are right on target," my companion observed. "Advertising is good business."

I was brought up short. As a psychiatrist and the offspring of a health care professional, the concept of doctors advertising their services rubbed me the wrong way. "Medicine is not a business," I said with a noticeable edge.

My date remained unruffled by my annoyance. She smiled and patiently explained, "Of course medicine is a business. Hospital chains, HMO's, for-profit emergency centers—they're all businesses. Don't get so upset."

"Medicine is NOT a business," I repeated with rising irritation.

"Calm down," she said. "Just think about it, and I think you'll agree. In today's environment, everything is a business. All the smart doctors know that. They're learning to swim with the tide, to become entrepreneurs and managers."

"But are they still doctors?" I protested.

"Certainly," said my date. "They haven't given that up. They sell a service, but the service is health care. They get paid to provide health care."

"And to save lives?"

"Yes, yes, of course. To save lives."

We rode on in silence for a few minutes. She patted my hand briefly, as though her gesture might reassure me that, in the end, the whole for-profit managed U. S. health care industry would turn out to be as perky and friendly as she was. I didn't respond in any civil way. Finally I snapped, "So how much is a human life worth?"

My date was startled at first, but then her face lit up. "One of my favorite business school professors posed that very

problem," she recalled with a nostalgic glow. "Our class discussed it for quite some time. Finally he was able to show us in the most elegant terms that it's a simple matter of supply and demand." She beamed at me. "Like everything else."

"Supply and demand, eh?" I muttered.

"Exactly," chirped my date with overflowing enthusiasm. "Human life is just another commodity. The market sets the price. It's only logical."

At that point we reached our stop and got off the bus, but I had already decided to make short shrift of our evening. I pouted and sneered over dinner; in due course my date gave up trying to socialize, excused herself, and hailed a cab. Needless to say, we never saw each other again.

However, I kept thinking about that particular MBA's view of human life as a commodity. Did her outlook have any merit at all? Finally I understood that the answer must depend on whose life hangs in the balance: one's own or somebody else's.

We pay only a finite price for a shoe because, once it wears out, a new shoe can be cobbled together. Another person's body, brain included, can also be replaced by the reproductive act and hence has a finite value, however high. But I cannot replace my own subjective life experience. Once I've died, my whole private universe must perish forever: the gaping, horrifying nothingness of my personal mortality lies beyond mere economic calculation. My own life is therefore priceless to me, and its value has no upper boundary.

I suspect that at least a few business school professors may not think about other people's lives in the same terms as their own. It is perhaps for this reason that some of their proteges with MBA degrees now see health care as a financial game and patients as interchangeable items linked to a bottom line.

Medical entrepreneurs, managed care executives, insurance actuaries, health policy analysts, and economists may all need reminders that humans as existentially self-aware beings are much more than numbers and should not necessarily be crunched on a spread sheet.

Donald Mender, M.D.

Philosophy and Psychiatry in the Media

On Introspecting One's Serotonin Levels

My reaction, when in graduate school I first came across the doctrine in philosophy of mind called "eliminative materialism," was fascinated bafflement. One of the main theses of this doctrine is that our everyday discourse about people, pejoratively termed "folk psychology," amounts to an empirical theory. Further, eliminative materialists hold that folk psychology is a lousy theory, and should be replaced by a better one. Their favorite candidate is neuropsychology. On this view, our vocabulary of psychological states and dispositions, such as "pain," "anger," "trust," "belief," "regret," and "happiness," is replaceable. Some of these theorists, most notably Paul and Patricia Churchland, foresaw a day when ordinary people will no longer moan, "oh I've got a terrible cramp in my leg," but will instead inform others that "my C-fibers are exceptionally active." I had my doubts about this prediction.

Western psychological discourse does of course evolve over time. New words, or new uses of old words, enter the language. For example, psychoanalysis has given us "anal" and "repression." Behaviorism has given us "positive reinforcement." I don't know when the noun "disrespect" was revived as a verb denoting not just a psychological attitude but a moral action, but it is a usage that is here to stay. These are perfectly normal developments of our language. Nevertheless, when it comes to reporting one's own feelings, I tend to think that "pain" is a more natural, less theory-laden term than "C-fibers firing." It is hard for me to imagine that people could become comfortable using the language of neuropsychology when talking with each other about how they feel.

It turns out, though, that the *Decade of the Brain* and the massive rise of psychopharmacology are already having their effect on the way people talk about themselves. People increasingly describe emotional disorders as chemical imbalances in their brains. I notice this with some students. For instance, in a class on suicide, in a course on death and dying, a man in his twenties explained that he suffered from depression, but that he didn't see his condition so much as a mental illness, but rather as a physical problem with his brain, caused by a combination of his

experiences of a less-than-ideal childhood and his inherited predispositions. Another dramatic example came at the last AAPP conference, when one of the speakers reported that patients sometimes tell him that they feel that their neurotransmitters are out of balance. Does these signs suggest that we are headed towards a wholesale revolution in popular thinking about the mind, and that we can expect our ordinary language of emotional problems to fade away?

