AAPP Association for the Advancement of Philosophy and Psychiatry

Bulletin

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From the Editor

This issue of the Bulletin provides an opportunity to engage some of the basic conceptual and philosophic issues confronting out field. We owe this opportunity in a double sense to Dr. Kenneth Kendler: first for publishing his "Toward a Philosophical Structure for Psychiatry" in the *American Journal of Psychiatry*, and second for agreeing to participate in a symposium on the article in this issue of the Bulletin.

It is to Dr. Kendler's credit that he does not resolve the aporias of contemporary psychiatry through the facile maneuver of dismissing one or some of the conflicting issues. Thus he argues for the irreducibility of subjective experience, but not at the price of holding on to Cartesian dualism, and not through the easy dodge of epiphenomenalism. In like manner he defends the priority of biology, but not with a conclusion of strong biological reductionism. Accepting both brain and mind as real, he defends brain→mind causality, but also mind→brain causality. Understandably, this refusal to impose a tidy order in the philosophy of psychiatry through elimination of conflicting elements leads to a series of compromise conclusions: multifactorial etiologies, "weak" or "patchy" reductionism, explanatory pluralism. The metaphors that come to mind in considering Dr. Kendler's catholic approach to the phenomena of psychiatry are those of walking a tightrope and keeping a lot of balls in the air.

There is something here for everyone—and something here for everyone to disagree with. Indeed, this is what we find in the commentaries. Perring takes us on a conceptual tour of the meaning of reductionism, dismissing its cruder versions, defending more sophisticated ones, and locating Kendler in that discussion. Phillips questions the incommensurability of the languages of brain and mind, and our persistent inability to get beyond that dilemma. Rego raises questions about levels of organization as a possible unifying theory, about the "no more spirochetes" view of explanation and etiology, and about the premature death of Cartesian dualism. Sinaikin invokes the postmodern critique of foundationalism to challenge the target article as insufficiently radical, as unwarrantedly invested in the biomedical model. Waterman and Schwartz argue, à la Guze, that psychiatry cannot be too biological, and that the critique of biological reductionism depends on an unnecessarily limited view of biology and biological explanation. Finally, Woody, largely in agreement with Kendler, points to the fact that we have still not succeeded in meeting Descartes' challenge and suggests that, rather trying to resolve the dualist dilemma by eliminating one of its poles, we expand our pluralist, explanatory horizons.

In his discussion with these commentators, we should not expect that Dr. Kendler will resolve all the disagreements. What we may hope for—and will not be disappointed in that hope—is that we will be enriched by the discussion

James Phillips, M.D.

President's Column

This issue of the AAPP Bulletin marks two firsts for the organization, neither fully desirable, but both born of necessity. As is immediately obvious, this is the first Bulletin that is arriving via Internet rather than as the traditional hardcopy that appears in your mailbox and has a material heft and texture to it. For those of us born in the pencil and paper era, or even in the typewriter era, the irrepressible convenience of electronic communication in all forms has taken a period of adjustment, but the battle, if ever there was much of one, is well over. It was only twenty years ago that I collaborated, with Sir Martin Roth, on my first book. Literally written by hand, with great secretarial and typing and correcting support every day at the university, Roth and I airmailed our sequential copies back and forth across the Atlantic, occasionally speaking via telephone (an innovation once) and meeting in person twice to work out a final draft. This method, which had its virtues, is as obsolete as the horse and buggy or clipper ship. Nevertheless, there is still a certain nostalgia is giving up old and familiar ways. On the positive side, the electronic Bulletin does not have a page or length limitation, can afford more extended discussions of rich topics, and will arrive at your doorstep, so to speak, almost instantly once the human factor of writing, editing, and graphic design is painstakingly completed. These benefits are made real in the interesting commentaries in this issue by Christian Perring, Jim Phillips, Mark Rego, Phil Sinaikin, Scott Waterman & Robert Schwartz, and Mel Woody, with a response by Ken Kendler, of Kendler's provocative article in the American Journal of Psychiatry on reductionistic and pluralistic models of the mind/body problem.

The necessity aspect of switching to electronic publishing of the Bulletin shifts us directly into the second "first" for AAPP. As you all know by now, AAPP has launched a modest (but ambitious for us) funding-raising (capital campaign) drive. The immediate connection has been that, other than costs related to the annual May meetings, printing and distributing the Bulletin has been the largest expense in our budget. The intent of the capital campaign is to free us of the yearly crisis of whether we will have enough funds for the annual meeting. The longer-term goal is to begin to establish a more secure fiscal basis for the mission and future of AAPP, an organization that provides a common meeting ground for the interface of philosophy and psychiatry, broadly speaking. We would all be the intellectually poorer without AAPP, so I appeal to you to let yourselves be a trifle bit fiscally poorer by responding richly to John Sadler's letter that arrived last month, and even thinking about future informal donations as small pieces of money might come your way. If only 250 individuals (or families) were each to contribute $100 to this campaign, we would achieve a modest goal of $25,000, enough to keep us out of trouble for a number of years. Of course, some can and will give more, and some can and will give less: I offer the arithmetic just to point out how relatively easy it can be to reach modest goals.

With a thank you in advance on behalf of AAPP, I wish you all a healthy and productive 2006.

Jerome Kroll, M.D.

Symposium
"Toward a Philosophical Structure for Psychiatry," Kenneth S. Kendler, M.D.

In the March, 2005 (Vol. 162:3) issue of the American Journal of Psychiatry Kenneth Kendler, Professor of Psychiatry at the Virginia Institute for Psychiatry and Behavioral Genetics, Departments of Psychiatry and Human Genetics, Medical College of Virginia, Virginia Commonwealth University, and preeminent figure in contemporary psychiatric research, published the above article. This issue of the Bulletin is devoted to commentaries on this significant contribution to the ongoing discussion of the philosophical underpinnings of psychiatry. Professor Kendler has graciously accepted an invitation to participate in the symposium, and the six commentaries are followed by his response.

For those who are not subscribers to the American Journal of Psychiatry, the journal is readily available in university and medical school libraries.

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On Trying to Define a Credible Reductionism

Christian Perring, Ph.D.

Although Kenneth Kendler never explicitly defines what he means by a reductionist, judging from his eight arguments for explanatory pluralism, psychiatric biological reductionists are committed to the following claims:

1. The most efficient level at which to observe psychiatric phenomena is always neurobiological.
2. The cultural forces that shape psychopathology can always be efficiently understood at the level of basic brain biology.
3. A full etiological understanding of any psychiatric disorder never requires consideration of psychological and cultural factors.
4. Neurological risk factors for psychiatric disorders always operate through physiological "inside-the-skin" pathways.
5. There are always clear "one-to-one" relationships between basic processes and outcome variables.
6. All important questions in psychiatry are plausibly subject to reductive biological explanations.
7. It is always possible to define dysfunction in completely neurophysiological terms without reference to context.
8. Information-based systems can always be reduced to their molecular constituents without a loss of explanatory power.

