From the Editor

It is not possible to summarize the August meeting in Florence, entitled *The 4th International Conference on Philosophy and Psychiatry: Madness, Science and Society: Florence Renaissance 2000.* There were simply too many sessions, often five running concurrently, for any individual to cover all of them. Rather than even attempt a summary or overview, I have chosen to capture the quality and spirit of the conference by offering a lovely sample of the presentations, a reflection by our colleague, Jean Naudin, on a year spent in Japan. Written in the spirit of phenomenological psychiatry, the piece offers a fine example of the phenomenological method in action.

The conference opened in high style on Saturday evening, August 26, in the baroque Salone dei Cinquecento of the Palazzo Vecchio, the latter of course situated on the Piazza della Signoria, the center of Renaissance Florence. There were welcoming remarks by Conference Presidents, Drs. Ballerini and Fulford, and opening addresses by P.L. Scapicchio, Past President of the Società di Psichiatria, R.E. Kendell, Past President of the Royal College of Psychiatrists, and Paolo Rossi, Professor of Philosophy, Accademia dei Lincei. We were then feted with an array of English folk songs by a London group that included Bill Fulford (divesting himself of coat and tie for the temporary change of role), and finally moved to the ground level of the Palazzo Vecchio for an opening cocktail party.

On the following morning we resumed to more modest (and more academic) quarters at the Centro Didattico Morgagni on the outskirts of Florence, and the real work of the conference began. The pace was both exhilarating and grinding: concurrent, five-at-a-time panels (each with several participants) interspersed with plenary sessions with one featured speaker, from nine in the morning until six in the evening. The decision was always which panel to attend—and

President's Column

Psychiatry has always seemed to raise more, and more pressing, philosophical questions than do other branches of medicine. Not only ethical, but conceptual and methodological issues and questions of social and cultural meaning seem unavoidably near the surface here. This was true of psychiatry at the end of the nineteenth century, when the terms of the debate included spiritual issues dismissed today as irrelevant; but it remains true in our time. Ironically, as psychiatric theorizing moves inexorably closer to the biomedical model, and psychiatric practice towards therapies influenced by psychopharmacology, this tendency to spotlight and underscore philosophical questions seems not to abate but to increase.

Cases in point are to be found aplenty in the use of Prozac and other SSRIs alone. Some questions stimulated by the advent of these drugs are familiar from earlier debates, others are fresh—or at least freshly vital in light of new possibilities. An Interesting range of these questions shows up in a recent volume of the *Hastings Center Report* (Vol. 30, No. 2, March–April 2000) devoted to Prozac. A theme in that volume contrasts the use of these drugs to treat disorders in the self or psyche with their use for purposes of mere "enhancement" – or what Peter Kramer enthusiastically calls "cosmetic psychopharmacology."

The self transformation permitted by the SSRIs when they are employed for such enhancement in persons without mental disorder reinvigorates several philosophical controversies. One is the idea that the self may be authentic or unauthentic—an evaluative distinction which requires us to explore not only what we mean by a self but what we deem the criteria of authenticity. Authenticity of self may represent an ideal which is valid—or misguided; attainable—or unattainable; valuable—or over-valued; each matters for philosophical debate.

Closely related are questions of personal identity: how we decide when one self has been transformed sufficiently to be better seen as another, the terms for allowing that one self might succeed another in the same body, and the consequences of adopting such a successive selves metaphysics.

Other questions concern the formation of the self or character. Is our self or character our own creation? If so, should we bear responsibility for a given self or character, and do we rightly take on the decision to effect our own self transformation?

The possibility of speedy, painless psychopharmacological solutions to unhappiness render the meaning and value attached to different states of psychic well-being unavoidable topics. The belief that happiness, contentment or a sense of well-being lose an important dimension when not earned through the kind of effort required by psychotherapy must be examined. So also must the value of a state of happiness not forged of personal suffering. We cannot ignore the possibility that the melancholic's bleak vision of the

which to sacrifice—and, of course, whether one had the mental space and mental energy to accommodate yet one more intellectual offering.

The conference was impressive in at least two ways. On the one hand the conference participation was both large (in the hundreds) and quite international. On the other hand the range of viewpoints and philosophical orientations was quite varied. The range of presentations was sufficiently diverse that most participants felt that their particular take on the world of philosophy and psychiatry/psychology was decently represented. One

world may reveal the true nature of our imperfect and meaningless human existence, and that to medicate away such a vision is wrong. The costs in cultural and philosophical terms of reducing the distinguishable forms of alienation, angst, despair, world weariness and sadness to the clinical category of depression also presents itself. So does the notion that the melancholic personality may have an aesthetic appeal which prompts us to overvalue the suffering it brings; that the melancholic may enjoy an unwarrentedly elevated ranking among the different temperaments due to the cultural associations linking the melancholic temperament with depth and brilliance.

The recent flap over Prozac, violent behavior and suicide, revives an equally important set of philosophical and value issues, those about the meaning of suicide and the relation of suicide to mental disorder, (An excellent review of these Ideas is to be found in *Psychiatric Ethics*, newly edited by Bloch, Chodoff and Green (Oxford University Press, 1999).)

Finding an adequate definition of suicide is itself a complex philosophical task, but this is only one of many philosophical challenges posed by suicide. Whether the state should protect a person from inflicting self harm is a question much contested by philosophers, who have identified autonomy and paternalism as values creating opposed policies on this matter. As long as autonomy is not too severely compromised, it is debatable whether the moral and political costs of acting out of paternalism to protect adults from themselves outweigh the benefits of so doing.

Those exposed to clinical realities usually treat suicidal ideation and behavior as the symptoms of an underlying disease or disorder, and as grounds for a diagnosis of depression. But much non-clinical writing suggests a contrasting set of assumptions, in which suicide may be within the repertoire of reasonable responses. People take their lives to end unbearable pain or unsolvable troubles, or because they are convinced of life's meaninglessness or worthlessness, and the usual presumption of rationality seems to extend to those whose reasons for suicide elude rational refutation, as reasons such as these do. From the perspective of such assumptions the burden of proof lies with those categorizing suicide as pathology to explain why it is so categorized, or to show independent evidence of irrationality or incompetence. If the depressed person has other behavior which establishes his compromised autonomy, such as psychotic or delusional thinking, then these

contrasting sets of assumptions may not invite divergent policy recommendations. But our interpretation of suicidal intent in a mind otherwise free of symptoms depends on the controversial relationship between suicide and depression. Only when depression is construed as an underlying pathological entity manifesting itself in a range of symptoms of which suicide is one, will suicidal intent constitute adequate evidence of disorder in the absence of other symptoms.