The *National Alliance for the Mentally Ill* is insistent on the idea that all mental illness is a disorder of the brain. For instance, on their web page "What is Mental Illness?" they claim, "Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing." Of course, this statement, as a universal claim, doesn't stand careful scrutiny. It is motivated far more by the need to take the pressure and stigma of mental illness away rather than medical science or ethical reflection. Poor parenting can cause mental illness, and unless we medicalize the whole notion of personal weakness out of existence, it's clear that it is part of many mental illnesses. But I digress. What is striking is that NAMI is actually rather atypical in its definition of mental illness.

Looking around at other sources of information aimed at the general public, I'm pleasantly surprised to find that in fact there is less emphasis on mental illness as a chemical imbalance than I expected. For instance, there are many popular books and web sites devoted to depression and anxiety, but most of them emphasize how these conditions are often reactions to what has happened in one's life. They recommend a variety of different treatments, and they generally explain how different treatments work for different people. There's increasing emphasis on alternative herbal treatments and dietary supplements such as St. John's Wort, 5-HTP, and most recently, SAM-e. Several books, such as *Potatoes, Not Prozac*, suggest ways to boost one's Serotonin level simply through altering one's diet. These alternatives are put forward by mainstream sources of information. For instance, Depression.com is a web site sponsored by Planet Rx and Bristol-Meyers Squibb, so as we might expect, it gives plenty of information about the standard antidepressant medications. However, it also gives information about thirteen other modes of treatment, including psychotherapy, music, ECT, and aromatherapy.

So it would be rash to suppose that

ordinary thinking about psychopathology has become entirely focused on reductionist medical models. It is true that scientific models of mental disorder affect how we talk about ourselves, but it does not follow that people who use that language are committed to the theories that underlie their words. If I come home feeling bleak after another interminable faculty meeting, I might plead, "My serotonin level is crashing, I need some mashed potatoes!" without committing myself to eliminative materialism. The way we talk about emotional problems is influenced by popular trends and the desire to avoid the stigma of madness, but it does not follow that our underlying understanding of mental disorder has changed.

Christian Perring, Ph.D.

(A web site associated with this column is at <http://www.angelfire.com/ny/metapsychology/aapp.html>)

(Editor: continued from page 1)

weaning dominance of psychoanalysis in the fifties and sixties with a concomitant disregard of biological psychiatry. Who could argue with that? The other point is relationship of "practicing art" and "scientific discipline" in both medicine and psychiatry. About this point, as presented by Kandel, there is much to be contested.

Kandel's argument is that the desired trajectory for both medicine and psychiatry is from "practicing art" to "scientific discipline." By implication the former is primitive, preliminary, prescientific, surmountable, insufficient, and less worthy of respect; the latter is advanced, scientific, unsurpassable, sufficient, and more worthy of respect. Is this the correct way to

view the relationship of the art and science of psychiatry—or of medicine? Does psychiatry become less an art as it becomes more a science? I think the answer to both questions is *no*.

Kandel's positing of the issue in the way he does, as an *opposition* of art and science, suggests that he understands by the art (or craft) of psychiatry the unfounded techniques of premodern practitioners such as Hippocrates or Paracelsus. If the "art" of psychiatry is equated with its prescientific, premodern representatives, then it is certainly reasonable to view *that* psychiatry as something to be surpassed, just as it is reasonable to view the humoral theory of medicine as something to be surpassed. However, that is not the only way to understand the "art" of psychiatry. The other sense of psychiatry as practicing art—a sense that is often conveyed with the notion of psychiatry as "craft"—has to do with the handling of the individual patient. The competent clinician must possess general knowledge, whether this be knowledge of brain function, pharmacology, or psychodynamics, but he or she must also be able to apply that knowledge in a therapeutic manner to the clinical situation at hand. Such application is always individual; one is always treating an individual person, not merely an anonymous member of the class, 'schizophrenia,' 'character neurosis,' or whatever. Clinicians are better and worse at this, and one certainly gets better through experience and training. This kind of skill has ancient origins in Aristotle's notion of "practical knowledge," developed in his work on ethics, where practical wisdom involves the skill of applying general principles of correct behaviour to the particular situation at hand. It is of interest that one of Aristotle's favorite examples of practical knowledge is the practice of medicine.