Kendler provides strong reasons to doubt claims 1-8. However, he does not cite any theorists who actually believe all these claims, and it seems likely that his argument against reductionism is problematic because no serious theorist of any persuasion would defend the conjunction of them. Indeed, it rare to find anyone who would defend any single one of claims 1-8 as stated in the extreme forms above. Therefore Kendler's challenge over reductionism is questionable, because he is refuting a view that very few defend.

It will be helpful to reconsider what we mean by reductionism in order to contrast it with explanatory pluralism. Of course, the term *reductionism* itself is defined differently by different theorists. In the philosophy of mind, reductionism tends to be the view that psychological phenomena exist, but they are identical to neurophysiological processes. Reductionists hold that at least in principle although not yet in practice we should be able to explain every feature of the mind with neuroscience. It is contrasted with several other positions such as substance dualism, epiphenomenalism, and eliminative materialism (EM). While Kendler takes pains to assert the falsity of epiphenomenalism, he is silent in his paper on EM. EM has been defended in various forms, but at its crudest, it holds that we do not have minds, and that terms like *pain*, *belief*, *desire*, *rage*, *sadness* and *hope* have no referents. In a more sophisticated form, roughly speaking, EM holds that the conjunction of our most deeply held beliefs about the mental can be interpreted as a scientific theory of mind, which has been termed "folk psychology," and when so interpreted, it is possible that the theory will turn out to be fundamentally in error, and will need to be replaced in due course by a theory of neurobiology. Reductionism, by way of contrast, holds that folk psychology is largely true, so that terms such as *pain*, *belief*, *desire*, *rage*, *sadness* and *hope* do indeed refer to real things or processes. It holds that those real things are neurophysiological entities or processes, and that it should be possible for science to have a complete understanding of them at a neurophysiological level. This contrast between reductionism and EM helps us to better define reductionism.

In psychiatric theory, reductionism tends to come in more conceptually crude versions driven by a conviction that the philosopher's future is close at hand. It accepts that it is possible to give true psychological descriptions of people, and that explanations of behavior, thoughts and emotions in terms of everyday or "folk" psychology can also be true (for example, saying that people act irrationally out of fear, anxiety, or an inaccurate assessment of the evidence available to them) but argues that methodologically, we are should aim for neurophysiological explanations because they provide a more fundamental level of explanation. Often this is associated with a preference for psychiatric treatments that are most readily explained in terms of neurophysiology, such as drugs that act on neurotransmitters. It is hard to see how a theoretical reductionism would logically entail such a preference, given that psychological treatments could also be understood in reductionist terms, although it is easy to see (taking a psychological point of view, ironically) how the preference for "organic" treatments becomes associated with reductionism.

How then should we best understand the contrast between reductionism and explanatory pluralism in psychiatry? I only have space here to give a very brief sketch of an approach. In the philosophical underpinnings of an interdisciplinary practice such as psychiatry, it is very difficult to formulate general claims about methodology or metaphysics that are both non-trivial and not obviously false, and it is even harder to find substantial claims that are probably true. This can be seen with both reductionism and the supposedly pluralistic biopsychosocial model, where defenders of each approach tend to struggle to even clearly define what their positions are, let alone to make a powerful case for them. Careful consideration of actual psychiatric theories tends to show that they rarely completely fit descriptions such as reductionist or biopsychosocial. It is helpful to refer to a paper by Gold and Stoljar (1999) that defines a "radical neuron doctrine" and opposes it. The authors argue that supposed examples of completely reductionist theories in neuroscience rarely satisfy the claims made for them, and to illustrate their point they examine a widely cited example, the neuroscientific theory of elementary learning developed by Eric Kandel and his colleagues. They argue convincingly that the theory does not rely solely on neurobiological concepts, but instead also relies on non-reduced psychological concepts. I suggest that the same is true for supposedly reductionist theories in psychiatry. If this is right, then it is both difficult to define reductionism and to provide an exemplar of a reductionist theory in psychiatry. There is a real question about the very conceptual coherence of reductionism.

Research and treatment methodologies such as reductionism are better seen as

grounded in heuristics or rules of thumb rather than strict metaphysical doctrines. Reductionism aims for theories of mental disorder to be couched in terms of biological neurophysiology as much as possible, and often aims for treatment to be conceived in biological terms. The eight claims of reductionism listed above that Kendler implicitly attributes to reductionists might help to explain why they believe this approach to be desirable, but we need to do more work in separating out the conceptual, methodological, and metaphysical elements that support reductionism. Once we have done that, we will be in a better position to show what is mistaken about reductionism.

References

Gold, Ian & Stoljar, Daniel. 1999. A neuron doctrine in the philosophy of neuroscience. *Behavioral and Brain Sciences* 22 (5): 585-642.

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Conceptual Impasses in Developing a Coherent Philosophy of Psychiatry

James Phillips, M.D.

Kenneth Kendler has unloosed a breath of conceptual fresh air over our field, too long under the cloud of a narrow biological reductionism. At the risk of dishonoring someone who is no longer with us to defend himself, I would add that he has exorcized us of the specter of Samuel Guze's infamous shibboleth, "There is no such thing as a psychiatry that is too biological" (Guze 1989). Would that Dr. Guze were here to defend himself.

I hasten to add that Dr. Kendler is not the first of our elders to speak up for mind as the distinctive province of psychiatry. In an eloquent editorial in the *American Journal of Psychiatry* editor Nancy Andreasen wrote several years ago:

> So what is psychiatry?
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> Psychiatry is the medical specialty that studies and treats a variety of disorders that affect the mind–mental illnesses. Because our minds create our humanity and our sense of self, our specialty cares for illnesses that affect the core of our existence. The common theme that unites all mental illnesses is that they are expressed in signs and symptoms that reflect the activity of the mind–memory, mood and emotion, fear and anxiety, sensory perception, attention, impulse control, pleasure, appetitive drives, willed actions, executive functions, ability to think in representations, language, creativity and imagination, consciousness, introspection, and a host of other mental activities. Our science explores the mechanisms of these activities of the mind and the way their disruption leads to mental illnesses....Psychiatry is defined by its province: the mind (Andreasen 1997, 592).