These differing viewpoints on suicide and its relation to depression should complicate our responses to recent allegations about Prozac. Before evaluating issues of culpability or negligence, it may be important to revisit philosophical and theoretical debates about the nature and meaning of suicide. Psychiatry continually challenges, and calls on, our philosophical assumptions and ideas; it leaves us in no doubt that theory and values often frame psychiatric "facts" of the matter and that philosophical analysis must accompany psychiatry—even biological, psychopharmacological psychiatry—every step of the way

Jennifer Radden, D. Phil.

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Letter from Ankara
Philosophy and Psychiatry in Turkey: Growing Hopes ?

It has been over a year since I considered the situation of the interdisciplinary field of philosophy and psychiatry in Turkey under a similar title. It was a regional report that appeared in PPP, with historical considerations and a somewhat detailed account of recent developments in this area ("Philosophy and Psychiatry in Turkey: Godotian Expectations ?" *PPP* 5: 267-271, 1998). The difference between the second parts of the two contributions may be said to be due to an optimism growing in a relatively short period of time in your author's mind. And although I have been cautious in dispensing with the question mark in the present title as well, I do have justifiable reasons for an optimistic attitude based on more recent developments in this country. I will briefly mention them here in a time order.

First, to be able to meet the institutional demands of the International Organizing Committee of the Florence Conference, we had to form a group in Turkey, preferably in Ankara. The most suitable

place for this would be Compos Mentis, a private but academically oriented Psychiatric Education. Research and Therapy Center, which also publishes a periodical, *3P-Psychiatry, Psychology and Psychopharmacology* (in Turkish) (see Örs 1998). Called The Compos Mentis Psychiatry and Philosophy Activity Group, it was formed by eight (and mostly young) academicians, coming not only from psychiatry but also from psychology, neurology and deontology. By way of a beginning of activities in this field, we have prepared a program of eight cross-disciplinary monthly presentations for the 1998-1999 academic year, to be made by people in and outside Ankara. Three of these could unfortunately not be realized, however, because those speakers could not come to Ankara, mainly for health reasons. Among the topics that were presented were such titles as "Experimental Psychology and Brain Research", "Two Hemispheres, two kinds of Consciousness: Schizophrenia and Cerebral Asymmetry," and "Salutogenesis: the Formation of Health in Life and Disease." The academic fields of the speakers of the overall program were expectedly diverse: Experimental Psychology, (Brain) Physiology, Psychiatry, Neurology, Philosophy of Science, and Philosophy and Psychiatry.

The last speaker in this first year's series of academic activities in Psychiatry and Philosophy at Compos Mentis was Bill Fulford, the title of his presentation being, "The Development of the Interdisciplinary Field of Philosophy and Psychiatry." He had been invited to Turkey to take part in a satellite meeting on the Ethics of Publishing in Psychiatry; and this was part of the 3rd Spring Symposium organized by the Turkish Psychiatric Association between 27 April and 2 May at Belek, Antalya, the well-known holiday resort on the Mediterranean Coast of Anatolia. The meeting had been planned on the occasion of the tenth anniversary of the *Turkish Journal of Psychiatry*, and the editors of the three leading journals of psychiatry in English had been invited as panelists. Orhan Ozturk, a retired professor of psychiatry, represented the Turkish journal as its founding editor and the current editor-in-chief. Understandably, Fulford as the fifth participant in the panel was representing PPP, *Philosophy, Psychiatry, and Psychology*. Besides taking part in this joint activity, each editor from abroad was expected to make an independent contribution, a talk on one of their areas of interest, in the Symposium. And the title of Fulford's presentation was, "Philosophy, Spiritual Experiences and the Psychopathology of Delusion,"

apparently a topic he has been involved in recently.

The point most relevant to the present context regarding Bill Fulford's participation in the 3rd Symposium, traditionally held and to be held in Antalya, is his most sincere efforts to help Philosophy and Psychiatry develop in Turkey. Following his independent presentation, there was a strong interest among the audience, particularly on the part of the young academicians. The main reason for this was, apparently, those parts of his talk whereby he set up connections between the specific topic of his presentation and certain general aspects of Philosophy and Psychiatry, as he saw them. And upon request, Fulford organized an informal meeting as an extra session, in which about twenty participants took part. He focused mainly on his own experiences with regard to the developments in this field so far. Having discussed the related issues with the participants in some detail, answering their questions, and listening to the comments, Fulford tried, in the end of this informal session, to contribute to the re-formation of the Psychiatry and Philosophy Working Group of the Psychiatric Association, which had been a dormant one since it was first set up in the 1st Symposium two years ago.

Ten participants took part in the Group meeting which had been scheduled for the last day of the Symposium; some of them had already attended Fulford's informal session. There was apparently no one from the original group, except your author who is an observer (which is by no means a passive status though) just because he is not a psychiatrist and thus not a member of the Association. We do hope that the suggestions we made, as the new Working Group, regarding certain potential activities on Psychiatry and Philosophy in the next year's Spring Symposium and the National Congress of Psychiatry will be approved by the organizers.

And I personally hope that the work of the Activity Group at Compos Mentis will be actualized uninterruptedly in the next academic year. Besides these, we are also planning to dedicate one of the supplements of 3P this year to the theme of the Psychology and Psychiatry of Philosophy. The articles in this issue will expectedly have long English summaries. The main aim here is to make a contribution to an understanding of a possible relationship between the psychological traits of philosophers and the characteristics of the schools or currents of thought they have adhered to.

Your author has already observed, following his two recent presentations,

one in the Spring Symposium and the other in a smaller-scale psychiatry meeting in Istanbul, a growing interest in the field of Philosophy and Psychiatry. The academically common point in these two presentations was a concern about Philosophy and Psychiatry, and the philosophy of psychiatry to be more specific; as we currently observe, the approaches and methods, terminology and semantics, the problem-solving ability and other essential aspects of psychiatry might be replaced, to a not negligible extent, by those of philosophy. In his view, this development is already underway.

As I wrote in the PPP article mentioned in the beginning of this letter, I have so far had much higher expectations for the development of the field of Philosophy and Psychiatry in Turkey from psychiatrists than from philosophers. It may be that we have to show efforts to have it recognized in our philosophical circles as well. On my part, and at all events, I do hope that my poor expectations from the latter are not a projection of my generally strong anti-philosophical (or Anti-Philosophy) tendencies in philosophy.

Yaman Örs, MD DPhil
Ankara

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AAPP Annual Meeting
Chicago, May 2000

The title of the Twelfth Annual Meeting of the Association for the Advancement of Philosophy and Psychiatry, "Rationality and Mental Health," seems to have worked well as a kind of blank screen onto which the conference participants could freely project their various views regarding the interplay or lack thereof among concepts of mental health, mental illness, and various interpretations of the notion of rationality. The papers, presented on May 13 and 14 at the Palmer House Hilton in Chicago, all entered enthusiastically into the conference title's context, and a variety of viewpoints emerged. (In this report, the papers are not discussed in the order of their presentation at the conference.)

