

PHILOSOPHICAL PRACTICE

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Nemo Veritatem Regit

Nobody Governs Truth

Book Review

David H. Brendel, *Healing Psychiatry: Bridging the Science/Humanism Divide*.
MIT Press, Cambridge, M.A., 2006. ISBN: 978-0-262-51325-8. 178 pages.

REVIEWED BY CAROL STEINBERG GOULD
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David Brendel's masterful book is more urgent than ever. At a moment when neuroscience is colonizing the humanities and social sciences, ever more mental health professionals are agreeing with the distinguished neurologist, V.S. Ramachandran that "it is only a matter of time before psychiatry becomes just another branch of neurology." Brendel's title has a double meaning: There has long been an inimical, neurotic silence between psychobiological and humanistic psychiatrists. Brendel's concern is to heal the practice of psychiatry itself so that psychiatrists can better heal their patients, most of whom seek to alleviate their mental suffering and sadness. To this end, Brendel argues for an explanatory pluralism that would not only start a conversation between psychiatrists in the warring camps, but also bring flexibility into the clinical practices of both. Rejecting reductionist monism and its accompanying physicalism, Brendel argues for an explanatory pluralism in psychiatry, which he grounds in the philosophy of classic American pragmatism.

While tackling important technical issues in philosophy of science and of medicine, Brendel writes with a voice at once personal and empathic, a voice that expresses authentic concerns for patients with their anguish and for a profession that is too factionalized to reach consensus on treatment modalities. He acknowledges the social and economic pressures on the profession: the tyranny of managed care, the medical ethics driven more by bureaucracy than by rigorous critical analysis on the moral issues, the spiraling cost of healthcare, and the therapists' vigilance about legal problems. His main focus is, however, on philosophical theory, which he supports with not only philosophical analysis, but also brief, compassionate clinical narratives.

Brendel begins by introducing the view that he opposes, one that has profound implications for psychiatry: explanatory monism, a belief in the essential unity of all knowledge through the reduction of every claim about the world to a set of scientific propositions. He presents as a paradigm of explanatory monism E.O. Wilson's theory of "consilience," the claim "that facts and theories can be linked in order to create a 'common groundwork of explanation' spanning all the natural sciences . . . and ultimately subsuming the social sciences and humanities as well." Brendel, who has breathtaking command of philosophical and psychiatric literature, shows how this would work in psychiatry, by describing a unified view of bi-polar disorder, as one illustrative example. As Brendel tells us, this would ultimately reduce all claims about a patient's disorder, symptoms, unique etiology, and treatment to claims about the patient's neurobiology. From a methodological standpoint, consilience would bring a gratifying neatness to a messy bundle of observations. Some philosophers of science, for the sake of theoretical clarity, would take this one step further by arguing that neurobiological claims are theoretically reducible to the language of physics.

Brendel's enterprise is to defend explanatory pluralism, based on the traditional American Pragmatism of Peirce, James, and Dewey. One might ask why a contemporary philosopher and clinician,

like Brendel, would use classic pragmatism, rather than the more current neo-pragmatism. For his foundational principle, Brendel admirably rejects the neo-pragmatism of such philosophers as Rorty, who adopt a postmodernist rejection of scientific realism. Brendel's pragmatism is methodologically Socratic, as it requires the practitioner to revisit, refine, and refashion her beliefs and methods. Socrates, ever a realist about truth, insists that we should never be complacent about our beliefs. Brendel, arguably in the spirit of Peirce, et al., is a scientific realist who prescribes constant scrutiny of one's methodological commitments and psychiatric paradigms within a pluralistic community of inquirers.

