

### From the Editor

In this column I would like to supplement Joe Loizzo's superb review of recent Wittgenstein literature with a brief review of still another addition to recent Wittgenstein commentary—Jacques Bouveresse's *Wittgenstein Reads Freud: the Myth of the Unconscious* (trans. Carol Cosman, Princeton, 1995). In this short and very readable text, Bouveresse quotes and comments on virtually everything Wittgenstein wrote and said about Freud and psychoanalysis, organizing the scattered material around such chapter headings as "The Problem of the Unconscious," "Reasons and Causes," "The Mechanics of the Mind," etc. His commentary includes ample discussion of other contemporary discussion of the Freudian and Wittgensteinian themes covered in the text.

The general thrust of the book is better conveyed by the original French title: *Philosophie, mythologie, et pseudo-science: Wittgenstein lecteur de Freud*, for Wittgenstein's critique of Freud is that he was more caught up in some combination of philosophy, mythology, and pseudo-science than in the science he was claiming for psychoanalysis. This is not to say that Wittgenstein did not find Freud interesting or engaging. As Bouveresse writes: "Wittgenstein told Rhees that just when he had become convinced that psychology was simply a 'waste of time,' he read Freud and experienced what he felt was a true revelation. 'And for the rest of his life,' notes Rhees, 'Freud was one of the few authors he thought worth reading. He would eagerly speak of himself—at the period of these discussions—as a 'disciple of Freud,' or as a 'follower of Freud'" (p. 3). Wittgenstein's attitude toward Freud was in fact highly ambivalent; on the one hand he admired him for his imaginative brilliance, and he recognized an analogy between the therapeutic aims of psychoanalysis and the therapeutic aims of his own philosophizing; on the other hand he saw real destructive potential in Freud's persuasive gifts for passing off his mythologizing as real science. In a summarizing remark Wittgenstein said: "Freud has very intelligent reasons for saying what he says, a

### President's Column

A well known bioethicist was asked in an interview to comment on the ethical issues associated with neuroscience research. He responded by criticizing the US health care system for pouring vast resources into research when many people lack basic health care services. Instead, he talked about health care reform efforts. Although he talked at great length on the problem of deciding which services should be included in a basic package of health care benefits available to all, he addressed this issue as a question of justice alone. Perhaps this story only illustrates the folly of reducing bioethics to public policy, which tends to focus on a rather limited range of topical issues. It also indicates one deep problem that affects the perception of work in the field of philosophy and psychiatry, namely, that it seems to lack *relevance*.

We know we are in the "Decade of the Brain," but the hoopla ceased early in the 90s. Even had it persisted, philosophy and psychiatry is not primarily concerned with neuroscience research anyway, so many of AAPP concerns would continue to be peripheral at best. No matter how one puts it, philosophy and psychiatry seems marginal. Perhaps, that is the nature of philosophical topics. After all, I didn't claim that philosophy and psychiatry was marginal only that it appears so. However, I do not recommend that we seek solace in the view that we are engaged in deeply important work that is simply beyond the public's or the media's attention.

Although our work is specialized, it does link with many important topical and, indeed, political concerns. At least *some* philosophical issues in psychiatry bear directly on public debates such as deciding what constitutes a basic minimum of health care. AAPP should be concerned when these topics are not recognized for what they are. For example, psychiatric nosology has tremendous implications for deciding whether abnormal mental states are diseases for which treatment is reimbursed or not, which illnesses are regarded as deserving professional care, and which professionals and what kind of care is legitimate. Although questions of justice are involved and, as such, are relevant topics for bioethics and health policy, the issues involved are much broader including philosophical questions about the interrelationship not only of values and disease language, but the conceptual commitments of preferring certain models of explanation over other competing models. Dealing with justice and allocation or access questions in abstraction from the conceptual commitments embedding in the very terms in which the questions are posed seems rather fruitless. No wonder that health policy in the United States looks more like a quarrel in a dysfunctional family. Too often, conceptual questions are glossed as empirical matters which, it is assumed, Science will resolve. It is left to the philosophy to ask impolitely, "Which *science* might that be?" Regarding an illness as a disease is not a value-free act of Science, but an act that is embedded in a scientific practice to be sure, but a practice that has epistemic, logical, metaphysical, as well as ethical and political components. So, far from being tangential, philosophical interests in psychiatric diagnosis and the associated developments in neuroscience are central concerns.

Writing this in the AAPP Newsletter is like preaching to the choir, but the point needs

(Continued on page 7)

---

great imagination and colossal prejudice, prejudice which is very likely to mislead people" (quoted on p. 14).

For Wittgenstein science involves the postulation of hypotheses that may be subjected to experimental verification. While Freud claimed to be doing science, he in fact offered instead a new "manner of speaking." This is strikingly the case in Freud's hypothesis of the unconscious. "But it is a way of speaking to say the reason was unconscious...What Freud says about the subconscious sounds like science, but in fact it is just a *means of representation*" (quoted on p. 27). This is to say that, in Wittgenstein's view, Freud takes

(Continued on page 7)

## Letter from Moscow

Our Group on Philosophy and Psychiatry in Moscow was set up in April, 1996. It unites clinicians, researchers, philosophers, psychologists and social workers who share an interest in the interface of philosophy and psychiatry. The group is open to all professionals. It was established both to respond to the needs of the present as well as to continue a tradition of Russian psychiatry that has always tended to reflect on the essential problems of human being. The major Russian philosopher Nikolas Berdyaev said, "The cardinal discoveries of the human nature has have been made by psychopathology."

