



From the Editor

For that scattered library of books that do not deal directly with the philosophy/psychiatry theme but are relevant to the interest, I came across another candidate a few months ago. The book is a brief memoir, *The Diving Bell and the Butterfly* (Alfred Knopf, 1997), by Jean-Dominique Bauby. The author was the 43 year-old editor in chief of the French magazine, *Elle*, when in 1995 he suffered a brain stem infarct. The stroke, which in earlier decades would have been quickly fatal, in this case thanks to current medical care left the victim alive and eventually conscious (and cognitively intact) but totally paralyzed. In fact, not quite totally; he was able to control his left eye lid. With the aid of a speech therapist he devised an alphabet organized according to the frequency of character use in the French language and slowly, letter by letter and over a several-month period, dictated the memoir. He died two days after the French publication of the book.

The title (*Le Scaphandre et le Papillon* in the original) refers to Bauby's experience of being trapped in a totally non-functioning body. A diving bell (or bathysphere) is the apparatus or container in which a deep-sea diver descends to the ocean floor and out of which he peers through a narrow slit. Such is the author's body. The butterfly of the title is his vision and mind, peering out of the immobile, thing-like body in which he is encased. It is also his imagination, which takes flight from the cadaverous receptacle and does what the body can no longer do. Bauby introduces us to his mixed experience of the "locked-in syndrome" in the opening pages of the book.

Through the frayed curtain at my window, a wan glow announces the break of day. My heels hurt, my head weighs a ton, and something like a giant invisible diving bell holds my whole body prisoner. My room emerges slowly from the gloom. I linger over every item: photos of loved ones, my children's drawings, posters, the little tin cyclist sent by a friend the day before the Paris-Roubaix hike race, and the

President's Column

Two items from our very enjoyable and I think successful Annual Meeting in Toronto come back to me as I write this column, more than a month later. The first was Michael Schwartz's moving AAPP Tenth Anniversary Lecture, in which he reminded us of the small beginnings in friendship and shared interests which spawned what we now like to see as an important international body and a strong presence within the fields of both psychiatry and philosophy, with its local groups, its panels, meetings and discussions, this Newsletter, and its own well-respected and widely-read scholarly journal. The second is the data introduced by Australian psychiatrist and PhD Carolyn Quadrio, data which for me at least served to justify the breadth of the conference's subject matter.

Our conference's embracing theme of gender and psychiatry allowed for a range of more specific interests to find a place on the program. There was the status of women in the profession, brilliantly summarized for us by Carol Nadelson, whose own status as the very first woman to head the American Psychiatric Association gave a particular poignance to her account of the glass ceilings recently shattered, and still to be shattered by women in medicine. There was the issue of gender-linked disorders, such as depression, the somatoform, hysterical and borderline disorders and anorexia nervosa. There was the 'gendering' of certain emotional responses and states which occur at the level of symptoms, as Sandra Bartky so tellingly demonstrated in her phenomenological and feminist analysis of shame. There were methodological issues about the models and presuppositions we employ within psychiatric practice and discourse. Feminist epistemologist Lorraine Code illustrated how this applied to evaluating patient's self narrative.

Other speakers introduced the methodology of research into gender differences, the presuppositions underlying cognitive science, and historical sources of gendering in the early science which grounds today's diagnostic categories. The meaning of gender identity itself was explored in discussions of the politics of gender identity development and the category of gender identity disorder. Some analyses acknowledged the broader cultural and political context, discussing the meaning of women's depression in the era of Prozac, the force of attempts to subsume post-abortion trauma under the diagnostic category of PTSD, and the significance in a medieval religious context of what would today count as frankly pathological symptoms. In addition, the theories and method of bioethics were introduced: some of the features making feminist ethics a departure from traditional ethical frameworks emerged from Norah Martin's illuminating sketch of what a feminist psychiatric ethics might look like.

Other than the focus on gender, it may be supposed, the ties linking these diverse issues, questions and concerns must be loose, and so indeed, in some cases, they are. However, a report on empirical studies in Australia and New Zealand allowed an exciting glimpse of connections hitherto - at least by me - unforseen. Quadrio showed data for Australia apparently contradicting the widely-accepted gender link between women and depression, which was intriguing in itself. But even more intriguing, she identified sources of differential treatment in factors relating to gender. The first of these was the sex of the

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IV pole hanging over the bed where I have been confined these past six months, like a hermit crab dug into his rock....

An ordinary day. At seven the chapel bells begin again to punctuate the passage of time, quarter hour by quarter hour. After their night's respite, my congested bronchial tubes once more begin their noisy rattle. My hands, lying curled on the yellow sheets, are hurting, although I can't tell if they are burning hot or ice cold. To fight off stiffness, I instinctively stretch, my arms and legs moving only a fraction of an inch. It is often enough to bring relief to a painful limb.

My diving bell becomes less oppressive, and my mind takes flight like a

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treater - which brought us back to Carol Nadelson's discussion of women in psychiatry. The fate of women as the consumers of psychiatric services is not unrelated to the sex of their treater, and will be affected, at least in part, by the broad trends we see in the profession, where women now make up almost half of clinicians in psychiatric treatment settings. More specifically, Quadrio found that at least in Australia, the treatment for women patients is likely to be 'physical' regimens such as drugs and ECT when issued by men and likely to be psychotherapy when issued by women clinicians.