Brendel characterizes classical American pragmatism in terms of the four 'p's: a practical approach to empirical truth, a pluralism with regard to phenomena and the tools one uses to study them, the participation of many inquirers who bring different perspectives to a problem, and the provisional nature of scientific explanation. Of the four principles, Brendel's key Pragmatist philosophers interpret them differently. They all agree, however, on core ideas: that inquiry advances only within a social context, an idea at the heart of Peirce's notion of a "community of inquiry." The Pragmatists, especially James and Dewey, reject foundationalism. Truth is "what works," which applies to not only those hypotheses having practical value for individuals, but also those hypotheses having predictive value, as well. How can this philosophical system guide clinical practice?

Brendel shares with us narratives of how he successfully applied pragmatism in the clinic, where he treated his patients using various modalities, both psychotherapeutic and biological, remaining methodologically flexible. Perhaps the most impressive, and, in places, problematic chapters of this book is "Pragmatism and the Mind/Body Problem." He could have called it "Psychiatry and the Mind/Body problem," for he takes up here the problem of how a therapist with any awareness of contemporary neuroscience can justify non-biological treatments. He displays a comprehensive acquaintance with the varieties of ontological materialism, arguing that neuroscience does not, and will not, eliminate the usefulness or effectiveness of psychotherapy and that, if anything, it adds further logical support for it. In rejecting Churchland's claim that no type of talk therapy could repair a troubled "brain," Brendel invokes Davidson's 'anomalous monism,' along with the arguments of the renowned psychiatrist/ neuroscientist Eric Kandel and the psychoanalyst Susan Vaughn.

Davidson's view is important for Brendel's argument, because it asserts that for any type of mental state, there is no specific, predictable corresponding brain state—although for each person experiencing a given experience (joy, anguish, delight in a musical performance), there is a corresponding brain event. Davidson's view entails not dualism, but that mental descriptions cannot be reduced to physical statements. It is an expression of the principle of multiple realizability such that the same symptom in several patients may correspond to different neural states and so require different treatments. Thus, Brendel emphasizes, the pragmatic, flexible psychotherapist must use pluralistic explanations and methods. For example, Patrick's depressive episode may be neurologically different from Melissa's. Therefore, while Melissa responds well to an SSRI, Patrick's responds to talk therapy rather than the SSRI that is helping Melissa. As Brendel puts it, "the ontology of human life and the methodology to treat people are separable." Wilson's consilience or Churchland's eliminative materialism would not "work" in the pragmatist's sense. Brendel is right about this.

This observation leads, however, to a question about the logic of Brendel's enterprise. Notice here that Davidson does not need pragmatism to defend his 'anomalous monism.' Similarly, both Kandel and Vaughn are ontological monists, who believe in the efficacy of psychotherapy, in-

cluding psychoanalysis. They each argue that language is a human endeavor emanating from and arguably requiring the brain. It is, after all, inconceivable that conversation would not change the brain in various ways. Hearing language delivers input to the brain. To investigate their respective arguments would take us beyond the scope of Brendel's book. Note, though, that here, again, we have two important theorists and therapists, who allow for pluralism in psychiatric practice who do not rely on the pragmatism of James and Dewey, which is, at heart, a theory of truth.

Moreover, some monists appeal to the disorder that can ensue from pluralism. Their justification is in fact in the spirit of pragmatism. It is an argument that explanatory monism has pragmatic value as a theory. What their monism lacks, however is a probing analysis of psychiatry or the human sciences in which Brendel engages. No science has successfully reduced all humanistic propositions to physical ones or all psychiatric claims to neurobiological ones. So the primary groundwork for monism, unless it is aesthetic, is purely pragmatic. This is a problem that Brendel needs to address. If pragmatism can also provide grounds for monism, then is it the best starting point for his over-arching argument? If pragmatism is consistent with both monism and pluralism, then how solid a foundation is it? Brendel, in places, equivocates between the philosophical meaning of 'pragmatism' and that found in common parlance.

