

OUP Copyright

## CHAPTER 22

# Mind, brain, and mental illness: an introduction to the philosophy of mind

### Chapter contents

- Session 1 **The mind–body problem in ordinary use** 614
  - Session 2 **The mind–body problem: the case of Mrs Lazy** 619
  - Session 3 **The mind–body problem: from ordinary use to philosophy** 625
  - Session 4 **A modern response to the Cartesian problem** 633
- Reading guide** 637
- References** 638

OUP Copyright

Madness is a subject that ought to interest philosophers; but they have had surprisingly little to say about it

Anthony Quinton (1985)

### Introduction

Mental health practitioners—users of services and carers, nurses, general practitioners, psychiatrists, psychologists, etc.—claim a special expertise in the mental. The philosophy of mind should thus be, uniquely, *their* philosophy. Conversely, mental health practice, given the remarkable range of abnormal mental phenomena with which it is concerned, should be uniquely interesting to philosophers of mind. Yet for much of the twentieth century, the two sides, philosophers and practitioners, have studiously avoided each other.

It was ever so! Historically, philosophy and *general* psychology were not sharply distinct (Wilhelm Wundt, for example, who founded the first experimental psychology laboratory at Leipzig in 1879, was a professor of philosophy). However, abnormal psychology, madness, has nearly always been very much at the fringes of philosophical interest. The oddity of this, as we noted at the start of Part I of this book, was pointed out by the Oxford philosopher, Anthony Quinton, in an article, reviewing philosophical work on madness, from which the above quote was taken (1985, pp. 17–41). Most of the great philosophers touched on the subject; a few explored it in more detail, though usually aside from their main philosophical work (Locke and Kant, for example). But we have to go back to classical sources, such as Plato and the Stoics or forward to the end of the nineteenth century (with the work of such founding figures as the philosopher-psychiatrist Karl Jaspers) for examples of substantive philosophical work in this area. (For discussions of Plato and the Stoics see Kenny (1969, pp. 229–253), and Nordenfelt (1997a, pp. 286–291; with commentaries by Ivy-Marie Blackburn, Stanley A. Leavy, Emilio Mordini, and Rosamund Rhodes, all 1997, with a response from Lennart Nordenfelt, 1997b, from *Philosophy, Psychiatry, & Psychology*, pp. 293–306).)

### Interglacial or global warming

Historically, then, the overall pattern of the relationship between philosophy and *abnormal* psychology, has been, like recent geological history, that of a long ice age punctuated by brief interglacials. At the start of the twenty-first century, philosophy, psychiatry and abnormal psychology, are coming together again. Whether this is another brief interglacial, or the start of a permanent change of intellectual climate, it is too early to say (Fulford *et al.*, 2003). But, as we will see in this and subsequent chapters, it is above all in the philosophy of *mind* that there are deep points of contact between philosophical theory and mental health practice and research.

### Many points of contact

One of the deepest of these points of contact is a topic that, in the popular imagination at least, is the mother of philosophical problems, the mind–body problem. It is with this that we are mainly concerned in the first two chapters in this part. The philosophy

of mind, though, covers a number of other topics critically important in mental health that are already becoming known, collectively, as ‘philosophical psychopathology’ (see, in particular, George Graham and G. Lynn Stephen’s (1994) book of that title, and John Cutting’s recent *Principles of Psychopathology*, 1977). The philosophy of mind, moreover, overlaps with, and in part underpins, topics in the philosophy and ethics of mental health covered in earlier chapters of this book: for example, ‘folk’ psychology, the unconscious, and the status of psychoanalysis, rationality and practical reasoning, and the core notions of action and agency underpinning our very concepts of disorder.

In all these areas, then, from the central metaphysical deeps of the mind–body problem, through the diversity of philosophical psychopathology, to the underpinnings of key topics in the philosophy of science, ethics, and conceptual analysis, the philosophy of mind is crucially important for mental health practice and research. But in all these areas, too, mental health practice and research are also crucially important to philosophy. Here, above all, it is the ‘real people’ of Kathleen Wilkes’ (1988) ground-breaking book of that title, who are crucial to philosophical theory. Here, above all, echoing J.L. Austin (from Part I), it is the ‘negative concept which wears the trousers’. It is the *disorders* of mind to which real people are subject that provide the sharpest philosophical probes into the nature of *mind*.