Today Russian psychiatry is in a time of transition. Some of yesterday's principal ideas have lost their value, but new ideas are far from being formulated. It is all but impossible to comprehend and overcome this situation, to abolish ideas that were claimed earlier more for political than scientific reasons, to change other ideas that are not in keeping with current data, but at the same time to hold on to the core of Russian psychiatry's underlying philosophical background. So the group activity tries to favor such a the development of this background.

The group focuses on the traditional problem of Russian thought—the problem of human being. We concentrate on those facets of this problem that belong to the cross-disciplinary areas of psychiatry and philosophy: religion, correlations and contradictions in the understanding of human being in philosophy and psychiatry, holistic and positivist paradigms in psychopathology, personal identity, mental disorders as a special "virtual" reality, delusion, belief and "magic thought," pathography/creativity and mental disorders, the problem of *grundstimmung* disturbance in schizophrenia, and the description and understanding of linguistic problems of psychopathology.

We hold a monthly session including formal presentation and response, followed by a general discussion. The last session dealt with classification in psychiatry. The problem of taxonomy is crucial for psychiatry. There is no agreement about the best way to classify mental disorders. The technical language of psychiatry is complex and marked by conceptual differences between psychiatric schools of thought. Historically Russian psychiatry stood somewhat apart from Anglo-American psychiatry and closer to German psychiatry. The principal current classifications, the ICD-10 and the DSM-IV, are for the most part both based

on a positivistic foundation and the so-called categorical approach-characteristics of the Anglo-American tradition. In contrast the Russian psychiatric tradition is founded on a phenomenological background but at the same time on an aetiological-nosological orientation.

At this time Russian psychiatry is in the process of officially adopting the ICD-10. To improve their professional development Russian psychiatrists need to understand the DSM-IV, including such of its innovations as a dimensional approach, with attention to the quantification of attributes rather than the assignment to categories. So the shift of diagnostic paradigm is certain to call for revision of key ideas of Russian psychiatry. However, to avoid thoughtless borrowing, the adoption of the ICD-10 must be effected in the context of the Russian tradition. It is important to realize such weak points of the categorical approach as its reductive oversimplification and its neglect of a holistic and anthropological in favor of a biological-behavioral orientation.

The group is also going to carry out educational projects devoted to the humanitarian dimension of psychiatry, its social-cultural and ethical aspects, and the doctor-patient relationship. The younger generation of psychiatrists for the most part have unreflective, materialistic, biomedical backgrounds and are not prepared to realize the spiritual essence of the human being—or even basic psychiatric notions such as delusion and depression. They are more prone to take a biomedical, reductionistic point of view and fail to understand the humanistic approach. They regard the sick person solely as a "sick" entity, with biochemical, physiological and other problems, not as a personality with soul, suffering and in pain. The goal of our project is to discover the correct applications and limitations of such an attitude.

The group aims to encourage and support research in the philosophical aspects of psychiatry. We believe that improving the the academic cross-links between philosophy and psychiatry will widen scholars' outlooks, opening vistas for the eternal problems of the person.

Today the group is not very large and is still in the process of developing itself. For now the group covers only the Moscow region. We have strong intentions of organizing a network of professionals from all regions of Russia. Unfortunately we have no sponsorship and are searching for support and resources.

The group is interested in international cooperation. Our foreign colleagues are welcome to contact us and cooperate

with us.

Elena Bezzubova, M.D., Ph.D.

Address for correspondence:  
Dr. Elena Bezzubova, MD, PhD  
Coordinator  
Assistant Professor  
Department of Psychiatry,  
Russian State Medical University  
House 10, Bld 2, Apt. 417, Marshala Zakharaeva, Moscow, 115569, Russia  
Phone: 7 095 - 390-3654  
E-mail: gorig@glasnet.ru

\*\*\*\*\*

### ADVANCE NOTICE CALL FOR ABSTRACTS

### THE SECOND INTERNATIONAL CONFERENCE ON PHILOSOPHY AND MENTAL HEALTH

### CONGRÈS INTERNATIONAL DE L'ÉVOLUTION PSYCHIATRIQUE

Palais du Pharo  
Marseilles, France  
June 28-30, 1997

Theme:  
**Vulnerability and Destiny:  
On the Phenomenology of  
Schizophrenia**

(Organized by l'Association pour la Recherche et le Traitement des Schizophrénies, la Société de l'Évolution Psychiatrique, the Association for the Advancement of Philosophy and Psychiatry, and the Philosophy Group of the Royal College of Psychiatrists)

The language of the conference will be French or English, with simultaneous translation. Registration fee: 1200 Frs, 800 Frs (EP, RCP, or AAPP members), 400 Frs (Students).

For full information contact:  
Dr Jean Naudin, Service de Psychiatrie,  
Pr Azorin  
SHU Sainte-Marguerite  
275 Bd de Sainte-Marguerite  
13008 Marseilles, France  
Phone: (33) 91973284  
Fax: (33) 91713193  
E-mail: artsnaud@pacwan.mmm-soft.fr