This in no way detracts from the value and power of Brendel's book. In his chapter on Freud, he portrays Freud as an exemplar of a methodologically pragmatic psychiatrist, a scientifically guided physician who also probed the unique subjectivity of his patients. He describes Freud's own journey from scientific monism to a pluralistic approach to psychiatry that employs irreducible psychological concepts no less than neurological and somatic ones. Freud's path famously begins with Anna O, whose symptoms violated Ribot's Law and who inspired him to develop the idea of "somatic compliance," as Brendel describes. Freud could not have developed psychoanalysis without the scientific flexibility of the Pragmatists, whom he clearly admired. Freud's notion of the unconscious may have been one of his many ideas reviled by his contemporaries, but he rightly considered it his chief intellectual contribution to Western thought. He could never have developed it had he not used the Pragmatic principles of treatment advocated by Brendel.

Brendel gracefully guides us from his analysis of Freud to his penultimate and, perhaps most cogent, chapter, "Pragmatism in Psychiatric Diagnosis." If a clinician reads only one chapter in Brendel, it should be this one. Here Brendel assaults and laments the current diagnostic practices in psychiatry, which he views as a response to the constraints of mandated (and shifting) psychiatric ethics rather than "psychiatric science." He urges practicing psychiatrists to resist the reductionism of neurobiological approaches or the rigidity of a favored theory when trying to alleviate a patient's suffering or dysfunction. He insists that clinicians must appreciate the intricate, unique subjectivity that lies beneath a patient's symptoms. In his final chapter, his use of philosophical pragmatism is utterly sound. Brendel persuades us that effective practice must be open to a plurality of approaches and to a respectful collaboration with the patient, wherever possible. Unfortunately, psychiatry itself, like all too many patients, is still in need of healing. Clinicians and philosophers alike should give serious consideration to Brendel's prescriptive claims.

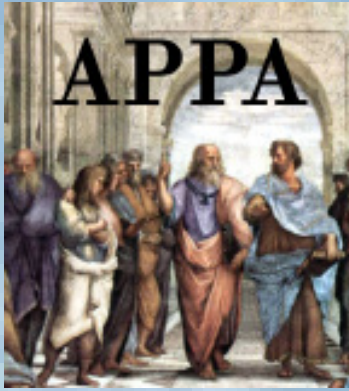
In closing, let us consider what Brendel's endeavor entails for Philosophical Practitioners: once psychiatrists adopt the Pragmatic method, they will understand the limitations of their domain. Philosophical Practitioners can help psychiatry by working with patients whose anguish arises from

moral dilemmas or existential crises, problems that philosophers, trained in philosophical practice, are distinctively well suited to tackle. Brendel, a philosopher, a distinguished psychiatrist, and now a certified philosophical practitioner, understands what philosophers can achieve in the clinic. One hopes he will continue to advocate for the role of philosophers in healing the mind. Brendel gives philosophical practitioners plenty of ammunition to fight the skeptics. I have fruitfully used this book in an upper division undergraduate course on Philosophy of Psychiatry and in a graduate seminar, as well. It would undoubtedly be helpful for medical students or residents in Psychiatry.

This is an important book that should be on the bookshelf, or better yet, in the hands, of every psychiatrist, clinician, and philosopher interested in mental health.

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Aims and Scope

Philosophical Practice is a scholarly, peer-reviewed journal dedicated to the growing field of applied philosophy. The journal covers substantive issues in the areas of client counseling, group facilitation, and organizational consulting. It provides a forum for discussing professional, ethical, legal, sociological, and political aspects of philosophical practice, as well as juxtapositions of philosophical practice with other professions. Articles may address theories or methodologies of philosophical practice; present or critique case-studies; assess developmental frameworks or research programs; and offer commentary on previous publications. The journal also has an active book review and correspondence section.

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The American Philosophical Practitioners Association is a non-profit educational corporation that encourages philosophical awareness and advocates leading the examined life. Philosophy can be practiced through client counseling, group facilitation, organizational consulting or educational programs. APPA members apply philosophical systems, insights and methods to the management of human problems and the amelioration of human estates. The APPA is a 501(c)(3) tax-exempt organization.

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