It is, however, one thing to assert the equal rights of the mental in our multifaceted field, and quite another to explain what exactly that is, both in itself and in its relationship to the physical and the biological. As welcome as is Kendler's gallant defense of the mind in psychiatry, his argument also highlights the impasses to which we are led in trying to develop a coherent account of brain and mind. Let me develop two such impasses.

The first is the mind/brain relation. On the one hand the rejection of dualism requires a monism in which all is, finally, biological and physical. On the other hand, the rejection of epiphenomenalism and the recognition of mind-to-brain causality requires a rejection of strong biological reductionism. What we are left with is "weak biological explanation," a biology that remains monistic and all-pervasive yet is not reductionistic. What could this mean? Let's clarify this question with another terminology and distinguish 'direct' biology (where the biology is the straight-up, in-you-face biology of neurons, transmitters, and SSRIs—all ultimately reducible to their physical components) and 'indirect' biology (the biology of the mental where phenomena like meanings and psychodynamics take center stage). The problem we must now squarely face is this: the indirect biology of the mental does not look biological (or physical), does not act biological, and we do not understand it *as biological*. Rather, we *presume* it to be biological because we have nothing else to call it. I do not think of my thoughts as pieces of physical biology; I think of them as thoughts. I do not think of my psychotherapy sessions, with their nuanced exchanges of private and shared meanings, as interchanges of biological processes; I think of them as complex interchanges of meanings between talking humans. Kendler argues that "We need to reject definitively the belief that mind and brain reflect two fundamentally

AAPP Annual Meeting 2006

Psychiatry and the Moral Emotions

May 20 & 21, 2006
Toronto, Ontario, Canada
(in conjunction with the American Psychiatric Association Annual Meeting)

The Annual Meeting of the Association for the Advancement of Philosophy and Psychiatry will take place in conjunction with the Annual Meeting of the American Psychiatric Association on May 20 & 21, 2006 in Toronto. This meeting will be devoted to the theme: Psychiatry and the Moral Emotions.

The "moral" emotions are those that arise in the context of events that are perceived to have a moral component or that serve to motivate a person toward moral action (or inaction). Typical moral emotions include the "reactive" attitudes of guilt, shame, regret, contrition, remorse, resentment and envy, as well as such positive emotions as awe, love, empathy, and gratitude.

Psychiatry has traditionally been interested in the pathological aspects of the moral emotions: guilt and shame in the phenomenology of depressive and anxiety disorders, as well as (if primarily as deficits) in personality disorders like antisocial, narcissistic, and borderline personality. More recently, interest has extended to the neurobiology subserving moral emotions. This meeting will address the multiple questions arising at the philosophical/psychiatric interface of moral emotions.

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different and ultimately incommensurable kinds of "stuff'." Okay, only one stuff, but have we' really disposed of the incommensurability problem. It now involves the two variations of this primal stuff —stuff in its material, directly biological form, and stuff in its mental, indirectly biologically form. What have we actually accomplished with our assertion of one stuff? To adopt still another—Wittgensteinian—terminology, discussion of biological organism and mind involves two different language games, and we simply have not found a way to make them commensurable. When I say that my patient has responded to the antidepressant and feels better and is thinking more positively, I am using a mixed language of biology and meaning, and am thus mixing my language games, but I am in fact eliding rather than reconciling the underlying incommensurability of the different discourses of biology and meaning. Thus the impasse to which we are brought in arguing for a non-reductionistic monism. In addressing this impasse I am not claiming originality. Philosopher Thomas Nagel has argued that there is no "emergence" of the mental from the material (Nagel 1979), and philosopher Colin McGinn has argued that we are cognitively ill-equipped to ever understand the brain-mind divide (McGinn 1991).

The second impasse to which Kendler's analysis leads us is related to the first and concerns the issue of mind-brain and brain-mind causality. How should we understand these causal relations? To stick with the terminology adopted above, the indirectly biological (mind) and directly biological have causal relations in both directions. The question I am raising here comes up only when one of the items in the causal relation is mind, or the indirectly biological. In the discussion, for instance, of the peacock's tail, the question does not arise because the explanatory alternatives both operate at a directly biological level. On the other hand, in pluralistic etiologies involving first-experiences like humiliation and loss, the question clearly arises. So also in explanations involving culture, since cultural factors operate via the *meanings* they have for the affected individuals. Now the impasse I am addressing here is that, in whichever direction the causal movement flows, we don't have any idea how to understand the causal relation between brain and mind. It seems easier when the direction is brain-mind, because the emphasis is on the physical, the materialist agenda is more secure, and the empirical evidence is strong. The mind-brain vector which Kendler defends seems more troubling because we haven't the vaguest idea how the indirectly biological and non-physical will causally impact on the physical brain. We certainly have correlations and empirical evidence for such causality, but they hardly compensate for the gaping explanatory void. It should be apparent that this second impasse is really a corollary of the first. If we assert a monism of primal stuff in which one form of stuff behaves in the way physical, material things behave, and the other form does not, and we have no way of understanding how the two forms are related or connected, then it is hardly surprising that we will not be able to understand their causal relations.

Dr. Kendler has provided us with an admirable defense of mind in psychiatry. In so doing he has placed himself in a philosophical thicket from which our philosophical colleagues still struggle to extricate themselves. Perhaps he will be able to help them (and us) out.

References

Andreasen, N. 1997. Editorial:What is psychiatry? *American Journal of Psychiatry* 154: 591-593.

Guze, S. B. 1989. Biological psychiatry: Is there any other kind. *Psychological Medicine* 19: 315-323.

McGinn, C. 1991. *The problem of consciousness: Essays towards a resolution*. Oxford: Blackwell Publishing.

Nagel, T. 1979. Panpsychism. In *Mortal questions*. Cambridge, Cambridge University Press**:** 181-195.

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Philosophy and Psychiatry: Making Use of Ignorance

Mark D. Rego, M.D.

Whether or not we agree with everything claimed by Kenneth Kendler in his article, "Toward a Philosophical Structure for Psychiatry," we are indebted to him for so clearly staking out many areas of concern for contemporary psychiatry. I will focus here on a few points in an attempt to weave some new threads into the picture.

There is much to applaud in the sections variously labeled: grounding in the mental (i.e. first person experience), acceptance of mind-brain interactions, and the use of explanatory pluralism. Rather than consider them separately, I might begin with Kendler's comment that "Our central goal as a medical discipline is the alleviation of human suffering…" and proceed to a description of psychiatry as a *pragmatic* endeavor. I choose *pragmatic* as my rubric for the above categories because it captures the nature of psychiatric medicine as one in which practice and theory are always linked by an observable and valued ends (here, the alleviation of mental suffering). As Kendler's discussion suggests, this is not just a nuts and bolts or evidence-based approach to clinical care. Nor is it the overly vague "art of psychiatry." Rather it is the necessarily eclectic, demanding and ever-evolving state of knowledge that has action as its goal.