### The structure of this chapter

This chapter is divided into four sessions. Sessions 1 and 2 identify the main elements of the mind–body problem as they bear on mental health practice and research. Sessions 3 and 4 begin the process of outlining philosophical responses to the problem. Thus,

- ♦ *Session 1* looks at the mind–body problem in ordinary usage, drawing on a number of short articles from journals and newspapers, which reveal tensions in our everyday understanding of the relation of mind and brain.
- ♦ *Session 2* looks at a case history, the story of ‘Mrs Lazy’, which displays these tensions as they are reflected in clinical practice.
- ♦ *Session 3* then traces some of the philosophical history of work on mind and body from Descartes.
- ♦ *Session 4* examines a more recent attempt to side-step the Cartesian framework.

This prepares the way for an examination of contemporary responses to the mind–body problem and how they relate to the growing science of brain imaging in Chapter 23.

### Session 1 The mind–body problem in ordinary use

If psychology in general is concerned with the mind, psychiatry, and related mental health disciplines, work especially at the interface between mind and body. Psychologists may, perhaps by definition

must, ignore the body. Doctors concerned with the body (cardiologists, rheumatologists, etc.) may, though with less justification, ignore the mind. But psychiatrists, mental health nurses, and those in related disciplines, *necessarily* work with mind *and* body.

Being concerned with mind *and* body has had, however, a whole series of adverse consequences. The *intellectual* difficulty of the mind–body problem means that professionals in this area may appear confused, their research slower to get going, their authority less absolute. *Practically*, this makes them vulnerable (antipsychiatry exploited this), and, hence, defensive; there is a tendency, then, to *retreat*, to get off the fence. Psychoanalysis has tended to retreat to a purely ‘mental’ model, medical psychiatry to a purely ‘biological’ model. And in such retreats, it is users of services, treated thereby as *less* than persons, who are the losers.

### Mind–body and ordinary usage

There is no easy way with the mind–body problem. Indeed, a function of philosophy for mental health practitioners, is to show just *how* difficult—intellectually and practically—the problem is. In this first session, then, we need to get a clearer picture of the mind–body problem: to identify the features of the mind, and its relationship with the body, that make it problematic, and the difficulties which, inherent as they are in psychiatric as well as in lay thinking, leave mental health practitioners, on the one hand open to spurious criticism, and on the other to avoidable errors in practice and research.

True to J.L. Austin’s linguistic analytic principle, of putting ‘use’ before ‘definition’, we will start with a series of short readings taken from everyday, non-philosophical, sources (i.e. from what Austin called ‘ordinary’ as distinct from philosophical usage).

#### EXERCISE 1 (30 minutes)

Read the extract from the review by the British historian, Roy Porter:

Porter, R. (1997). Edward Shorter’s *A History of Psychiatry*. Evening Standard Review

Link with Reading 22.1

This is a very short review aimed at the general public (it appeared in a daily newspaper, the *London Evening Standard*). However, it carries a whole series of important messages about the mind–body problem in mental health practice.

As you read this, make a note of anything at all to do with mind and body that you can identify. Think particularly about: (1) antipsychiatry; (2) concepts of illness and disease; and (3) the reflection of mind–body dualism in (a) psychiatric categories of disorder, (b) psychiatric treatments, and (c) psychiatric research. Finally, (4) what model of mind and body do you think lies behind Shorter’s book, and (5) is it one that as a mental health practitioner (as a professional or as a user of services) you would like to see adopted?

*Reminder:* Don’t forget—philosophy is a skill, not a body of knowledge. So it is essential to do the exercise for yourself before going on. This is why a full 30 minutes has been allowed for a reading of only about 300 words.

Roy Porter was a Professor of the History of Medicine at the prestigious Wellcome Institute in London. He has often been identified by psychiatrists as a member of the opposition, as an antipsychiatrist. He made a number of trenchant criticisms of psychiatry, based on important work on the history of the subject (we drew on his work in Part II), and this comes through in the tone of his review (the opening rhetoric is not psychiatry friendly!). In this reading, he is careful, though, not to identify directly with Shorter’s equally (though on different grounds) antipsychiatric message. This is because, as he says at the end, history teaches us to take with a ‘pinch of salt’ the exclusively brain-based, or ‘biological’, approach that Shorter advocates.

### Five signals of the mind–body problem

Porter thus recognizes the importance of science (of this brain-based kind) but is also well aware of its limitations. We need to do something about the released ‘psychopaths’ (in his opening line); and if psychiatry’s traditional models are as inept as he implies, neuroscience looks an attractive option; but the lesson of history is that a ‘monoculture’ approach, focusing exclusively on either brain-based or mind-based solutions, will fail.