This troubling finding catapulted us back to the more frankly philosophical and theoretical papers from earlier in the day, about the meaning of women's depression, and about the connotations attached to women tracing to the sixteenth and seventeenth century scientific thinking from which modern medicine derives. Are there, as earlier speakers had suggested, sinister politico-cultural overtones to the widespread application of drugs like Prozac in the treatment of depression in women? And if psychotherapy is not deemed as useful or appropriate a treatment for women patients by male as it is by female treaters, might this judgement reflect attitudes about women's nature? As we try to understand the male treaters' profile must we at least consider the legacy of early science in which women were identified with the bodily rather than the cerebral, and rationality was considered a trait only present or more strongly present in men?

Certainly, alternative explanations may account for Quadrio's data; moreover knowing psychiatry's sensitivity to culture we must be careful when drawing conclusions about our setting from Australian data. But the most obvious explanation of a treatment 'double standard' - the fact that many disorders are gender-linked combined with the clinical truism that some disorders respond to psychotherapy better than others - is not available here. Quadrio's double double standard renders such explanations insufficient: they account for why women are treated differently, but not why women are treated more differently by men treaters.

So at the least we seem required to consider the kinds of explanations noted above, and introduced into many of the philosophical and theoretical discussions at this conference, which implicate patriarchal structures and sexism deep within the practice of psychiatry even in the present day.

The great success of our conference, I

think, for which all the participants deserve credit, was that it allowed for a respectful and thoughtful appeal to such theoretical material. This in turn allowed us to begin to frame a new set of links between, and even hypotheses relating, the divergent directions, ideas and approaches represented in our two days of papers and presentations. Ten years old, and AAPP continues to foster the goals enunciated in the founding president Michael Schwartz's first column in this Newsletter: to promote 'collegial support, cross-disciplinary collaboration, and sympathetic critique' for those clinicians and philosophers working in the area of philosophy and psychiatry.

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The Neurohermeneutic Forum Mind Over Gene

The "sociobiological" idea that heredity fixes human behavior seems to have seized the American media's attention. Almost every month another claim about genes regulating fear, depression, assertiveness, sexual orientation, intelligence, or morality appears in the national press. Books by journalists like Robert Wright and Paul Johnson also promote the notion that a DNA-encoded blueprint shapes crucial aspects of our psyche. Television hammers the message home.

Last year the popular writer Tom Wolfe, both in an article for *Forbes* and during a PBS interview by Charlie Rose, made a pronouncement that epitomizes this trend. He anointed sociobiology's founder, Edward O. Wilson, as the principle prophet of twenty-first century thought about human nature.

Mr. Wolfe's enthusiasm seems to echo the prevailing views of his educated mass audience as the year 2000 approaches. In fact, sociobiology resonates almost perfectly with the wider cultural prejudices of fin-de-siecle America. It dovetails especially with our mushrooming penchant for market economics.

Adam Smith, patron saint of the

laissez-faire right, extolled free markets because they allow "unfit" businesses to die off, making room for the growth of efficient enterprises. Smith's understanding of commerce parallels the Darwinian concept of biological evolution, in which only the fittest organisms survive to reproduce. Sociobiologists have extended Darwin's ideas to psychology, arguing that survival and reproductive success today determine which behavioral traits will spread among our progeny tomorrow. Hence, a direct Darwinian link connects the economic biases of America's political culture with the genetic determinism of pop trends in current psychological thinking.

It was not always so. Fifty years ago, behaviorism, which saw learned experience rather than genetics as the main force shaping behavior, ruled American psychology. Psychoanalysis also enjoyed wide influence: its founder, Sigmund Freud, had argued that an individual's life experiences can actually override and change inherited behavioral traits passed on to offspring. Unfortunately this aspect of Freud's outlook bore an uncomfortable resemblance to the "Lysenkoism" promoted by sinister Soviet ideologues under Stalin.

Behavioristic, Freudian and Marxist perspectives on human nature have all fallen into disrepute. Their collapse appears to have left sociobiology without any effective constraints. The ominous racial overtones of books like *The Bell Curve* have elicited only weakly argued ethical rebuttals based on egalitarian ideals but few hard facts. As a result, sociobiologists, both benign and potentially malignant, seem fated to win out over all opposition.

But perhaps not. After all, sociobiology first and foremost depends on a highly tangible molecular model of the gene for its plausibility. It also relies on a one-way route for the expression of genetic codes in behavior. DNA is assumed to harbor some sort of brain map, but internal brain dynamics are deemed to have no significant impact on gene action.

Late breaking findings from the laboratory have begun to show that such unidirectional assumptions are false. As a prominent NIH researcher, R. Douglas Fields, has summarized in *The Neuroscientist*, electrical brain activity exerts many powerful effects on DNA readouts through "second messenger" chemicals. Hence, the gene's causal relationship to the neurobiology of behavior is not a simple, linear, one-way street. Positive feedback loops may even render some gene-brain interactions chaotic, thereby creating new