It is just this pragmatism that leads me to differ from Kendler on a few key points. Three such issues are the "levels of abstraction," as signifying dimensions of higher mental function, the "no more spirochetes" discussion, and the critique of Cartesian dualism.

With regard to the first (abstraction) I believe it would be more accurate to label these dimensions as levels of *organization* (which Kendler does at the end of the paper). A cake is a cake not because of the level of abstraction of its ingredients, but of the way they are put together and are now organized. This distinction is important because it is just at the level of organization where we collide with our ignorance of the central nervous system (this wall of ignorance is second only to the question of consciousness itself). We know a great deal about neuroanatomy and physiology. The knowledge base in these fields is broad, sophisticated and increasingly useful. But we do not know how these things relate *directly* to higher functions (what we would commonly think of as mind). Putting the issue of consciousness aside for a moment, no one really knows how the CNS is laid out so that it produces higher function (e.g. how are arithmetic, color or memory reflected in brain organization?). This is not just a matter of what is connected to what. We also do not know the principles upon which the system (or multiple systems) organizes itself. Molecules, motors, hurricanes and galaxies are all put together in relatively discernable fashions. However, the understanding of their mysteries became visible only when the different principles of organization were first glimpsed. In my view, this is the most important theoretical issue facing neuroscience. Kendler is no doubt mindful of this issue as he states, "Critical causal processes in the mind-brain system can only be captured through an understanding of the higher organizational levels of these goal-directed systems."

As for spirochetes, given the history of science it just seems premature to pronounce the end of the future (at least a certain kind of future). We can, thankfully,

treat many psychiatric disorders, and neuroscience is undoubtedly opening new windows to treatment. As Kuhn has pointed out (a bit too pessimistically, I agree) and Kendler argues, it is the patchwork of science that builds knowledge more often than a grand theory. However, we do not know what *directly* causes any psychiatric disorder. Nor are we certain what such a cause would look like. Kendler writes, "…we are not close to developing a full causal network for any psychiatric disorder" (the notion of *full causality* here captures my concern about *direct* causality, perhaps better).

It may be that the level-of-organization issue I raised above is, if not the spirochete, the key to such a significant discovery. (This may be by understanding the meta-organization of the brain and consequently the manner in which it can be perturbed. A broad analogy can be drawn to the discoveries of infection and immunity that revolutionized medicine).

Lastly I wish to dissent from the now common assumption that dualism is dead. I do so on two grounds. From a practical standpoint I do not see that we have, since the fall of vitalism, gained much from monism. I credit the scientific and public power of empiricism with the present level of comfort with "brain diseases." On the other hand, even with the now dominant biological paradigm, most patients and clinicians are comfortable with mind-body interactions, stress-diathesis models and the need for both psychological and medical treatment (I think we underestimate people here). The holdouts in both psychology and biology would do well to evaluate the philosophically pragmatic and empirically eclectic nature of our work. Most people, I would argue, live their lives with some senses both of dualism and mind-body interactions.

When we extend Descartes' res extensa to include res cogitans we also extend one of his chief goals: to make man accessible to science (mathematics in Descartes' mind). It also grounds monism in materialism, which seems to invariably slip towards a biological reductionism. This defeats the explanatory pluralism that Kendler correctly calls for. It would seem that at least a property dualism is necessary to encompass the whole of what we do.

My second ground for reviving dualism is simply that no one has any idea what constitutes the *res cogitans*. This is not just a matter of philosophical skepticism (i.e. anything can be anything). Rather it is a plain statement of our ignorance on the matter. It may be countered that consciousness is intractably linked, and thus dependent upon, brain activity. This point is unavoidable as we measure and record mental activity in material ways. Furthermore, interdependence does not imply ontological unity. Nor does it directly imply a direction of causality (what would it mean to postulate a living, healthy brain that is prior to mind?). Before I lurch too far into the metaphysical I will remind readers that contemporary physics tells us that what we experience as matter and force is just a small sampling of what exists. It is speculative though not unreasonable to assert that there is a lot more "stuff" of which *res cogitans* could be made than we give it credit for. (1)

What is at stake here? Why such a philosophical fuss? I raise these questions because the starting point of knowledge must be the limit of present knowledge. Presently I think we are in danger of losing sight of the point of departure of new horizons in the science of mind.

It may be that the limits to our current understanding of the brain may not be only factual. There may be inherent epistemological limits to knowledge of the mind, as res cogitans remains a subjective experience. Interestingly, it was just at the point of understanding the nature of epistemological limitations that two new worlds opened up to science; the limits of measurement in quantum mechanics (via Heisenberg's uncertainty principle) and of prediction in certain natural phenomena (via chaos theory or nonlinear dynamics).

My problem with monism in its current incarnation is that while it may embody (no pun intended) what we know about the mind/brain, it distracts us from what we do not know.

1.This idea comes from personal communication with J. Melvin Woody, Ph.D. Professor of Philosophy, Connecticut College.

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How "Toward a Philosophical Structure for Psychiatry" Misses the Point of Doing Philosophy.

Phillip Sinaikin MD, MA

As a practicing clinical psychiatrist with a strong interest in philosophy and epistemology I applaud Dr. Kendler's effort to bring complex and challenging philosophical issues to the forefront of psychiatric discourse. I do, however, have reservations about how he employs the concept of pluralism. Because while he

meticulously critiques the increasingly dominant biopsychiatric perspective he fails to recognize the need for an equally critical examination of the theoretical perspective from which biopsychiatry derives, the medical model of mental disorders. I do not believe that a philosophical position that challenges reductionism and argues for a critical analysis of diverse theories of human behavior and emotion can allow for the controversial medical model of mental disorders to go unchallenged.