Behind Porter’s review, therefore, there is an unresolved tension between mind and body. In a larger, more discursive, review, this tension would be more deeply hidden. But in this short, punchy, piece it shows through as a series of signals of the mind–body problem. Here are some of these signals as they relate to the topics in the exercise (you may have identified others as well):

1. *Antipsychiatry*. We have already noted that a broadly antipsychiatry position is shared by Porter and Shorter. Its links to the mind–body problem are clear at a number of points, e.g. in paragraph 2 we are asked whether mental illness is ‘*real* like smallpox or cancer’ (Porter’s emphasis), or ‘all in the mind’. By linking psychiatry with the mind, then, antipsychiatry implies that psychiatry is dealing with something that is not real (in Szasz’s famous dismissal, a ‘myth’—see Parts I and III).
2. *Concepts of illness and disease*. This contrast (‘mind’ = not real; ‘body’ = real) is embodied in a medical/psychiatric context in the distinction between illness and disease. In paragraph 2 for example, Porter says it is ‘clear what physical *disease*’ is, but, he continues, ‘what of mental *illness*?’ (our emphasis). As we saw in Part I of this book, illness and disease are often conflated, and much (though not all) of the debate about the validity of ‘mental illness’ turns on this. Here we get a clear signal that part of the rhetorical power of this conflation stems from an implicit reference to body (= disease = real) and mind (= illness = unreal).

3. *Diagnosis, treatment, and research.* This is one clear signal, then, of the mind–body problem. Others include
- psychiatric categories of disorder*—Porter suggests, again in paragraph 2, that psychiatry split ‘into two camps, the organic and psychogenic’;
  - treatments*—in paragraph 4, Shorter is said to describe psychiatry as developing in two directions, with physical treatments (lobotomy, electroconvulsive therapy, etc.), and psychoanalysis; and
  - research*—Shorter sees, in paragraph 6, a new biological psychiatry, ‘based on *hard science*’, as an ‘*alternative*’ (Porter’s word, but not his emphasis) to talking therapies.
4. *Shorter’s eliminativism.* Behind each of these aspects of Shorter’s account, then, at least as interpreted by Porter, there lies a model of mind and body. Yet if we were to ask Shorter *what his own model is*, he would have to say ‘eliminative materialism’, or words to that effect. The ‘hard science’, which is his alternative to talking therapies, is ‘neurophysiology and chemistry’. All that is important in psychiatry, then, concerned as it is with mental disorders, is to be had from studies of the brain (and of the rest of the body). Talk of the mind, then, can be eliminated once we have an adequate account of the brain. Hence, *eliminative materialism*. Porter makes this explicit. He takes Shorter to be claiming that ‘Investigating the brain will bare the mysteries of the mind’.
5. *Practical significance.* But is this really as ‘hopeful’ a message for mental health practitioners as Shorter suggests (paragraph 7)? Porter has his doubts, as we have seen. History warns us against such retreats to any one overarching approach in psychiatry. But there are clear *philosophical* warnings, too, i.e. in the language used. Where physical treatments failed, they were ‘bizarre’ (paragraph 4); that they were based on the ‘hard science’ of the day is conveniently forgotten. Psychoanalysis, similarly, although conceived by Freud, at least in his early work, as a preliminary to neuroscience, is dismissed as ‘aimless chat’. Even, therefore, within a body-only solution to the mind–body problem, it is, merely, *today’s* neuroscience that is acceptable to Shorter. A view as narrow as this, promoted, as Porter notes, in an ‘upbeat, even euphoric’ tone, signals dogma. And as we saw particularly in Part IV, dogma, from whatever perspective, is the basis of much abusive practice in mental health.

Packed into this short review, then, we find a whole series of signals of the importance of the mind–body problem in mental health practice and research. The tone of the article, as we have seen, is by and large adverse to the mind; Shorter’s very programme is to eliminate mind in favour of brain. There are, though, two key properties of mind, which, though not signalled in this first reading, are, on the face of it, incompatible even in principle with Shorter’s approach.

### Mind and consciousness

These two key properties are (1) consciousness, and (2) freedom. These are closely linked: we normally take only conscious activity to reflect free choice (though not all conscious activities are in this sense free). Both have been subject to endless philosophical scrutiny. Both must be accommodated (if only by elimination) to any theory of mind. Both, moreover, are important in ordinary conceptions of the mind and, hence, in mental health practice and research. The reading linked with the following exercise is an example of the ‘ordinary use’ of consciousness.