As one might anticipate, the sharpest contrast was between those who maintained that rationality has been over stressed in conceptualizing and treating mental illness, and, on the other hand, those who maintained that the treatment of mental illness does not adequately ex-

ploit the inherent rationality of human nature. In purest form, the first position was presented in historical context by Robert L. Woolfolk. The second position was intensively argued by Sarah Hamady.

Woolfolk deplored the fact that humanistic psychology did not succeed in becoming a third force in the treatment of mental illness. He pointed to the current ascendency of cognitive-behavioral therapy (CBT) as the outcome of the predominately positivist tradition of psychiatry and psychology. Woolfolk performatively induced comprehension of his ideas by the audience of about forty AAPP members and other attendees when he referred to CBT as the "Microsoft of therapy." His main point was that, contra CBT, "rationality and getting in touch with 'reality' are not isomorphic."

Sarah Hamady, true to the title of her paper, "Agency, Authenticity, and Happiness, or, The Problem of Human Authenticity," sees irrationality as the greatest threat to both sanity and happiness. Hamady aligned herself with Plato, Aristotle, and others who believe that agency, the ability to actively fulfill desires, and authenticity, the ability to distinguish one's desires, are necessary and sufficient for happiness and the good life.

Though George Agich was the conference's first speaker, his paper, "Affectivity, Rationality, and Choice" could very well have been written as a response to Hamady. Agich disputed that rationality and choice are "phenomenologically privileged" nodal points in the psychological processes of normal experience. Instead of these, characteristics of "action and affectivity" are better descriptors of and tools for understanding mental disorders. Agich maintains that disorders like schizophrenia and depression are reflected in the actions of subjects and are thus lived in the intersubjective, shared world. Agich emphasized the importance of understanding the different perspectives and contexts of relevancies of such subjects, rather than focusing on decontextualized notions of rationality and capacity for choice

The overall point of view most frequently presented at the conference involved some sense of an interplay between reason and emotion or reason and intuition. Within this group, however, there were important differences.

Deborah Spitz is interested in the "interplay between affect and thought" and believes that "rational understanding is not enough." Spitz, though more charitable towards CBT than Woolfolk, nevertheless maintained that many cases of psychopathology involve an "inability to adequately integrate emotion and rea-

son," which process she characterized as "interweaving." Spitz presented and discussed a case of a twenty-four year old woman who "cannot allow herself to feel." Spitz interpreted this as a case that illustrates the deficiency in interweaving of emotion and reason. During the discussion, some questions were raised regarding the adequacy of the metaphor of "interweaving" to represent the interplay of emotion and reason.

York Gunther, in his paper, "Emotion and Force," argued against earlier theories that emotions lack intentional content. He proposed that emotions do have intentional content, but of a kind that makes them unique cognitive phenomena.

Patricia Greenspan, in her paper, "Emotions and Rationality," introduced "a perspectival account of emotion." According to Greenspan, "Accepting conflicting emotions as both appropriate in some cases allows for empathy with patients' standpoints along with the attempt to induce more adaptive responses." Also, "the perspectival view can accommodate moral as well as exclusively health oriented value standpoints, for example in assessing guilt feelings." A lively discussion followed regarding the moral and health aspects of treatment.

David Graves ("A Basic Model of Modular Rationality") asserted that "There's more to rational thought than reasoning." Graves believes that "Two cognitive modes in interaction are the source of rationality." The two modes are analysis and intuition. Graves went on to present a detailed description of a cognitive processing model that defined in processing terms analysis (cognition of parts) and intuition (cognition of wholes).

Several papers addressed the conference topic from a more abstract or metaphilosophical/metapsychological perspective. Christian Perring focused on the interplay of rationality and irrationality by discussing the "principle of charity," i.e., the assumption that others are at least minimally rational. Perring, presented aspects of the views of contemporary cognitive philosophers as maintaining that "Comprehensibility requires underlaying rationality" and that "irrationality is incomprehensible." According to Perring, though psychodynamic approaches which try to show the irrationality behind irrationality accord well with the principle of charity, the "extreme irrationality present in severe psychopathology" does challenge the principle of charity. Perring concluded that current models in philosophy of mind are inadequate to the phenomena of irrationality.

Louis Berger launched a full-scale attack on a notion he believes is prevalent

in psychiatry--"belief that practice is logically entailed by theory." According to Berger, "practice cannot be formally derived from theory; there is a logical gap." In rejecting the entailment model, Berger is rejecting a tradition he believes goes back to Descartes; that is, Berger does not argue that there is no relation between theory and practice. As an alternative, he suggested a praxis model, but he did not spell out any concrete implications of such a model.

S. Nassir Ghaemi argued for the enduring importance of the study of philosophy, particularly Greek philosophy, in conjunction with psychology and psychiatry. Ghaemi referred to the philosophical tradition according to which reason can guide life. Ghaemi seems to have meant that in guiding life, reason in the Greek tradition does not aim to put emotion out of play, but to guide it: "the interplay of reason and emotion" leans "sometimes in one direction, sometimes in the other." Ghaemi's point seems to have been that when we are faced with what William James referred to as "the need to make forced choices in life," the didactic study of philosophy has practical utility.

Drew Weston's paper dealt with various neuronal models and argued for a connectionist rather than parallel processing models. According to Weston, "We don't categorize by defining features, but by fuzzy systems" or prototypes, and "rationality and consciousness shouldn't be too closely related." One of Weston's main points was that "Rationality and irrationality happen outside of consciousness." He also maintained that "The equation of perception and consciousness is problematic." In the discussion, questions were raised regarding the relation, if any, between "prototypes" in Weston's usage, and ideal types in Weber's sense.

James Phillips, in his paper, "Anatomy of Delusion, " forcefully challenged prevailing explanations of delusion as excessively cognitivist and as entailing a disembodied, solipsistic subject. Phillips attacked views like those expressed in DSM IV that construe delusion one way or another as false belief. These views entail a representational model of mind which lacks any consideration of affectivity. Phillips believes that a more adequate account of delusion would be cast in phenomenological terms like those of Binswanger and Blankenburg. The delusional subject, according to this view, has "abandoned the co-constituted world," the "network of unthematized references in everyday concerns identical for all." According to Phillips, following Merleau-Ponty, "phenomenology and psychoanaly-

sis have a need for one another" for in delusional psychopathology "the usual rules that govern experience no longer hold." Phillips here seems to see affectivity as one's mode of being-in-the-world as held in the Heideggerian version of phenomenology.

John Deigh, a Northwestern University philosopher, focused on the legal implications of the rationality-irrationality nexus of issues in mental health. Deigh defined free will as "the power to originate , to be the originating cause independent of external causes." He sees will and human action as a "problem" of naturalized responsibility" and asks whether "law needs a separate insanity defense for actions beyond the person's control." Deigh's goal is to comprehend and formulate these issues so as to "protect the innocent from punishment."

Finally (and this was the conference's last paper), Richard Kahane discussed "Reasonable Self-Esteem." "How," Kahane asks, "can reasonable disagreements exist if both are reasonable? According to Kahane, Mill's view was that "to rationally hold on to one's own beliefs one must take seriously other's disagreements" Kahane maintained that this entails that one must "give up the presumption of the existence of a better answer." A very lively discussion ensued in which Kahane's claim that reasonable disagreement entails giving up the presumption of the existence of a better answer was challenged by many in the audience.

All of the presentations were followed by lively discussions. For this attendee, the conference provided a two-day, intensive learning experience, a great deal of intellectual stimulation, and ample opportunity for productive networking, usually over glasses of wine and gourmet cheeses and fruits. I venture to say that it is not unreasonable to suppose that most other conferees would concur.

As a long-time Chicago resident, I was gratified to see that many in our group intended to take advantage of their visit to Chicago by exploring the justly renowned Chicago architecture, including the ever-charming AAPP president, Jennifer Radden, who stayed on an extra-day for this purpose. I tried not to gloat too much!

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

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Review

Woolfolk, Robert L., *The Cure of Souls: Science, Values, and Psychotherapy*, San Francisco, Jossey-Bass Publishers, (1998)

This small volume begins simply and goes on to wrestle briefly but intricately with very important issues at the interface of psychotherapy and philosophy. It does so in an elegant, concise style.

Woolfolk, a psychologist who is a clinician and investigator, begins with a quote from Aristotle: "One should not require precision in all pursuits alike, but in each field precision varies with the matter under discussion and should be required only to the extent to which it is appropriate to the investigation."

Concerned with the growing trend to reduce psychotherapy to a quasi-medical procedure, the author examines its relationship to science and the humanities, to society, to other forms of self-examination, and to pragmatic aspects of our lives. In his introduction, he points out that all the psychotherapies have some sort of scientific base but also a view of what human existence is all about—they have cultural components and various value systems as well as some science built into them. They are used as approaches to social control as well as healing. In his chapter on psychotherapy as a social institution, he suggests that the psychotherapies have developed historically, in part, to replace pre-modern social organizations and belief systems, using as an example the religious analogues prevalent in psychoanalysis. He moves on to a discussion of the integration of science and values in psychotherapy, condensing his argument by some good case studies. He argues that disease is a social construction, quoting Sedgwick. More convincingly he looks at terms such as "borderline personality" and "antisocial behavior" as being related to both science and values. He concludes that the lack of consensus and imprecision of the science related to psychotherapy is inevitable and linked to value systems. Psychotherapy has a scientific base and scientific components, but it does not stand on science alone.   He now turns to humanism to provide a non-scientific perspective on psychotherapy, particularly examining various humanistic forms of self-examination. Early in this chapter, perhaps the best in the book, he introduces hermeneutics, with an emphasis on Habermas, Dilthey, Gadamer and Ricoeur. The introduction to hermeneutics is brief, simplistic, and focused on the appli-

cability of hermeneutics to an analysis of psychotherapy. Hermeneutic themes, and especially those of Gadamer, play a central role in the rest of the book. In the next chapter, Woolfolk explores concepts of narratives and applies them to psychotherapy. He asserts that if we are "works in progress," defined by our own narratives, psychotherapy may need to use interpretive traditions of the humanities. He moves on to psychotherapy and "practical knowledge" and examines the Aristotelian terms *episteme* (scientific knowledge), *techne* (technical skill), and *phronesis* (pragmatic wisdom). He pays particular attention to *phronesis* in his further discussion of psychotherapy. He ends with a chapter on psychotherapy and current controversies, arguing that hermeneutics should not be misused to divorce psychotherapy from scientific approaches but that "therapy should be rational—not scientistic."

I enjoyed *The Cure of Souls* very much. It is a short book but a very tightly argued one. The treatment of hermeneutics is simplistic and "applied," but for the reader who is not well versed in hermeneutics, its treatment is fully comprehensible and an excellent, short introduction which I value. I agree with the author's refusal to abandon the growing scientific knowledge and technical innovations in many of the psychotherapies while at the same time insisting on their humanistic roots and values as well. The argument is basically sound and skillfully constructed. While nothing in this book is new, taken as a whole it makes a cohesive and very attractive argument. The author states that the book is an "extended meditation": if so, it is very well edited! Woolfolk writes very well, with well-wrought sentences and even some quotable ones. The chapter notes are at the end of the book and include some discussion. The index is excellent.

I have a few criticisms. First, it is irksome in such a fine book to have reviews of the book included in the book itself rather than on the jacket. Second, there are a vast number of different psychotherapies, and all the arguments of the book cannot fit each one of them. Woolfolk has, however, done a wonderful job of making most of the arguments relevant to most of them. Third, I found myself wishing that some of the arguments could have been extended, even if that meant increasing the length of the book. Fourth, I should like to have seen an explanation of the book's title in the body of the text rather than in the notes—it is important! Fifth, some philosophers will argue with the treatment of hermeneutics. Others will wish the author to have taken

a less neutral stand on postmodernism. Some psychotherapists will argue that the book puts too much primacy on science, while others will argue that it puts too much on humanism. I wish Woolfolk had included more comments from the pragmatists. In short, each reader will have some areas of wistful disappointment, but I do not think there will be very many universal disappointments except that the book ends too soon!

This is an outstanding book. I shall recommend it to colleagues in psychiatry, psychology and social work and shall assign it to trainees. Philosophers interested in the interface of philosophy and psychotherapy will enjoy it as well.

Lloyd Wells, M.D.

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Philosophy and Psychiatry in the Media

The Future of Philosophy of Psychiatry on the Internet

Strangely enough, it seems that just a few people are responsible for most of the innovative philosophy web sites created on the Internet. Of course, maintaining those sites takes a great deal of work, since a good web site is dynamic and constantly evolving. I can think of a number of examples of people running out of the time and energy to maintain their sites as much as they wish they could. The case that leaps to mind first is The Philosophy News Service (www.philosophynews.com/index.html), run by Richard Jones. His site maintained a daily update of philosophy related news, together with regular columns on the latest events in different areas of philosophy, including one on philosophy of psychiatry written by myself. But the PhilosophyNews site was not updated for a couple of months between April and June, 2000. Richard Jones then returned to visibility with an email explaining that he had been experiencing family problems in the intervening time, and that he would return to his normal work on the website. Indeed, he did for two months, keeping up the great work he had been doing previously. However, I'm sorry to report that the last date (as of this writing in October) the site was updated was August 20, and since then Richard Jones has not given any word on when he will be back.

If the editor of a philosophy print journal were unable to work on it for a couple of months, its readers might never notice. But if a web site editor leaves his or her site unchanged for a few weeks, its regular visitors notice.