In my mind philosophy's task is to *radically* examine and critique the *rock bottom* assumptions and presuppositions underlying any system of thought, including medicine and science. It is from this radical position that the central debate between the so-called modern and postmodern schools of thought in philosophy arises. In simple terms, this debate is about whether or not there is such a thing as a knowable objective reality from which all observed and experienced phenomena arise and by what method of inquiry can we come to know this reality. The history of modern philosophy from Plato onward can be seen as a history of this quest for certainty and metaphysical truth. In contrast, the postmodern position holds that there is not a singular unifying reality and that truth is a relative concept with historical and cultural determinants defining what view of reality dominates at any given time and place. From the postmodern perspective there is a need to accept the existence of 'plural truths', each with its own applications and limitations, even when these 'truths' appear incommensurable. Kendler recognizes this tension between the modern and postmodern perspectives when he postulates that Thomas Kuhn (generally considered a postmodernist) would most likely argue that the divergent theoretical perspectives in mental health *cannot* be integrated. Kendler argues against this Kuhnian pessimism by labeling psychiatry a "preparadigmatic" discipline that "although vastly underspecified and in need of being filled in different ways for *each of the major psychiatric and drug abuse disorders*, explanatory pluralism might form the substrate of such a shared paradigm" (italics mine). But there is a foundational paradigm contained in this statement, it just isn't labeled as such. In describing the desired results of explanatory pluralism as a more complete understanding of psychiatric and drug abuse disorders, Kendler does not recognize or acknowledge that the theoretical perspective that there are distinct and identifiable categories of mental "disorders" clearly separable from "normal" is itself a highly controversial paradigm. Yet there is a vast literature on the numerous and varied perspectives that challenge the core validity of this medical model of mental disorders, many of which that would clearly be incommensurable with the unquestioned acceptance of the core beliefs in the medical model. That is why I am uncomfortable with Kendler employing the term pluralism in his proposed philosophical structure for psychiatry. I believe that it would be more accurate to describe his goal as a broadening of the scope of theories on the etiology of mental disorders that psychiatry should consider in a sort of conceptual 'cleaning up' of the medical model. That this would perhaps slow the inertia of biopsychiatric extremism, (exemplified in the article by Guze's quoted contention that "there is no such thing as a psychiatry that is too biological"), is laudable. But this is not pluralism (or philosophy) as I understand it.

Postmodern theorists recognize that for a particular view of reality to dominate, competing perspectives need to be silenced (or at least marginalized). One of the goals of a postmodern critique of psychiatry is to identify the perspectives on human mental health and illness that are silenced or marginalized by the dominance of the medical model and DSM. This is not merely an academic exercise because some real world consequences (such as research funding and insurance reimbursement) attach to the hegemony of medical model psychiatry. Here is a concrete example that illustrates my concern about the impact of marginalizing alternative perspectives.

In a 1998 New Yorker article on the Hazelden Foundation's 12 Step treatment program for addiction (The New Yorker, 3/23/1998, pp48-55) one of the so called 'thought leaders' in psychiatry Alan Leshner MD, (at that time the head of the National Institute of Drug Abuse), is quoted as saying: "I believe that 5 years from now you should be put in jail if you don't give crack addicts the medications we are working on now". (This followed a similar threat to incarcerate doctors who don't prescribe SSRI's for depression). In the article the implication of this biopsychiatric hubris was clear: addiction is in reality a biological brain disease that will ultimately be treated successfully with medication and eliminate the need for any non-scientific treatment of addiction as a spiritual illness. While the promised miracle medication has yet to arrive, the relevant question here is whether, in fact, addiction is a spiritual disorder. I think modern psychiatry would answer that we do not as yet have the technical ability to demonstrate the biological basis of addiction but that it makes no sense at all to conceptualize it as a spiritual illness. How do you operationally define spiritual? How is it measured? Staunch biopsychiatrists no doubt sneer at the whole concept. But what about Kendler? In describing integrative pluralism he calls for "active efforts…to incorporate divergent levels of analysis" by "scientists" who maintain "conceptual rigor." While not directly addressing the addiction issue in his article, he clearly supports the elimination of the concept of "primary spiritual causes of mental illness." Thus the conceptually non-rigorous and unscientific 12 Step model of addiction as a spiritual illness would most likely be marginalized, if not simply dismissed by Kendler's integrative pluralism. But then what does psychiatry tell the hundreds of thousands of people who have conquered their alcoholism and drug addiction by embracing the 12 Step spiritual model of addiction and recovery? Must we translate it into a language of neurobiology to make it acceptable to psychiatry? Judging by the examples Kendler gives of integrative pluralism (such as an examination of the role of early life trauma in the neurobiology of depression), it seems to me that the divergent perspectives he wants to incorporate into psychiatry must, a priori, be conceptually compatible with the medical model. In contrast, postmodern pluralism can accept the possibility that both the spiritual *and* the medical perspectives can be true at the same time. One does not have to 'reduce' to the other. Perhaps psychiatry cannot be postmodern and still be psychiatry. Perhaps to truly embrace pluralism psychiatry's focus will need to turn away from establishing and maintaining a distinct professional identity and towards developing a postmodern pragmatism incorporating all mental health care disciplines. My problem with this article is that despite Kendler's purported pluralism, his adherence to the medical model of mental disorders leads him to an unacknowledged support of the hegemony of official psychiatry that precludes what I see as the deep and serious critique needed to establish a philosophical structure for this powerful and influential discipline.

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Biology is Complex: Taking Materialism Seriously

G. Scott Waterman, M.D. &
Robert J. Schwartz, Ph.D., M.D.

While we agree fully with Kenneth Kendler's assertion that optimal use of the accumulating database of psychiatry is predicated upon having "our conceptual house in order," we believe that some aspects of his essay will not serve that end. In this reply we first point to a couple of spe-

cific statements from that essay that we feel represent important misconceptions that are in need of correction, and then we conclude with a discussion of where we believe his fundamental argument goes wrong.

To begin, Kendler's assertion that "[t]he clinical work of psychiatry … requires us to assess and interpret the first-person reports of our patients" is unquestionably true. That requirement, however, is similarly applicable to other medical specialties. His endorsement of the common notion that the first-person experiences he cites as examples (sad mood, hallucinations, and irrational fears) are somehow more prototypically subjective (i.e., first-person) than, say, pain, paresthesias, and blurred vision (which are more commonly evaluated by non-psychiatric physicians) compounds the dualistic confusion he rightly decries. Thus, the attempt to distinguish psychiatry from the rest of medicine on the basis of the essential subjectivity of the former in contrast to the objectivity of the latter fails. After all, alleviation of suffering—a quintessentially subjective state—is medicine's reason for being. (Whether physicians' reliance on first-person reports is only temporary and not required *in principle* is a subject for a different discussion!)

Secondly, *contra* Kendler, American psychiatry unfortunately has not "officially abandoned the functional-organic dichotomy." Those terms have disappeared, but the misleading concepts that underlie them are alive (if not well) in the multiaxial diagnostic system (i.e., the separation of Axes I-III) and in the use of the expression "general medical condition" to denote any human malady—from pulmonary embolism to ingrown toenails—that lies outside the conventional purview of psychiatry. His statement that "dualistic thinking and vocabulary remain deeply entrenched in our approach to clinical and research problems" is even more clearly true than he lets on!