#### EXERCISE 2 (30 minutes)

Read the *New Scientist* editorial:

Editorial (1997a). A comet at heaven’s gate. *New Scientist*, 5 April: 3

Link with Reading 22.2

Think particularly about, (1) the model of mind and brain the article is ‘debunking’, and (2) what is put in its place. Is the latter a sufficient account of consciousness, though? If not, what is the real philosophical value of the abnormal states of consciousness to which the article refers? As before, make brief notes on these points before going on.

This editorial is redolent of anti-mind sentiments: consciousness (or at any rate conscious control) is an ‘illusion’ to be assimilated to mass delusions; minds are ‘souls’ (ghosts? theological superstition?), and so on. Specifically, the article aims to ‘debunk’ the ‘common illusion that our conscious self sits inside us, looking out on the world and controlling our actions’. This model, attributed to the seventeenth century French philosopher, René Descartes, is said to be ‘like the Wizard of Oz’.

### Dissolving the mind–body problem

Well, fair enough, this may be a false picture of the mind. But in its place we are offered the brain, in the form now of modern neuroscience. This, certainly, has come up with some challenging findings, for example that brain activity may precede awareness of that activity (the tennis ball being back over the net before the player is aware of hitting it). And a series of ‘deficit states’ show that our conscious awareness is not as indivisible as we normally suppose (blindsight, in which subjects can identify objects correctly even though they have no conscious visual awareness, is a dramatic example of this).

The article is at this point touching on hugely important and exciting advances in neuroscience. We will be returning to these later, in particular in connection with developments in cross-disciplinary work between philosophers, neuroscientists, psychologists, and psychiatrists, on consciousness and its disorders (including the remarkable disorders of *self-consciousness* in schizophrenia).

### Deepening the mind–body problem

But this work *deepens*, rather than dissolves, the problem of consciousness (as a key aspect of the mind–body problem). It shows that consciousness is far more *complex* than had been appreciated (from ordinary introspection); and that the *causal* role of consciousness (usually thought of as concerned in some way with planning and/or monitoring activity) is not as self-evident as it had appeared.

Deeper still, though, substituting brain (or neurosciences) for mind fails wholly to account for the central mystery of plain *awareness*, what is sometimes called phenomenal consciousness. Neurophysiology may give us an increasingly sophisticated picture of how the brain works, including those aspects of brain activity that are associated with conscious awareness. Could this, however, as an explanation merely of the *mechanisms* subserving consciousness, cut to the problem of how anything that is material can be aware? How can matter, however subtly organized, have a point of view? Or to put the point differently, how could any account of someone's brain (even if we knew enough to say *what* they were experiencing) be the same thing as an account of their experience?

### Mind, freedom, and responsibility

Note, again, that these are deep questions, to which we will return. But the point at this stage is to be suspicious of triumphalist claims for neuroscience, for a rhetoric that seeks to assimilate the problem of consciousness to an illusory belief in flying saucers. This is important in general (it is important for good science, if in no other ways). And it is crucially important for mental health because of the link between consciousness and the second key property of the mind, freedom.

We have already encountered this link in the form of the undermining of responsibility by severe mental illness. It was a feature of the conceptual map of psychiatry introduced in Chapter 2: 'mad or bad?' was the key question in criminal law, you will recall, 'mad or sad?' the corresponding key question in civil procedures involving involuntary treatment (for depression). Not all severe mental illness undermines responsibility, however. Indeed a key feature of the conceptual map of psychiatry was the way that mental disorders span between the deterministic world of bodily disease categories (on the right) and the moral world of free-to-be-responsible people (on the left).

There is a tension here, then, which we can now see was an aspect of the tension between mind and body. An action that is performed unconsciously is perceived as brain-driven and hence one for which the person concerned is clearly not responsible: for example, an act of violence arising in the course of an epileptic automatism. However, with mental illness matters are less clear cut. In some cases, paradigmatically with delusions, there is a strong intuition that the person concerned is not responsible. But, disturbed as their consciousness may be, they are not, as such, unconscious. We may have theories about unconscious sources of behaviour, of course, but such theories, insofar as they

are accepted at all (in their specifics), have the same implications for the freedom of our *non*-pathological as of our *pathological* actions. Hence we need some other explanation for the undermining of responsibility by severe mental illness. The brain looks a good candidate, and brain scans an attractive way of evidencing the origins of someone's action *in* their brain, rather than (this approach implies) in their own free (and hence responsible) choices.

This clutch of everyday ideas is illustrated by the two readings linked with the next exercise.