In my opinion, then, the opposition Kandel sets up between psychiatry as "practicing art" and psychiatry as "scientific discipline" is a mistake. Psychiatry is both, needs to be both, and will always be both. One must know the scientific principles, and one must know how to apply them therapeutically. That the art or skill of practising psychiatry is less 'scientific' than, say, knowledge of brain anatomy may remain troubling to those of our profession who insist that the profession must aspire to the status of pure science. The current shibboleth, "evidence-based medicine," suggests such a goal of getting beyond the need for judgment by the practising clinician. If one is insistent that psychiatry must be only "scientific discipline," that other psychiatry, the psy-

chiatry of the skilled clinician in the consulting room, will always seem somewhat fuzzy and prescientific. Even the training of psychiatrists points to the different dimensions being elaborated here. The space of learning of neuroscience is the classroom; the space of learning of psychiatric practice is the clinic, with individual supervision. Again, to the scientifically minded, the latter may seem too quirky, individual, unscientific. I can think of only one response to such concern: that such is the nature of human beings, mental illness, and psychiatric practice. At the end of the day, psychiatry is not physics, and it is not neuroscience. As long as we are attempting to treat individual people with their individual problems and conditions, we will be stuck with doing individualized treatment, and some of us will do it better than others. It goes without saying that the clinician who is armed with a knowledge of neuroscience, pharmacology, and psychology (and perhaps anthropology, literature, history of psychiatry, and other disciplines) will be better positioned than the clinician who is ignorant of these fields. It also goes without saying that the clinician who is trained and experienced in doing treatment will be better positioned than one who is not. All that said, it will remain that psychiatry as science *and* art will be subject to the fallibility inherent in the latter.

Two further points need to be made about Kandel's opposition of science and art in psychiatry. The first concerns the objections of several of his commentators regarding his attitude toward psychoanalysis and psychotherapy. At the risk of oversimplifying their remarks, let me suggest that the substance of the objections was that the principles and procedures of psychoanalysis and psychotherapy are different from those of neuroscience and cannot be thought about in the same manner. These commentators felt then that his analysis did not appreciate the uniqueness of psychoanalysis and psychotherapy. The point I wish to make here is that that argument—contra Kandel—in defence of psychoanalysis and psychotherapy is thoroughly consistent with the argument I am making but is in effect a subset of it. Let me explain.

If psychiatry has an uneliminable craft or art dimension, a dimension where tact and individual judgment are required of the clinician, that dimension is most dramatically represented by psychiatry as psychotherapy. In the practice of psychotherapy the clinician is always responding to very particular situations—how to respond at this moment, in this hour, to this

patient. We certainly do our best to train our students to do this well; we offer them general principles of psychological and psychopathological functioning as well as general principles of the techniques of psychotherapy, and we guide them, often in individual supervision, in the application of these general principles to particular cases. But we do not make the assumption that there is, or will ever be, one correct way to respond at a particular point in a psychotherapy. Accordingly, we also do not assume that a perfect training would result in all graduates responding in exactly the same way to a particular clinical challenge. We may thus conclude that, while psychotherapy has a 'scientific' dimension—general principles validated empirically—it most definitely has an 'art' or 'craft' dimension.

My point, however, is that psychotherapy best represents what is in fact true of all psychiatric practice. The terms of this debate, as I am framing them, are not practicing art *as psychotherapy* versus scientific discipline. They are rather practicing art *as all clinical practice* versus scientific discipline. Thus, while the art of psychiatry is dramatically visible in psychotherapy, it is also present in non-psychotherapeutic clinical practice. To focus on the opposite end of the clinical spectrum from psychotherapy, does not the practice of pharmacotherapy require individual decision-making on the part of the clinician? This is obviously less the case than in doing psychotherapy, and there are certainly many situations in which the clinician can plug in one of the manualized treatment manuals or treatment algorithms and do perfectly well.

But there are other situations in which things are not that simple, where the medication combination must be tailored to this individual at this point in the treatment. Of course, such a decision involves only the choice of medications. In the real world, where patients do not fit themselves neatly and politely into our DSM sets and our treatment algorithms, and where they often exhibit the dreaded 'noncompliance,' much more is called for than an expertise with medications. The skills of pharmacotherapy and psychotherapy start to blur, and one hopes for in the pharmacologist some of the skill of the psychotherapist. It is well and fine to know the correct medication to prescribe, but if the patient balks at the recommendation, one may have to bolster the art of psychopharmacology with a bit of the art of psychotherapy.

The second point I wish to make concerning Kandel's opposition of science and art in psychiatry is related to the first. The thrust of the opening paragraph of his article was that the trajectory of medicine in the twentieth century has been from "practicing art" to "scientific discipline" and that psychiatry should overcome its lapse in recent decades and follow the example of medicine. My argument in this column has been that, in psychiatry, it is a mistake to place "practicing art" and "scientific discipline" in opposition to one another. The final point I wish to make now is that, if this is true of psychiatry, it is also true of medicine. There is an art dimension in the practice of medicine just as there is in psychiatry. Every reader of this column may not have availed him- or herself of

the services of a psychiatrist, but I would wager that everyone has been to a doctor, and would agree that what one wants in one's doctor is some ideal combination of medical/scientific expertise *plus* an ability to address one in one's individuality.

I would then draw a different conclusion from Kandel. If medicine is indeed jettisoning its craft for the goals of science, we should not be imitating medicine. We should rather be teaching and modelling for medicine what we do perhaps better than they—namely, joining "practicing art" to "scientific discipline" in the care of our patients.

James Phillips, M.D.

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