With respect to the main thrust of his argument, Kendler takes the undeniable causal efficacy of thoughts, feelings, and impulses as a springboard from which to jump (despite his protestations to the contrary) to unwarranted dualistic conclusions about "mind-to-brain" and "brain-to-mind" causality. It is, for example, a commonplace observation that the *feeling* of thirst (mental) causes *movement* toward a glass of water (physical). But to consider that an example of "mind-to-brain causality" is to confuse the level of analysis conventionally employed to understand what is meant by 'thirst' with the mechanism by which thirst causes motoric behavior, which is entirely describable in material terms and without resort to mental ones. More broadly, and in direct contradiction of his own stated monist framework wherein "the mental and the biological [are] different ways of viewing and/or different levels of analysis of the mind-brain system," Kendler writes of *processes operating at different levels of abstraction* (e.g., cultural, mental, biological, etc.). By definition, however, those levels of abstraction are conceptual, not actual. Thus, for some (perhaps most) purposes, humiliation and loss (his examples) are most productively thought about as first-person, subjective experiences. That, however, is not a statement about the fundamental nature of those phenomena, considerations of which are amenable to employing other levels of conceptual abstraction (e.g., neural, cellular, etc.), if warranted. His conflation of levels of conceptual abstraction with the ontologies of the phenomena being analyzed leads him to see "mind-to-brain" and "brain-to-mind" causality as useful concepts and, more generally, to pull up short of accepting a fully materialist account of the nature and etiologies of psychiatric disease.

His confusion of levels of conceptual abstraction with the ontologies of the phenomena under analysis appears to lie behind several of his "arguments for explanatory pluralism and against biological reductionism." Thus, he seems to believe that the fact that environmental influences interact with inherited ones to produce illnesses of various sorts, or that the social and cultural environment affects brain structure and function, demonstrates the limited degree to which understanding biology allows one to understand psychiatric disorders. Those facts do refute a certain crude and naïve "biological reductionism" that may still be entertained by some, but what they really point out is that biology—certainly the biology of the human brain—is complex. The irony, of course, is that few people know that fact better, or have contributed more to the discovery of some of the details that lead us to assert it, than Kendler!

In contrast to Kendler's concerns about psychiatry being "too biological," we are advocating for a concerted effort aimed at educating members of and trainees in our profession, members of related professions, and the public about the complexities and explanatory power of the biology of the present and future. Viewing psychopathology as a reflection of the interactions of genes and environments accommodates within an unflinching materialist framework Kendler's justifiably strong feelings about inclusion of social and cultural forces. Thus, while biology has changed over the years, we believe that the truth of Guze's famous statement that "[t]here is no such thing as a psychiatry that is too biological" has only been strengthened.

In summary, we believe that Kendler is correct in pointing to the continued dominance of overt and covert Cartesian dualism as a prime culprit in the conceptual mess that is psychiatry. Unfortunately, however, his essay does not point the way out of this condition. Nor, as we have pointed out, is the antiquated "biological reductionism" with which he contrasts his proposal the only alternative.

References

Guze SB: Biological psychiatry: is there any other kind? *Psychol Med* 1989; 19:315-323.

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The Cartesian Predicament

J. Melvin Woody, Ph.D.

Descartes clearly recognized that the human condition cannot be comprehended or adequately described within the limits of a single order of concepts. A human being is a union of mind and body and neither a purely physiological account of bodily processes nor a first hand report of an individual's thoughts can supply a sufficient account of that union. Both are required because neither set of concepts can be translated into the terms of the other. None of the attributes of bodies as conceived by mathematical physics can be ascribed to thoughts and vice versa. The concepts *of* extension, shape and motion are not themselves extended, shaped or mobile. Descartes reasoned that the two completely different orders of concept must refer to two different kinds of being or substance. Whether one follows him in that step is less important than Dr. Kendler seems to suppose. Those who reject mind-body dualism do not thereby escape the difficulties that Descartes encountered once they try to integrate these two orders of concept into a unified account of the human condition.

Like Dr. Kendler, Descartes accepted mind-brain and brain-mind causality. But when he tried to specify just how either causes the other, he fell into the same explanatory gap that still swallows up attempts to integrate such different domains. Three centuries of scientific progress have not altered the essential terms of the dilemma. Thoughts, meanings and experiences still do not have any place in the equations of physics, whether classical or quantum, so that we still face the "hard problem" of understanding how an idea can be either the cause or the outcome of a series of physical changes. If we begin from the universe as described by physics, we must eventually collide with what John

Haugeland calls "the mystery of original meaning" (1989, 26), the problem of how any meaning at all can occur amidst the particles and forces of physical processes. Descartes tried to finesse the issue by appealing to "animal spirits," which seemed to offer a volatile medium between meaning and matter, sufficiently "spiritual" to participate in meaning and sufficiently material to move the pineal gland. Electrochemistry tempts contemporary speculation with a similarly volatile "medium." But the biology of a nervous impulse—"the influx and efflux of sodium, potassium and calcium ions" and the movement of neurotransmitters across a synaptic gap do not blossom into meaning or first person experience any more than the motions of the pineal gland. The heritage of Cartesian dualism is not due to the positing of two different kinds of substance, but to the incommensurability of two orders of concepts that have nothing in common. Neither animal spirits nor electricity will bridge the gap between the two.

Kendler rightly spurns attempts to escape this dilemma by sawing off one of its horns, whether through an epiphenomenalism that would dismiss the mind as otiose or a monistic materialism that seeks to reduce meaning to molecular biology. Psychiatry cannot define its own goals without reckoning with the meanings that permeate and structure of both science and personal experience. A philosophy sufficient to define the norms of mental health and illness should not be sought by reducing the terms of psychiatric discourse, but by recognizing and exploiting their diversity, as Kendler's proposal urges. The antidote to the ills of dualism is not to reduce the two to one, but to expand the conceptual horizon by appreciating how the distinctive contributions of diverse conceptual resources enrich the possibilities of psychiatric understanding. As Ernst Cassirer emphasized by comparing the problem of contending with a plurality of forms of symbolism with the plurality of sciences,

> If the object of knowledge can be defined only through the medium of a particular logical and conceptual structure, we are forced to conclude that a variety of media will correspond to various structures of the object, to various meanings of "objective" relations. Even in "nature," the physical object will not coincide absolutely with the chemical object, nor the chemical with the biological—because physical, chemical, biological knowledge *frame their questions* each from its particular standpoint and, in accordance with this standpoint, subject the phenomena to a special interpretations and formation (1953, 76).

Chemistry and biology are "metaphysical" sciences inasmuch as they go beyond physics—not by invoking any mysterious non-physical entitities or forces, but insofar as they have developed conceptual resources that facilitate the exploration of relationships and processes that would be far from evident to a purely physical analysis. Kendler's first scenario supplies an apt illustration of this point. Each particular science imposes a discipline that achieves conceptual precision thanks to its peculiar forms of abstraction. Different relationships and processes become evident from each disciplinary perspective. The meanings and telic functions so rigorously excluded by the conceptual vocabulary of physics play conspicuous roles in biology. The success of molecular biology in identifying the "letters" of the genetic "code" or the mechanisms that subserve the functions of organs and organelles and antibodies do not entail that the heart serves no purpose nor that the chromosomes contain no information nor that the immune system does not distinguish between self and non self, albeit sometimes erroneously.

The same value of diverse disciplines holds for understanding 'the mind.' To treat it as though it were a single substance or unitary domain of a psychophysical union is to ignore the singular contributions of linguistics, sociology, economics, history and all of the other "Geisteswissenschaften" that explore and illuminate the varieties of human meanings, institutions and events. Their preoccupation with culture and meaning does not render them indifferent to nature or to the realization of meaning in physical culture. Far from it! It simply acknowledges that the contrast between causal and semiotic relationships opens up different avenues of interpretation and inference, each of which enriches our understanding of the human condition—and thereby challenges our attempts to understand any single historical individual or event.

Emphasis upon the overlapping contributions of such diverse disciplines highlights the wisdom of Kendler's insistence upon explanatory pluralism. While it is easy to appreciate the seductive appeal of grand theories such as would ground all culture upon economics or all psychology in sexuality, anyone who has learned to wrestle with the difficulty of predicting the product of three or more interacting variables will recognize how unlikely it is that all of these varied ingredients will play the same role or carry the same weight in every particular case. The challenge for the psychiatrist, as for the historian, is to exploit the available conceptual resources in search of a coherent ordering of the contributing variables that will do justice to the particular case

In the end, Descartes' problem was not that he posited too many kinds of being, but that he had too few conceptual resources to cope with the complexity of the human psyche. To recognize its full complexity is to welcome the diversity of perspectives that may contribute to understanding the individual sitting in his office on one particular day.

References

Haugeland, J. 1989. *Artificial Intelligence: The Very Idea*. Cambridge, Bradford Books, MIT Press.

Cassirer, E. 1953. *The Philosophy of Symbolic Forms*, Volume 1. New Haven, Yale University Press.

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Response to Commentaries

Kenneth S. Kendler MD

I want to begin by thanking the authors of these commentaries for their thoughtful essays. I learned a lot by reading and pondering them. As a result of this process, I now better understand my own positions, their potential strengths and points of weakness and the areas of obscurity. I will comment one by one of these short essays and then end by some summary thoughts.

Perring

Perring begins, in careful and measured prose, by taking me to task for opposing a position that no one would adopt. He argues that I have set up as a "straw-man" a wild-eyed "super-reductionist." Discrediting such a position, he argues, may be of limited utility. There is strength to his argument. I did not, when working on my essay, critique the position of any one individual whom I knew or whose work I had read. Instead, I was articulating pretty much every reasonable anti-reductionist position I could find.

In pondering his comments, I kept wondering if Perring had interacted much with the hard reductionists one sees commonly these days in psychiatric circles. The approach of many such individuals is to denigrate non-reductionist explanations. While they are not typically philosophically informed, their take home point is clear: We should not support, fund or read about psychiatric research that focuses primarily on

psychological, social or cultural influences. So in that limited sense, I was arguing against a real position.

Perring goes on to make the useful point that reductionists typically think that there is something worth reducing. In that sense, it is helpful to compare the agendas of epiphenomenalism versus eliminative materialism (EM). I have read a fair bit on EM but did not refer to this position in my essay. Without deep reflection, I would previously have thought the EM approach to be strongly reductionist, but Perring is right. EM is, in an important sense, beyond reductionism.

There is little I disagree with in the latter part of his essay. I read Gold and Stoljar (Gold & Stoljar, 1999) and found it enlightening. The same broad point—that reductionist models in neuroscience are really multi-level theories that require higher-level constructs in their explanatory systems—has also been well made by Kenneth Schaffner (Schaffner, 1993).

Phillips

Phillips takes us to the core of the mind-body problem, the subtlety and intractability of which never ceases to amaze. In my essay, I did skate over this problem and could be accused of accepting what I decry when I used the constructs of "mind to brain" and "brain to mind" causality. The deep problem is that I did not know any better way to express these concepts even though in so doing I used Cartesian vocabulary and concepts.

So much ink has been spilled on this issue that the chances that I would have anything useful to contribute is very small. I would make only two points. First, it is, as I see it, a *brute fact* of the world that we cannot have minds without brains. It is this primary intuition that leads me to reject substance dualism. Second, the thrust of my (and others) position about there being only "one stuff" is ontological not epistemic. I fully agree—and also see it as a plain fact of our world—that thoughts and feelings experienced in the first person don't seem at all like neurons firing and ions rushing back and forth across membranes. The ontological assertion does not address the problem of the apparent incommensurability of mind and brain languages. I am afraid that, like Dr. Phillips, I too struggle in this "philosophical thicket."

Rego

Rego takes issue with three points in my essay. First, he considers it more useful to think about levels of organization rather than levels of abstraction. This difference is not worth arguing over. For me, in distinguishing between levels as distinct as neurochemistry and cultural beliefs, I find it helpful to consider both the degree of abstraction and organization.

Second, Rego takes me to task for suggesting there will be "no more spirochetes" in the history of psychiatry. He is certainly correct that history has shown repeatedly the ability of science to produce unanticipated advances. Nonetheless, I will hold my ground. I think we know more than Rego would have us believe. For example, we really do know that there are no major genes for psychiatric disorders as we currently understand them. We have searched very hard for environmental risk factors. We have found many, but their individual effects are typically modest and they are usually non-specific. Current information suggests that most psychiatric disorders are *inherently multifactorial*. I am willing to make a bet with him that the oft-repeated dream that we will split apart our broad syndromes into etiologically distinct and clear diseases – rather like we have done with mental retardation in the last 100 years —will prove to be wrong.

Third, he questions my firm rejection of Cartesian dualism. Space precludes a detailed response here and in fact most of these issues have been well reviewed by other authors. I find, at its root, such dualism to be a highly implausible view about how our universe is organized. To repeat, my focus here is on ontology. I have no argument with part of his conclusions—that we know minds and brains in fundamentally different ways and do not yet understand how to integrate these perspectives.

Sinaikin

Sinaikin suggests that my philosophical analysis of psychiatry was inherently incomplete as it lacked a critique of the medical model of psychiatric illness. More specifically, he calls for a post-modernist deconstruction of the medical model concept of psychiatric illness. He provides one example in which he argues that my viewpoint would lead to an automatic rejection of the 12-step therapeutic program for the treatment of addiction because of its reliance on spiritual concepts.

I have 4 major reactions to his comments. First, critiquing the nature of psychiatric diagnoses was simply not a goal for this essay. I had enough to do in 7500 words reviewing the mind-body question and the problem of multiple levels of explanation! Second, I am not, in general, sympathetic to the post-modernist position. In general, I would hold that there is a single external reality out there that exists independently of human cognition.

Third, however, I do agree that the ontological status of the psychiatric diagnostic system is quite shaky. Our nosology is largely clinical and historical in nature and not based on etiology. It is not clear for a number of our disorders whether they represent distinct conditions with clean boundaries or spectra where we have imposed an arbitrary threshold. A number of these issues are treated in an essay now in press in AJP written with Peter Zachar (Zachar & Kendler, 2005). The dominant framework that seeks to ground our nosology more firmly in empirical science has a deep problem that I have discussed elsewhere (Kendler, 1990). If we agree on the validator that should be used to define our disorders (e.g. treatment response, prognosis, genetic etiology) then scientific methods can be used to re-design our diagnoses for maximal performance. However, it is likely that the diagnostic criteria we would arrive at would not be the same for different validators. How do we choose which validator should be pre-eminent? This is likely more of a value judgment (i.e. what do we want our diagnoses to do?) than a scientific question.

Fourth, Sinaikin has at least partially misunderstood my comments about spirituality. I do argue that by rejecting Cartesian dualism we are accepting a materialistic view of the world in which spiritual etiologies of psychiatric illness (e.g., the "evil wind from God" sent to Saul in the book of Samuel) would be rejected a priori. I stand by that position. However, integrative pluralism as I understand it would have no trouble accepting spiritual based treatment programs as long as they met empirical criteria for efficacy.

Waterman and Schwartz

Waterman and Schwartz (W & S) make 4 major points. First, while they agree with my position that attention to first-person reports is central to psychiatry, they suggest that this is in no way unique to psychiatry among medical disciplines. Outlining possible similarities or differences between psychiatry and other medical specialties was not a goal for this essay. However, I only partly agree with W & S. Take the case of someone reporting chest pain. Certainly, the medical interaction begins with trying to understand the nature of that experience (where the pain began, the quality of the pain etc.). But modern cardiology quickly moves from the first-person experience to the interpretation of objective signs

of illness such as EKGs, heart sounds, and cardiac enzymes. In psychiatry, first person mental states are currently our primary focus (although we will do things like order MRI scans to ensure that the mental states we are examining are not "due to" gross brain pathology) rather than guides to objective disease processes as is more common in the rest of medicine. Indeed, medicine also treats lots of "diseases" that typically have no first-person consequences like hypertension, hypercholesterolemia or low bone density.

Second, W & S have a good point that while American psychiatry has "officially" abandoned the "functional-organic" dichotomy, the DSM has in part enshrined the mind-body distinction in separating out axis III from axis I and II.

Third, like Philips, W and S take me to task for re-enshrining the mind/body distinction in my use of "mind to brain" and "brain to mind" language. I acknowledge above the problems with this approach.

Finally, and most importantly, contrary to my own view, W & S argue in favor of the kind of biological reductionism advocated by Sam Guze. Their essay is too brief for me to be clear whether our disagreements are substantive or semantic. They appear to want to take what I would describe as "higher levels" of environmental and cultural influences as part of an expanded view of biology. What is less clear to me is whether they would accept my position that these levels of explanation have to be understood as valid in their own right rather then merely as way stations to a "true" understanding in terms of basic biology. If they do, our differences may then be mostly terminological.

A final thought. I knew Sam Guze and my sense is that what he meant by his famous statement is closer to hard-core reductionism than the more expanded version of biology taken by W & S.

Woody

Of all the essays, Woody was the most sympathetic to my point of view. There were no substantial points of contention. Indeed, he made some of the points I would have made with greater clarity. Aside from admiration for his prose, I have only one other reaction to his essay. Recognizing the wonderful complexity of the human condition and seeing how it can be understood from many perspectives is not quite the same thing as building a field of scientific inquiry. I believe deeply in the value of a plurality of perspectives for the field of psychiatry. However, acceptance within this field of inquiry should not be free nor based solely on a priori assumptions. Advocates must translate their intuitive insights into hard-nose empirical findings if they want "a place at the table."

Conclusions

I remain convinced about the need for explanatory pluralism in the field of psychiatry and allied professions. I am less concerned about whether this is an ultimate or merely currently practical perspective. In ways we cannot now foresee, perhaps it will one day be possible to study and understand in brains of living subjects their subjective emotional experiences and even the impact of cultural influences. Arguing whether this is in principle possible or not seems increasingly sterile to me. What is clear is that for the foreseeable future, hard reductive models are counter productive and distort our understanding of pathways to illness.

Cartesian dualism still seems to me to be a mistake and a way of thinking we should put behind us. However, after pondering these essays, I feel that my venture into what is such a deep and perhaps intractable problem was perhaps a bit sophomoric. I would defend my basic intuitions but it is very hard to think and write clearly about this problem.

Finally, I am more and more impressed with the centrality of the problem of the nature of our diagnoses. Talk about a hard problem!

If my essay has in some small way helped to air some of the deeper conceptual problems within psychiatry and stimulate further dialog and discussion, I am satisfied. The job of philosophy, after all, is often to raise critical problems and stimulate self-reflection rather than to reach definitive conclusions.

References

Gold, I. & Stoljar, D. (1999). A neuron doctrine in the philosophy of neuroscience. *Behavioral and Brain Sciences* **22**, 809-869

Kendler, K. S. (1990). Toward a scientific psychiatric nosology. Strengths and limitations. *Archives of General Psychiatry* **47**, 969-973.

Schaffner,K.F. (1993). *Discovery and Explanation in Biology and Medicine*. (ed. D. Hull) The University of Chicago Press. Chicago.

Zachar, P. & Kendler, K. S. (in press). Psychiatric Disorders: A Conceptual Taxonomy. *American Journal of Psychiatry.*

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Announcement of New Journal

We are pleased to announce the launch of the first issue of the *Bulletin d'analyse phénoménologique*, a new phenomenology journal issued by the research unit "Phénoménologies" at the University of Liège (Belgium). Its diffusion on the Web is free and unrestricted ("open access").

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Content

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