Another fine philosophy site is Thomas Ryan Stone's Episteme Links (www.epistemelinks.com/), one of the most exhaustive listings of philosophy sites on the net. This year Dr. Stone planned to expand the site with a number of topic areas, each with its own editor. This would mean that links for particular subject areas could be maintained by the editor without Stone having to do anything, and so it would save him time. I was to edit the page of philosophy of psychiatry links. But the project has been put on the shelf for the time being, because he has not had the time to develop the necessary software for the editors to do their work.

For a long time the AAPP has had its own web site (swmed.edu/home_pages/aapp/), but it gets updated infrequently. I know that the AAPP would like to expand it, putting up this Bulletin on the web, creating message boards for AAPP members, and advertising all sorts of events relevant to philosophy of psychiatry. But nobody has the time to put it together.

I myself maintain the Philosophy of Psychiatry Bibliography (angelfire.com/ny/metapsychology/phipsybib.html), which lists books and book reviews relevant to the philosophical understanding of mental illness and its role in society. I started it in about 1997, and it grew to several thousand entries and many different sections, but I haven't had the time to update it significantly in the last year. Ideally I'd like to expand the bibliography to include not just books, but also journal articles. Unfortunately the chances of my finding the time to do that are extremely slim.

That's not to say I have abandoned work on creating Internet web sites. For instance, I run the Philosophy of Psychiatry Announcements e-mail list (www.egroups.com/group/philosophyofpsychiatry-announcements), on which any list member can post announcements that go to all the other list members, of which there are currently 110. I run it through a free e-mail list web service, eGroups. With every e-mail that goes out, a small advertisement appears along with the message. Blatant commercialism starts to enter into the academic space. But I know that using eGroups.com means I get a better service than I would if I used the Internet services provided by the college at which I teach. The commercial service provides more services, more reliably, more control, and they have greater user-friendliness than my college provides.

One of the main projects I run on the Internet is Metapsychology Online Review (mentalhelp.net/books), which is part of Mental Health Net, a commercial information provider. Mental Health Net is sponsored by CMHC Systems (www.cmhc.com/), who describe themselves as, "the industry leader in providing management information systems for mental health, substance abuse, MR/DD, and children and family agencies in the United States." I edit and publish about twenty book reviews each month, aiming to create one of the only sites on the web that includes a substantial number of reviews relevant to philosophy of psychiatry. Of course, putting this together takes time. As any editor knows, it takes work to get the review copies, solicit the reviews, chase late reviewers, edit reviews and post them on the web site. Personally, I would probably not do it if there were not a financial incentive: all the books reviews are linked to the giant Internet store Amazon.com, and I get some revenue from the sales of books through those hyperlinks from Metapsychology. Of course, currently the site hardly breaks even, if one includes the expenses of sending out books, but I have hopes that Metapsychology will eventually become profitable. On the home page of Metapsychology is a banner advertisement, and when visitors click on it, CMHC Systems makes a little money. Being a commercial web site, ultimately if it is not profitable, CMHC would not continue to sponsor Mental Health Net.

Other institutions profit from web sites on philosophy of psychiatry. Most obviously, the Johns Hopkins University Press makes the journal *Philosophy, Psychiatry and Psychology* available on the Internet (www.press.jhu.edu/press/journals/ppp/ppp.html, but only to people who subscribe to their *Project Muse* (muse.jhu.edu/), which is a commercial enterprise. Of course, even print journals where most serious books get reviewed, while often subsidized, also carry advertising. Often those book reviews appear years after the publication of the books, and Internet web sites can publish reviews much faster -- for example, Metapsychology generally publishes reviews within a day or two of receiving them. Speed, low costs, and the lack of space restrictions are what make Internet publishing so attractive.

But it is not as yet clear who will do the work to create Internet services such as book reviews and information sites for many academic fields, including philosophy of psychiatry. Most academic and medical professionals currently don't have career incentives to devote energy to cre-

ating such web sites, because they need to devote their energy to more traditional forms of publication in order to get tenure or promotion.

At this stage in the development of the Internet, different kinds of web sites proliferate, but there's not a great deal of quality control, and it takes a good deal of experience to know which kinds of web sites to trust. One might think that sites designed to make money are untrustworthy, but in fact commercial web sites can produce high quality products, and non-commercial web sites are often not much good. Furthermore there's a large gray area between commercial and non-commercial sites with all the various forms of sponsoring and advertising. Philosophy of psychiatry is a field that can greatly benefit from greater public exposure, and in many ways the Internet could be an excellent medium to advance the discussion. But if the Internet is to be used to its full potential for our area of study, there is still a great deal of work to be done in finding ways to nurture the growth of useful and credible sources of information and discussion.

Christian Perring, Ph.D.

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The Neurohermeneutic Forum

Neuroscience and Psychiatric Residency Training

In recent years it has become an article of faith among academic psychiatrists that all mental phenomena arise from processes in the brain.

The rise of neurological reductionism to paradigmatic dominance has coincided with a decline in dedicated public funding for academic psychiatric departments. University-based researchers over the past two decades have increasingly needed the financial support of drug companies, and the ideology of cognitive neuroscience has helped justify funding applications submitted by investigators. Meanwhile, more and more educators have been forced to underwrite residency training programs through the clinical revenues of academic departments, and portrayal of psychiatric interventions in neurological terms implying parity with

purely medical services has proliferated in order to safeguard third party reimbursement.

These and allied pressures, combining to enthrone neuroscience and the medical model at academic centers, have commandeered the curricula of psychiatric residency training programs. Consequently, views of mental illness offered to trainees are increasingly restricted to brain-based models.

However, if future psychiatrists are to make up their own minds about the nature of the psyche in health and disease, they must be exposed to a broad range of outlooks on the subject. Materialistic perspectives should be supplemented by coherent presentations of equally tenable ontologies, including idealism, interactive dualism, parallelism, and neutral monism.

Empirical research epistemologies should be balanced by an understanding of phenomenology, hermeneutics and semiotics, so that the psychodynamics, meta-economics, genealogy and power-structuring symbolism of neurobiological psychiatry are understood.

In particular, clinical trainees need to comprehend the crucial place occupied by psychoanalysis in the hermeneutic arsenal of critical social theory. Because of its psychoanalytic tradition, American psychiatry has both the ability and solemn duty, unique among the medical specialties, to inform others, starting with its own junior ranks, about dangerous flaws in market ideologies now degrading patient care. In particular, psychoanalytic insights can help to expose the multifarious meanings of money, the pathological nature of collective greed in corporate life, the complicating role of masochism in consumer models of mental hygiene, and the existential conflict between security and risk inherent in all concepts of health insurance. Hence, psychoanalysis, through its constructively subversive potential, can provide a prospective practitioner with good reasons to defend his or her autonomous clinical integrity.

Beyond clinicians-in-training, residents who plan research careers might find radical departures from today's neuroscientific orthodoxies creatively liberating. Nascent investigators may benefit by seeing beyond currently received limits on our understanding of the mind-brain nexus as digital molecular computation. Equally rigorous quantum-formalistic and field-theoretical approaches could prove highly relevant to those seeking fresh avenues of inquiry. For example, isomorphisms between quantum computation and Heidegger's philosophy, recently pointed out by Globus, Awret and

others, might generate productive long-range lines of future research that transform the meaning of "biopsychosocial" psychiatry in revolutionary ways.

We will jeopardize the future of our specialty unless budding thinkers are given a broad foundation from which to grow. Residency program directors must remove the blinders of standard cognitive neuroscience so that psychiatrists in training can see the larger context in which their still young field might mature.

Donald Mender, M.D.

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On the Limits of Cross-Cultural Understanding

(Presented on 8/27/00 in Florence at the 4th International Conference on Philosophy and Psychiatry.)

When I was thirty, I made a long trip to Japan. This was a big opportunity. I wanted to study with Bin Kimura, and I landed a grant from the Japanese Society for the Promotion of Science - the JSPS - for a year of study with Professors Yomishi Kasahara and Bin Kimura. I was completely unable to speak and read Japanese. Today I think that was a blessing.

As a phenomenologist already interested in the constitution of the alter ego, I was interested in the concept of Aida developed by Kimura Sensei; but I obtained my grant by sending the JSPS a very proper application developing an argument about the inability of the Japanese people to enjoy holidays and relaxation. As a young phenomenologist focusing both on his scientific interests and on his own academic carrier, I had previously written some papers on transcultural variations of psychotic symptoms, depression, and predepressive personalities. I wrote these papers with two Japanese friends, Toyoaki Ogawa and Kunifumi Suzuki, both psychiatrists who had themselves, before my own trip to Japan, come to Marseilles to work with Arthur Tatossian. Naively, prior to my stay in Japan I considered this international collaboration sufficient justification to make assertions such as: "the success of Japan relies on

the typus melancholicus, the kind of excessively normal personality that is the basic personality in Japan," or in the same inspiration: "psychotic experience is expressed in the Occident as a change of the self, in Japan as a change of world." Many of these ideas were those of my Japanese co-authors and, in so far they seemed perfectly to fit my phenomenological theories, those inspired in psychiatry by Heidegger, Straus or Merleau-Ponty, I took them for granted. But when I arrived in Japan, things became quite different.

Immediately I was an illiterate, not able to read anything—neither the newspapers, nor the signs and the advertisements on the road, nor even the labels in the supermarket. Until then, I had thought of myself as a very independent person, but now, like a grown-up baby, I had to ask people for help with everything. At the beginning of my stay, everything in daily life turned into a question. I found this experience much more interesting than any clinical experience. It was a kind of epoché of daily life. A very exciting experience. Since many French people in Japan become stuck in stereotypes, eating only French food, reading only French papers, meeting only French people, and mainly criticizing the faults of Japanese people, I found it very exciting to bracket my usual cultural moorings. During the first two months, I felt myself and the world stranger than ever before. Everything seemed to me equally noteworthy, as if I had no knowledge of any of it. One day, walking on the road at Nagoya University after a sleepless night, I experienced something I immediately diagnosed as a kind of hallucination. I felt the ground soften under my feet, as if I could not find support on it. This experience was so strange that I found no word, except the word hallucination, a technical word, to describe it. I thought that psychosis was probably something very close to these feelings: nothing can be taken for granted, neither the use of language nor the ground that supports the world of daily life. After this experience, I understood that what I lacked in Japan, what I was constantly looking for, were cultural stereotypes to ground my world in daily life. Japanese people (among whom let me mention Kazuo Nishioka)were very friendly and tried to provide me, even before I was aware of it, with everything I was assumed to be missing. I found an appropriate explanation of this behaviour in the "amae" concept illuminated by Takeo Doi. Anyway, by gradually becoming familiar with my surroundings and developing some behavioral stereotypes which I could trust, I became more comfortable in the practical world. I learned how to orient myself, how to shop, and how to interpret simple interpersonal situations. I gradually developed a new balance in daily life. With this new comfort, I could compare Japanese and French stereotypes, and a new period began.

I realized that, first of all, I was a stranger for the others, and that, as a stranger—namely, a kind of monster that Japanese people usually call "Gaijin"—I was expected to adopt some behavioural stereotypes. I felt myself divided, torn between my effort to fit into the Japanese culture and my effort to preserve my own identity. I had no choice, I was condemned by the others to be only a Gaijin: except for the circle of closer friends I already knew in Europe, all my actions were interpreted as the normal behaviour of a Gaijin. I realized that the reciprocity of the "amae" concept was only workable in so far I remained a typical Gaijin, that is, a man with no knowledge of proper behavior. I could easily have observed no law or moral standard: this would fit the expectations of a Gaijin. I began willingly to take on the societal role of a Frenchman. I got some jobs, as did other Gaijins, and I made some money with my pseudo-identity. These were typical Gaijin jobs: I was only supposed to play the role of the typical Frenchman. For instance, I made a lot of money in a single weekend by playing the role of the French merchant in a jewelry store. I had only to stand in the shop and compliment the ladies when they were choosing a piece of jewelry. I got a percentage of the sales. For three months, this regular role made me feel very comfortable. But I felt it as pure mannerism, since I understood that I was not able to have authentic relationships with the others. I felt myself divided: on the one hand, I had never before been so close to the things in themselves; on the other hand, I had never before been so distant from myself. I had many new thoughts about what it is to be an other. And these thoughts about being an other constituted a new circle in my mind, within the circle of mineness on which anybody grounds his world. I think we can call this process for the time being: "thought's mutual constraint." For instance, I realized that I had in my circle of mineness thoughts that were not mine, the thoughts of a stranger who often contradicted me and controlled my behaviour to make it conform, sometimes to Japanese stereotypes, sometimes to French stereotypes. I was 'Japanized,' I was a stranger everywhere. During the cross-cultural journey, there is a conflict between stereotypes. The stranger finds him- or herself like a tightrope walker, catching oneself in a paradoxical identity in which the stereotypes are one's balancing pole. In such a situation, it is very hard to trust anyone, and the others do not trust you anymore, expect when you conform to the role of the stranger. This is why a cross-cultural trip is good for a psychiatrist's training: becoming a stranger is a way of entering some issues the mentally ill have to face.

Well, I was retrospectively very happy when I read a paper by Alfred Schutz modestly entitled "The stranger." In this paper, Schutz, a student of Husserl who emigrated in USA to avoid Nazi persecution, described his own experiences as a 'stranger.' In this paper, Schutz intended "to study in terms of a general theory of interpretation the typical situation in which a stranger finds himself in his attempt to interpret the cultural pattern of a social group which he approaches and to orient himself within it." For Schutz, the immigrant— that is, himself—is an outstanding example because he tries to be permanently accepted by the group which he approaches. I found in the Schutz's paper many ideas about what I felt during my trip. Schutz's paper is a fantastic model of "doing phenomenology," that is, coming back to one's own experience to gain access to the general meanings, to the essences of living in the things themselves.

Schutz begins by opposing the actor within the social world and the sociologist. The sociologist as sociologist, not as a man among his fellow men, is the disinterested scientific onlooker of the social world: he intentionally refrains from participating in the network of plans, motives, hopes and fears which the actor in the social world uses for interpreting his experience of it. Conversely, the actor within the social world experiences it primarily as a field of possible acts and only secondarily as an object of his thinking. His knowledge of the world is organized in terms of relevance to his actions. So his knowledge is not an homogenous knowledge. It is a graduated knowledge, and the social world has the appearance of separate islands of meanings, islands of "taken for granted" assumptions—like the contour lines of topographical maps, with centers of explicit knowledge and margins of unfocused but adequate awareness. The actor within the social world does not look for clarity; he merely grounds his world on the appearance of sufficient coherence and clarity to give anybody a reasonable chance of understanding and of being understood. In sum, the actor in the social world grounds his experience in an unquestioned and unquestionable cultural pattern, a pattern

that is taken for granted in the absence of evidence to the contrary. This is what Schutz calls "thinking as usual." For the stranger, thinking as usual becomes unworkable. Indeed, the stranger has to deal with a crisis in common sense.

Such is precisely what I lived through during the first period of my trip: a psychosis-like, an epoché-like crisis in common sense. Before my trip, I thought I would be making an anthropological field-trip, the trip of a sociologist. During the first period of the stay I was neither a real sociologist nor a good actor in the social world ; everything was in question. Thinking as usual was unworkable, I only lived in a philosophical attitude.

Back again to the Schutz's paper. The stranger does not share with the members of the 'approached'—Schutz's word—group the basic assumptions of their cultural patterns. To be sure, she has an awareness of them. For instance, she has access to the history of the approached group. But this history has never become an integral part of her biography as did the history of her home group. Even if she is able to participate in the new group's present, she remains excluded from the experiences of the past. Then seen from the point of view of the approached group, she is a person without a history.

Another point: as said above, to become once a stranger is good for the psychiatrist's training because it is of highest interest to learn by experience what it means to be a man without history from the point of view of the other. From the point of view of the DSM psychiatrist, any person with mental illness is a man or woman without a history.

To the stranger, the cultural patterns of her home group continue to be the outcome of an unbroken historical development and the elements of her personal biography. The strong basic continuity of the past and the present protects the stranger from a total strangeness—that means, protects her from psychosis. At the beginning, the stranger may interpret the cultural patterns of the approached group by following the schemes her home group has developed for assuming the attitude of a disinterested observer. But she soon transforms herself from an unconcerned looker into a "would-be member" of the approached group. Then, the stranger enters the group as a partner into social actions with her co-actors. And then the real problems begin. All ready-made typifications disintegrate. These typifications are unworkable as a guide for interaction between the two groups. The old stereotypes employed by the stranger merely refer to the foreign group

as an object. The approaching stranger becomes aware that these stereotypes do not stand the test of vivid experience. She discovers that things look quite different from what she expected. Her whole unquestioned scheme of interpretation becomes invalidated. Furthermore, she has no general formula of transformation between the two sets of cultural patterns. Now begins what I called previously the process of "thought's mutual constraint." The stranger has to face the fact that she lacks any status as a member of the social group she is about to join. She is thus unable to find a starting-point from which to take her bearings: she finds himself always at the margin, outside the territory covered by the scheme of orientation current within the group. She is therefore unable to consider herself as the center of her social environment, and this fact adds to the dislocation of her world.

One more digression: this again looks like the borderline situation characterizing the subjective experience of people with psychosis. The dislocation of their world is partially caused by the fact that these people are unable to consider themselves as the center of their social environment. Our own orientation in the social world is pre-constituted by this other who is living in our own body, in our intimate circle of thoughts. We can refer easily here to the concept of "Aida" as enlightened by Kimura Sensei. Man is one who both lives among the others, grounds himself upon them, and grows from this 'among' which is living in himself.

Well! Back again to Schutz. The world of the approached group looks incomprehensible from the point of view of the disoriented stranger. This situation changes when the stranger gains a relatively active mastery of the language as a means for realizing her acts and thoughts. Then she gains some islands of everyday knowledge in saying and thinking things in the language of the approached group. But the limits of these islands become clear as the stranger encounters the limits of receptiveness of the stereotypes of the members of the foreign group. That makes the stranger clearly aware that her new world—the new islands of everyday knowledge—is built only "on piles." For instance, the stranger lacks what constitutes the stuff—the poetry—of the foreign group's language, those "fringes" that surround the words with a halo of emotional values and irrational implications. Then again, what she lacks is the whole history, the deep network of stories that makes the stories a person tells always already connected to that the others tell. As Schutz said, "...in order to command a language freely as a scheme of expres-

sion, one must have written love letters in it ; one has to know how to pray and curse in it."

These common sense groundings allow anybody, except the stranger, to obtain standardized results by applying standardized recipes. These kinds of recipes presuppose that any partner expects the other to act or to react typically, provided that the actor himself acts typically. For those who have grown within the cultural pattern, these anonymous attitudes are placed in the large halo of trust that requires no explicit knowledge, this region of pure acquaintance "in which it will do to put one's trust." For the approaching stranger, the pattern of the approached group does not guarantee an objective chance of success. So, when meeting any member of the approached group, she cannot rely on an approximate knowledge by acquaintance : she has, first of all, to define the situation.

Please note, now again, that all that we say about the stranger might be said about the person with schizophrenia. Let me quote Schutz's own words :

> For to the stranger, the observed actors within the approached group are not - as for their co-actors - of a certain presupposed anonymity, namely mere performers of typical functions, but individuals. On the other hand, he is inclined to take mere individual traits as typical ones. Thus he constructs a social world of pseudo-anonymity, pseudo-intimacy, and pseudo-typicality. Therefore, he cannot integrate the personal types constructed by him into a coherent picture of the approached group and cannot rely on his expectation of their response. And even less can the stranger himself adopt those typical and anonymous attitudes which a member of the in-group is entitled to expect from a partner in a typical situation. Hence, the stranger's lack of feeling for distance, his oscillating between remoteness and intimacy, his hesitation and uncertainty, and his distrust in every matter which seems to be so simple and uncomplicated to those who rely on the efficiency of unquestioned recipes which have just to be followed but not understood. (CP, II, p.103).

We understand that what is for the member of the approached group a "shelter" is to the stranger a "field of adventure." This is precisely the reason for prejudiced feelings toward the stranger. The latter is usually called too "objective" and of "doubtful loyalty."

The objectivity of the stranger relies on a vivid feeling for the incoherence and

inconsistency of the approached cultural pattern. This trait is often present among strangers, but is also shared by psychiatrists toward those whom they call schizophrenic.

The doubtful loyalty of the stranger is—as Schutz said—especially true in cases in which the stranger proves unwilling or unable to substitute the new cultural pattern entirely for that of the home group. He remains then a cultural hybrid. More often, the stranger is called ungrateful since he refuses to acknowledge that the cultural pattern offered to him grants him shelter and protection: the host people do not understand that what is for them a shelter is for the stranger a labyrinth. Again this kind of misunderstanding looks like a very good experiment for entering the awful misunderstanding that characterizes social and family life for schizophrenic people. What is a shelter is a labyrinth of pseudo-anonymity, pseudo-intimacy, and pseudo-typicality.

Well, I have now to conclude. As we say in a French proverb : "les voyages forment la jeunesse." Travel educates the young. This is especially true about young psychiatrists. What is the working reality of the psychiatrist? In my opinion : to help the others to choose. The psychiatrist does not travel to confirm his previous stereotypes; he travels for living once as a stranger. By living in a kind of epoché of everyday reality, the young psychiatrist then learns by experience how it is possible to have neither a background of acquaintance to organize everyday life, nor any language at hand to articulate the stuff of experience. He learns by experience how it is possible to confuse a shelter and a labyrinth. He learns how it is even possible to look disloyal when you intend only to communicate. He learns how it is even possible to refuse to adopt the pattern of the others when, lacking the roots in a common background of evidence, you are facing the labyrinth. Thus the young psychiatrist learns by experience that his history is protecting him from psychosis. He remains globally able to integrate anything that happens, any new experience, within the continuity of his past. He remains able to integrate the stories in which he is caught up with others in the continuity of his own biography. Within this epoché, he gains the feeling that he is free enough to choose, even as a stranger, his way of life. Being able to choose his own way of life is, in my opinion: the best way to help others to choose.

Jean Naudin, M.D.
Marseilles

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Review

The Talking Cure: The Science Behind Psychotherapy, by Susan Vaughan, M.D. New York: Grosset/Putnam, 1997. (201 pages)

A New York based MD and psychoanalyst, Dr Susan Vaughan has written a readable and compelling little book in which she interweaves a close discussion of psychoanalytic case material from her own practice and the latest findings in brain science. This unlikely combination is offered in support of the thesis that psychotherapy (particularly the in-depth and time and labor intensive psychoanalytic type which she herself practices) *works*, bringing about real and permanent personal change in those who undergo it. Given a few seemingly plausible assumptions, she shows, related research in brain science should lead us to expect it to work, for we would expect permanent changes at the level of neural networks to result from such therapeutic intervention. Although far from hostile to psychopharmacology, believing it to be a useful condition often making effective psychotherapy possible, Vaughan puts forward and supports the thesis that because interpersonal exchange and the "talking cure" will effect a more lasting and more radical change in brain structure and person than will the temporary psychochemical adjustment effected by drugs like Prozac, it offers an immense advantage as a therapeutic measure.

One of the assumptions Vaughan asks us to embrace is that the human brain contains what she calls a story synthesizer, which brings order and narrative coherence among the network of interconnected pyramidal cells found in the higher order association cortex. Using models of neural networks, researchers have discovered the kind of pattern recognition Vaughan believes constitutive of the practice of story telling, a practice that occurs in psychotherapy as patients are encouraged to find the central and recurrent "stories" guiding their lives. Some of these stories are maladaptive and dysfunctional: in one example, Vaughan introduces her patient Alice's story connecting growing up with sadness. Part of the task of psychotherapy, then is to "reach into Alice's adult networks" and disconnect those neurons that link growing up with sadness by forging new and more positive associations with growing up.

This book is easy to read, and written in a wry, relaxed personal voice which makes one wish Dr Vaughan was one's own analyst. Explanations of complex aspects of brain science such as neural networks, and accounts of the intriguing range of relevant research studies on everything from sea slugs to higher primates are geared to the non-expert, and clearly and helpfully set out.

Having said much in favor of *The Talking Cure* I have certain caveats. First, if we accept Vaughan's account, then we might expect everyone who undergoes psychotherapy permanently changed for the better—yet the evidence of the success of psychotherapy (or for that matter, of psychoanalysis) is far from conclusive. Given that Vaughan is experimentally minded, we might have thought she would consider what work has been done in evaluating psychotherapy in these terms. She might also have been expected to discuss the likely impediments to success she herself mentions in passing, (insufficient patient commitment of time and or sincere effort) in rather more detail. Second, if we accept Vaughan's hypothesis about the effectiveness of the talking cure, then a serious ethical question arises about the uneven distribution of access to such cure. Why should such an important good be distributed according to income and wealth, as psychoanalysis and (increasingly, thanks to managed care) all forms of long-term psychotherapy, are? Finally, if permanent changes in the brain result from talking and "story telling" within the therapeutic relationship, perhaps they may also result from other forms of talking and story telling. Little in Vaughan's analysis shows us why the ongoing "self analysis" often involved in (for example) maintaining close friendships, writing memoirs, or reading fiction, may not be equally effective in bringing about the personal change we deem cure of psychic ailments.

Jennifer Radden, Ph.D.

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phenomenologically oriented psychiatrist remarked bemusedly to a colleague that one could get the impression from this conference that they were in the main-stream.

In general, one was left with the impression from this conference that, with each international meeting, the world-wide interest group in philosophy and psychiatry has grown larger and more coherent. Indeed, one of the accomplishments of this conference was to set as a goal the organisation of some kind of consortium with representatives from different groups to coordinate the various philosophy/psychiatry meetings around the world.

Kudos for the organisation of this meeting go to the Conference Presidents, Arnaldo Ballerini and Bill Fulford, and to the Organizers, Giovanni Stanghellini and Elena Ferri.

Finally, one further accomplishment of the conference was the organization of a large e-mail list including all conference participants. For a copy of the list, or to be included on it, I would suggest contacting Elena Ferri at her e-mail address: elena@css-congressi.it.

James Phillips, M.D.

* * *

E-Mail Course Announcement

Michael Schwartz, M.D., in his new position as Professor of Psychiatry and Director of Residency Training at Tufts School of Medicine, Department of Psychiatry, and the New England Medical Center in Boston, has begun an e-mail course for residents devoted to philosophy, phenomenology, and psychiatry. The course is open to other interested parties, including AAPP members. The course is already underway, and interested parties can receive previously distributed materials and join the course en route. To do so contact Michael via e-mail and indicate your interest. The address is mas1@concentric.net.

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

Membership in AAPP is open to all individuals interested in the subject of philosophy and psychiatry by election through the Membership Committee. The Association welcomes Student Members (enrollees in degree-granting programs in colleges and universities and physicians enrolled in approved psychiatric training programs and post-graduates in post-doctoral programs). In order to join AAPP please detach this form and mail to: Ms. Alta Anthony, Journal Subscriptions/Memberships, The Johns Hopkins University Press, P.O. Box 19966, Baltimore, Maryland 21211.

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