#### EXERCISE 3

(30 minutes)

In this exercise we are going to read two short articles both of which illustrate, again through ordinary usage rather than philosophical analysis (we come to this later), the importance of freedom as a characteristic of mind:

Editorial (1997b). Inadmissible evidence. *New Scientist*, 22 March: 3

Link with Reading 22.3

Anon (1997). Anorexia trigger found in the brain. *Sunday Times*, 13 April

Link with Reading 22.4

These articles reflect different ways in which people react to the implications of research on the brain for responsibility. Try to characterize the difference and suggest what might be motivating it. Also, think more generally about the significance of this difference in response for the eliminativist programme. Finally, why should advances in brain science seem to undermine free choice?

These two articles are both concerned with responsibility. Being responsible usually means that you were free to have behaved differently ('ought' implies 'can' is the well-worn philosophical slogan). This is the human world of free agents, then, morally responsible and responsible in law. But brain science is all about the *causes* of behaviour, and causation (scientific determinism) seems to be incompatible with free choice. Hence, advances in brain science, giving us more detailed knowledge of the brain basis of behaviour, appear to move us out of the moral world of free agents into the scientific world of deterministic objects.

### Freedom of the will, neuroscience, and mental illness

This of course is the traditional philosophical problem of 'freedom of the will'. But the traditional problem has been given an extra edge by developments in neuroscience, which, for the first time, are giving us credible models of the 'higher' mental functions concerned with responsibility, such as volition, desire, and belief. And this is critically important in mental health because of the strong intuitive link between severe mental illness and loss of responsibility.

### Equal and opposite reactions

How, then, are we to take developments in the brain sciences? The two articles linked with Exercise 3 take not only different but diametrically opposed views. The *New Scientist* editorial castigates the use of brain scans in criminal trials as ‘Inadmissible evidence’: this is a device used by unscrupulous lawyers to get morally and legally responsible crooks ‘off the hook’. The *Sunday Times* article, on the other hand, welcomes the finding of an abnormality in the brain of some teenagers with anorexia, as a sign that the condition is, after all, a real disease, for which, therefore, neither the patient nor her parents need feel ‘guilty’. In the last column, the psychiatrist says he is glad he will be able to say ‘There is a major biological factor happening in your daughter’s brain and causing her to behave this way. It is not your fault’.

At one level, the difference in reaction, here, is driven by how we feel towards the people concerned. The criminals we perceive as wicked—hence we want to deny the significance of ‘brain findings’ and keep them in the moral world of people with freedom of choice who are thus responsible legally. Towards young women with anorexia, on the other hand, we feel protective. We thus want to remove them from the moral world of guilt into a medical-scientific world of care and cure.

### Emphasizing the tractable

This may seem naive. But as with consciousness, there is no quick way with freedom and responsibility as features of the mind. The problem of freedom of the will, like the closely related problem of consciousness, is among the deep problems of general metaphysics.

So deep, indeed, are these problems that in recent years, philosophers, taking their cue from the natural sciences, have tended to shy away from them and focus on less fundamental but more tractable issues. Instead of the traditional problem of phenomenal awareness, much philosophical work focuses on the *structure* of consciousness, on its parts. Instead of the traditional problem of freedom of the will, much philosophical work focuses on the *components* of agency (Austin’s ‘machinery of action’).

### Denying the intractable

This is a sound strategy. It is yielding high-quality results that are the basis of the increasingly fruitful co-operation between philosophers, neuroscientists, artificial intelligence experts, psychologists, and, more recently, psychiatrists.

Yet such work, as we have seen, cannot dissolve, and tends, if anything, to deepen the traditional problems. Philosophers, under pressure like everyone else to ‘get results’, have sometimes denied this. Daniel Dennett, a master of memorable titles, called his book on the *structure* of consciousness (1993), ‘Consciousness Explained!’ (We return to his important work on the intentional stance in chapter 25.) However, the proper function of philosophy here is rather to deepen our understanding of such problems by avoiding premature closure, the quick fix, the short cut, whether this is to a mind-only solution or to a brain-only solution.

### Brain-only and mind-only solutions

If, then, even philosophers have been tempted to give up on the mind–body problem, it is no surprise to find non-philosophers adopting similar strategies. And this is what lies behind the equal and opposite reactions to the findings of brain research illustrated by the two readings linked with Exercise 3.

The *Sunday Times*, describing the discovery of a ‘trigger’ for anorexia in the brain, opts in effect for a brain-only solution. This makes anorexia a ‘real’ disease, caused by something wrong in the brain, and, hence, outside the moral world of persons. Anorexia is ‘all in the brain’.

The *New Scientist* editorial, jumping the other way, opts in effect, for a mind-only solution. This is less obvious because the moral (mind-only) view of crime is hidden behind much reassuring brain-talk. It is, the editorial claims (thunders?), ‘blindingly obvious’ that ‘impaired judgement goes hand in hand with most violent crime’. *Brain* scans, it implies, can reveal this. But, continuing the *brain*-talk theme, ‘we’ knew it all along because ‘alcohol is involved in more than 90% of murders’. Yet, switching only a few lines later to a mind-only account of crime, we are told, equally firmly, that ‘there isn’t a brain-imaging technique in the world that can establish’... ‘whether he (the defendant) was oblivious to the difference between right and wrong’.

The brain-only talk then returns with references to ‘the illusion of moral judgement and free will’ and a corresponding acknowledgement that ‘violent crime does have some connection with involuntary, disturbed patterns of brain activity in the frontal lobes’. Like Shorter in the first reading, then, and their own editorial in the second (‘A comet at heaven’s gate’), this is the *New Scientist* casting off the myth of mind. This is neuroscience, in Porter’s phrase, laying ‘bare the mysteries of the mind’. And yet, once again, a mind-only account of crime finally breaks through. This time it is in the contrast in which the *New Scientist* couches its final conclusion. Brain scans, it says, should be used only for ‘diagnosing *medical* conditions, not *moral* ones’ (our emphasis).

### We are minds

Again, there is no easy way with these issues. The *New Scientist* is tackling a problem that has taxed the best minds for over two thousand years. But the concluding phrase in their editorial shows how even those most committed to brain-only solutions (those for whom consciousness and free will are ‘illusions’) *cannot avoid mind-talk* when they are speaking of people.

This is a nice case of Austin’s ‘use’ of concepts speaking louder than ‘definition’, then. Earlier in this book we had an example of this in the work of Christopher Boorse on the concept of disease. Boorse stipulated a value-free definition of disease, yet could not avoid evaluative language in his use of the concept. This suggested that values are essential, logically essential, essential by virtue of the very meaning of ‘disease’. Similarly, then, the way mind-talk breaks through in people-talk even in an editorial from the stipulatively eliminativist *New Scientist*, suggests that mind is essential to the concept of *person*. The Oxford philosopher,

Peter Strawson (1977), in a now classic text on personal identity, indeed argued that the concept of person is 'primitive', logically speaking: that is to say, the very meanings of mind-concepts and body-concepts are *derived* from the more basic concept of 'person'.

### We are brains

It is, then, because the *New Scientist* editorial is not about brains but about persons, in a moral world of crime and responsibility, that mind-talk is inevitable, i.e. because of the very *meaning* of what it is to be a person.

Which is, though, not to say that we can avoid brain-talk. In other contexts (as in certain theological treatments of free will) attempts are made to float the (moral) mind free of the (deterministic) brain. This is the mind-only solution, then. Both dogmas are widespread in everyday thinking, brain-only and mind-only. Yet both deny the twin aspects of what it is to be a person. And both are, thereby, in different ways, equally abusive.

This is true in general. It is true in particular in the case of the equivocally placed, the stretched between mind and brain, concept of mental illness. It is thus to a case example that we turn in the next session.

### Reflection on the session and self-test questions

Write down your own reflections on the materials in this session drawing out any points that are particularly significant for you. Then write brief notes about the following:

1. Name two adverse effects on mental health of the difficulty of the mind–body problem. (We noted five.)
2. What implications have people drawn from (putative) neuroscientific discoveries of the brain basis of behaviour for responsibility and freedom of choice?
3. What central concept links both mind-talk and brain-talk in ordinary usage? What did Strawson say about this concept?

## Session 2 The mind–body problem: the case of Mrs Lazy

In the last session, we used the J.L. Austin method for 'getting started', exploring some of the intuitive features of mind and body through ordinary usage. This showed us: (1) the richness of the connections between the mind–body problem and mental health practice and research (the Roy Porter review of Shorter); (2) the significance of consciousness as a feature of the mind ('A comet at heaven's gate'); and (3) the link between minds, brains, freedom, and responsibility (the two different ways in which people take the significance of brain research for responsibility represented by the *New Scientist's* 'Inadmissible evidence', and the *Sunday Times's* 'Anorexia trigger' article). This led us to a conclusion about the essentially mind *plus* body nature of persons.

In this session, we continue the J.L. Austin way of getting started by thinking about a case history reported in the *London Times* newspaper. This report, which we can call the 'Case of Mrs Lazy', draws together many of the points made above about the mind–body problem in mental health. It will also help us to see just how much can be done with something *less* than mind and body, i.e. with *brain* and body; and, by contrast, what is left out when we leave out the mind. We will then be ready to start on philosophical accounts of mind and body in the next session.

### EXERCISE 4

(30 minutes)

Read the extract from the newspaper report of the 'Lazy wife':

Anon (1996). Lazy wife has her head examined. *The Times*, 2 September (1), page 7 (Report identified by Paul Sturdee; discussion, Fulford, 2000.)

Link with Reading 22.5

This is just the first two paragraphs. We will come to the rest of the story, in two bites, in a few minutes. With this first extract, (1) write down any mind–body points you can think of which it illustrates, and (2) also note your clinical thoughts, i.e. what do you think could be wrong, if anything, and what would you do (as 'Mrs Lazy's' GP, say, or as her husband)? Finally, (3) think how the two sets of points, the mind–body points and the clinical points, relate to each other.

### Mind or brain

As a case report, this article is a rich source of observations about the 'ordinary use' of mind–body concepts in relation to questions of health, illness, and disease. Indeed, with just these first two paragraphs we go right to the heart of the mind–body problem. Mrs Lazy is introduced as a free agent who 'decided' she was fed up with housework. Antipsychiatry, therefore, would identify closely with the phrase that follows, she 'had to defend herself' against doctors, who, with what could reasonably be regarded as an unwarranted extension of the concept of illness, 'feared that she was ill'. The case against the doctors would seem strengthened by the fact that her 'defense' does indeed look reasonable—many women, after decades of housework, decide it is time to put their feet up, or to branch out in some other direction.

On the other hand, clinically, once we view this as a 'personality change', the shift in Mrs Lazy's behaviour, from a conscientious to unconscientious pattern, would be consistent with damage to the frontal lobes of her brain: a key feature of the 'frontal lobe syndrome' is just this loss of responsibility.

Moreover, Mrs Lazy's husband's concerns are highly relevant in this respect. On an antipsychiatry model, he would be viewed as motivated by the need to control his wife: her decision is medicalized and therefore invalidated, making her subject to interventions designed to control her deviance, to bring her back into line. But relatives are often sensitive to pathology that doctors, who may not know the patient so well, may miss (parents, as any

family doctor will tell you, are often very good at knowing when their children are really ill even if, at the time, there are no obvious or well-defined symptoms).

### A practical compromise

So, how do we pull this together? One practical course is to get Mrs Lazy's agreement to a brain scan, as a non-invasive procedure, and one that is likely to show if there is anything wrong (such as a tumour) about which something can be done (tumours in the frontal lobes of the brain are often 'silent' clinically, i.e. they show no signs or symptoms, apart sometimes from loss of the sense of smell in one nostril, due to pressure in the brain on the nerves from that side of the nose). This is what was done.

#### EXERCISE 5

(15 minutes)

Now read the second extract from the 'Case of the lazy wife'. Where does this take us, with the mind-body problem, and clinically?

Anon (1996). Lazy wife has her head examined. *The Times*, 2 September (2)

Link with Reading 22.6

Clinically, the discovery of a large tumour, and its successful removal, vindicated the surgeon's and Mrs Lazy's husband's concerns. In relation to the mind-body problem, moreover, this case illustrates some of the *misuses* of mind in antipsychiatry.

### Antipsychiatry got it wrong?

You will recall from the first reading (Porter's review of Shorter linked with Exercise 1), much denigratory talk of psychiatry being split into 'heroic (physical) interventions' (including brain surgery) and the 'aimless chat' of the talking therapies. This case shows, on the contrary, that psychiatry, no less indeed than neurosurgery or any other branch of medicine, needs both. It needs to attend to mind *and* body, in diagnosis and in treatment.

In this case, talking would indeed have been 'aimless chat' but surgery was appropriate. In many cases of mental disorder, surgery is not currently an option. But this is for technical reasons. There is no objection of principle to physical treatments, any more than, in principle, talking therapies should be inappropriate in principle. Talk, we must suppose, changes how the brain functions! Much of antipsychiatry, therefore, no less than much of psychiatry, is prone to a *false* separation of mind and brain.

### Psychosomatic medicine

The extent of this false separation is well illustrated by the history of psychosomatic concepts in medicine. It is not so long ago that biologically minded doctors were inclined to deny that a patient's state of mind could influence the state of their body. How, it was argued, could feeling sad for example, possibly alter the blood supply to the heart (increasing the risk of a 'heart attack'), or affect the healing of a surgical wound.

Nowadays this seems positively antediluvian! Not only do we have a well-established concept of psychosomatic medicine but there is a whole subdiscipline of psychiatry specializing in the links between mind and body, called liaison psychiatry (liaison psychiatrists liaise with general physicians, surgeons and other 'body-doctors'). Even at the time, the denial of mind-body links reflected a number of unjustified empirical presuppositions, namely

- ♦ that (relatively) distinct anatomical entities (hearts, livers, a leg, the skin, etc.) could be, or were even likely to be, functionally independent of each other and of the body as a whole (including the brain); or, at any rate, that everything we needed to *know* about these anatomical entities could be discovered by considering them in isolation
- ♦ that because causal connections between psychological states and bodily organs had not been identified, there were *no* such connections; or at any rate that the prevailing disease paradigms or research models precluded such connections.

In the present state of our knowledge, not only is the intimate connection between mind and body in questions of health taken for granted, but some of the causal pathways connecting them are beginning to be well understood.

## The origins of the philosophical problem of mind and body

### Descartes, the first liaison psychiatrist?

Interestingly, one of these causal pathways is the pineal gland. This was the organ by way of which the seventeenth century French philosopher, René Descartes, the man responsible for the mind-body problem in its present form, speculated that mind and body might interact. This is often treated as a philosophical joke. But it was a reasonable hypothesis. The pineal is a pea-sized organ situated more or less in the centre of the head with a cord or stalk of nervous tissue connecting it directly with the deep parts of the brain. In Descartes' time it had no obvious function and to all appearances it could well have been a mind-body transceiver.

We return to Descartes in Session 3. It is worth noting, however, that this construal would require qualifying the nature of Descartes' mind-body dualism. Descartes' arguments, as we will see, aimed to show the distinction between mind and brain. But it is arguable that if they interacted in the way he suggested, this would make the mental turn out to be in one sense *physical*.

There is a general problem of defining what is meant by 'physical' in non-question-begging terms, to which we return later. But it is plausible that anything that is causally interactive with items within the physical realm is itself *part of that realm*. This would still be different from arguing that mental states are really states of the body. The mind, for example, perhaps like the signal arriving at a TV set, could be a distinct field interacting with the body through the brain (see McGinn, 1993, for discussion of this possibility).

All the same, there is a clinically important sense in which Descartes' hypothesis about the pineal has turned out to be right.

The pineal is now known to be an important conduit between the *brain* and the rest of the body (there are others, e.g. the autonomic nervous system). Thus, the pineal secretes a wide variety of hormones that influence the state of the body; these secretions are under the control of higher centres in the brain that mediate emotional and other psychological functions (including the reception of signals from the outside world); these psychological functions, in turn, are influenced by the hormones stimulated (directly or indirectly, i.e. via the bodily changes they produce) by the pineal. And all this falls firmly within the remit of liaison psychiatry.

### Brain–body dualism and psychiatric disease classification

Descartes' hypothesis about the pineal, reinterpreted as mediating *brain*–body dualism, thus anticipated the development of liaison psychiatry and, indeed, a range of modern biomedical disease categories such as 'psychosomatic disorder', 'endogenous depression', 'psychogenic pain', and 'organic psychosis'.

Such categories are often taken to reflect mind–body dualism. Yet they need not be taken to express anything more mysterious than the idea that the *brain* interacts with the rest of the body. We can reconstruct these categories, in terms of brain–body dualism, as follows.

- ◆ '*Psychosomatic disorders*' become bodily diseases caused, or made worse, by those states of the brain that mediate psychological functions (e.g. ulcerative colitis, a severe bowel disease, is often aggravated by long-term anxiety); in this sense, then, psychosomatic disorders are no more mysterious than what we might call 'dermatohepatic' disorders—i.e. skin disorders caused by states of the liver (e.g. jaundice).
- ◆ '*Endogenous depression*' becomes depression that appears to arise from an internal influence on the (putative) parts of the brain mediating sadness; this is as against reactive depression, which arises from external influences on these same brain parts, e.g. adverse life events such as bereavements (the distinction is not at present clinically useful because the symptoms and current treatments of depression are largely independent of the aetiological relationship to outside events).
- ◆ '*Psychogenic pain*' becomes pain (itself a brain state) produced by changes in other parts of the brain mediating psychological functions, rather than by external noxious stimuli.
- ◆ '*Organic psychoses*' become psychotic disorders caused by gross pathology (tumour, endocrine disorders, reduced blood supply, etc.) affecting the brain. 'