

Philosophical psychopathology

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(Eds)

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As the editors note in their Preface, this useful and interesting anthology is designed to "reveal the breadth and richness of philosophical reflection on psychopathology, the puzzles and data within psychiatry and related fields that interest or should interest philosophers, and the extent to which a number of contemporary philosophers and philosophically informed psychopathologists are contributing to a rapidly growing literature at the convergence of philosophy and psychopathology" (p. vii).

The essays assembled by Graham and Stevens reflect what they call "the double duty done by the term 'psychopathology'" (p. 3). That term designates both a broad class of mental disorders (e.g. multiple personality, psychogenic amnesia, acute depression) and also the subfield of medical practice and psychology that studies and treats those disorders. Moreover, as the editors understand the term "philosophical psychopathology", it covers a wide range of issues arising from the study of mental disorders. And because they recognize that no anthology is likely to do justice to the full range of issues in philosophical psychopathology, Graham and Stevens offer an excellent introductory essay, surveying the field and its literature. Their overview divides philosophical psychopathology into three large, overlapping areas: (1) applied philosophy of mind, (2) the metaphysics and philosophy of the science of mind, and (3) the ethical and experiential aspects of mental disorders.

Perhaps the most surprising item in the collection is Grünbaum's piece ("The Placebo Concept in Medicine and Psychiatry"). Although Grünbaum's discussion is interesting, (a) the material has appeared at least twice before since the mid-1980s and is likely to be familiar to many readers of the book, and (b) the essay extends well beyond the domain of philosophical psychopathology. I would have preferred another new essay falling squarely within the purview of the book. Moreover, the topic of placebos in psychotherapy is covered nicely in the preceding essay, Edward Erwin's thoroughly relevant contribution ("The Effectiveness of Psychotherapy: Epistemological Issues"), which also contains a useful discussion of the role and justification of meta-analyses.

Although the remainder of the papers vary in quality, most are at least interesting, and together they demonstrate why philosophical psychopathology is an important and rewarding interdisciplinary field of research. Owen Flanagan ("Multiple Identity, Character Transformation, and Self-reclamation") argues that personal identity is a scalar, rather than absolute, relation of psychological continuity and connectedness, and he distinguishes a *multiplex* self from a *multiple* self. The latter is a form of psychopathology in which a single individual experiences life through different (and often mutually amnesic) narrators. But most people are simply multiplex, experiencing different and often conflicting plans and projects through a single narrative center. Unlike Dennett, who thinks the self (or the center of narrative gravity) is a useful fiction, Flanagan regards the self as real, but as constructed and constantly evolving. More contentiously, Flanagan claims that a necessary condition for personal sameness is "*narrative connectedness* from the first-person point of view, that I be able to tell some sort of coherent story about my life" (pp. 135-136). That makes it difficult to grasp how I am the same self now as I was during the first year of my life, for which I can't (and probably could not at the time) present a coherent and continual first-person account. John Heil ("Going to Pieces") offers some penetrating comments on the nature of practical reason and the ways we apply norms in guiding our choices. Then he argues that his considerations show how one can explain various forms of both rationality and irrationality (e.g. self-deception and weakness of the will) without recourse to partitions (or subsystems) of the self—for example, along the lines proposed by Davidson.

Fulford's paper ("Value, Illness, and Failure of Action: Framework for a Philosophical Psychopathology of Delusions") is a probing and subtle discussion of the nature and explanation of delusion. Fulford argues that the standard account of delusions proceeds from an inadequate and incomplete "medical" model, which understands disease with respect to objective norms of bodily and mental functioning. He recommends instead a "full-field" model in which "the patient's primary experience of illness is as important as medical knowledge of disease; and the analysis of experience in terms of incapacity, or failure of action, is as important as the analysis of disease in terms of failure of function" (p. 205).

Graham and Stevens's essay ("Mind and Mine") is an interesting and thoughtful effort to make sense of experiences of what they call "introspective alienation", the phenomenon of considering a thought in one's own mind as not one's own. They do this by distinguishing attributions of subjectivity from attributions of agency. That distinction is indeed useful in the way Graham and Stevens claim. But I suspect that it is still less fine-grained than what is needed to make sense of the full range of dissociative and related phenomena in which introspective alienation occurs (see Braude, 1995, for an alternative taxonomy to handle this broader range of cases).

Two papers offer philosophical reflections based on empirical research. Although the discussions of the data were interesting and important, I was less impressed by the philosophizing. Van Gulick ("Deficit Studies and the Function of Phenomenal Consciousness") discusses blindsight and visual agnosia, but the theoretical parts of the paper struck me as superficial, both empirically and philosophically. For example, Van Gulick argues, in connection with blindsight, that "information needs to be presented to us phenomenally for it to play a role in the choice, initiation, or direction of intentional action" (p. 33). But the phenomena of negative hallucinations and systematized anesthesia (see Braude, 1995) suggest otherwise. For example, why would a hypnotic subject awkwardly avoid bumping into an unseen object? Similarly, Van Gulick offers a simplistic description of rational behavior and choice. He writes that when "the conscious-choice system that relies on phenomenally represented information is ... in play, it dominates the connection [between stimulus and appropriate response], and nothing *can have* an impact unless it is phenomenally available to that system" (p. 35, emphasis added). Apparently, then, a person's conscious choice system cannot be influenced by unconscious needs and interests, or hidden agendas. This passage, like many others in the paper, seems oblivious to the subtleties and richness of human psychodynamics. Moreover, readers unfamiliar with the philosophy of mind would not guess, from Van Gulick's paper, that some authors have raised serious doubts about the very intelligibility of such trendy phrases as "neural centers coding for the multiple aspects of the visual scene" (p. 36) or "distinct units or modules that independently

encode ... specific items of information" (p. 37). Until he has shown how this—in fact, the key concept of *representation* in cognitive psychology—makes sense, Van Gulick has not even come close to providing an explanation of the phenomena he discusses. (For opposing perspectives, see, e.g., Goldberg, 1982; Heil, 1981.)

Gordon and Barker ("Autism and the 'Theory of Mind' Debate") argue against what they call the "theory theory" of psychological competence—the view that psychological competence consists in the possession and use of a tacit body of knowledge analogous to a scientific theory. They argue that this view "is not easily squared with the findings regarding the psychological competence of children with Down's syndrome and the psychological incompetence of relatively intelligent children with autism" (p. 169). Gordon and Barker focus on autistic children's inability to engage in pretend play, and they propose replacing the theory theory with a *simulation* theory, according to which psychological competence (including the ability to ascribe mental states to others) rests on the more basic ability to engage in a certain kind of pretending—namely, putting oneself in another person's place. I find this view not only peculiar, but as inadequate to the subtleties of everyday behavior as the view it was intended to replace. Gordon and Barker argue (among other things) that we pretend to be another person in order to decide how that person will act. No doubt this occurs sometimes, but it is implausible to suppose that this explains the general human capacity to predict behavior. For example, I can't pretend to feel or think as my stepson does on many matters. But I know quite well that he will feel, think, and behave in certain ways under certain kinds of conditions. And I have learned this without being able, or needing, to engage in the kind of pretense discussed by Gordon and Barker. Indeed, the theory theory is hardly the only alternative to the simulation theory. For example, why not consider the commonsense view that there is a more basic, general, but variable ability to detect regularities and connections between things in our experience, and that this ability is constrained by a person's sensitivities and conceptual framework (which determines the sorts of things one can identify)?

The only other paper about which I had serious misgivings was the essay by Poland, Von Eckardt, and Spaulding ("Problems with the *DSM*

Approach to Classifying Psychopathology"). The authors offer generally obvious complaints regarding the taxonomic and clinical shortcomings of the classifications found in the *Diagnostic and statistical manual of mental disorders*. They note, correctly, that the DSM categories are unclear and messy, and that they "leave the clinician in a weak position for effectively saying what is wrong with a given person, what is likely to be most effective in helping him or her, and what is likely to happen over time" (p. 250). Hence, the DSM does not reduce clinical uncertainty. Now I have no interest in defending the DSM (which all too often is little more than a crutch for clinicians who are perceptually, theoretically, and empathically challenged). But I have little sympathy for the perspective from which the authors make their criticisms. They argue that only "quantified and well-controlled studies" count as (or promote) "scientifically acceptable research" (p. 251), and DSM categories "involve numerous unquantified criterial attributes" (p. 251). Of course, it is already contentious to claim that real science requires quantifiable descriptive categories, but in addition the authors offer no defense of their naive assertions regarding the sorts of attributes they believe could be quantified precisely—for example, intensity of mood (p. 248). Moreover, the authors offer no reason for thinking that any interesting human behavior can be characterized in ways that meet their demand for scientific rigor. In fact, they also offer no reason for thinking that quantified criterial attributes and well-controlled research are more clinically efficacious than the caring individualized attention of a sensitive and empathic clinician (or friend). I would expect many readers to consider this paper a good example of what Sherry Turkle once called "physics envy". It struck me as a not particularly sophisticated addition to the body of literature insisting that the behavioral sciences be modeled after more easily quantifiable areas of study.

Space constraints permit only a few words about the remaining essays. Bach ("Emotional Disorder and Attention") considers the ways attention, and in particular attention mismanagement, plays a role in emotion and emotional disorders. Garrett ("The Problem of Despair") distinguishes project-specific or personal despair from philosophical despair (or pessimism)—the view that not simply one's life, but everyone's life is, as a whole, futile. He considers whether a reasonable or rational case can be made for this

view. Finally, the late Ferdinand Schoeman ("Alcohol Addiction and Responsibility Attributions") contributed a thoughtful, but loosely-knit and somewhat unclear presentation of the difficulties in attributing responsibility to alcoholics for their alcohol dependency. He tries to show why simple or straightforward criteria of responsibility are inadequate to the complexity and range of relevant issues.

Despite the unevenness of the essays, Graham and Stevens's anthology can be easily recommended. It is a stimulating introduction to the complex and rewarding field of philosophical psychopathology.

References

- BRAUDE, S.E. (1995). *First person plural: Multiple personality and the philosophy of mind*. Lanham, MD: Rowman & Littlefield.
- GOLDBERG, B. (1982). Mechanism and meaning. In C. GINET & S. SHOEMAKER (Eds), *Knowledge and mind* (pp. 191–210). London: Oxford University Press.
- HEIL, J. (1981). Does cognitive psychology rest on a mistake? *Mind*, 90, 321–342.

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Without good reason: The rationality debate in philosophy and cognitive science

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There is a large body of experimental literature which, if taken at face value, provides evidence that human beings reason very badly (see, e.g., Kahneman *et al.*, 1982). Many have, accordingly, endorsed this unhappy conclusion. There are others, however, who have argued that such a conclusion simply could not be correct, that humans could not possibly reason badly, and the evidence, for one reason or another, must be misleading. This debate is the focus of Edward Stein's excellent book. Properly understanding the nature of the debate requires the ability to see one's way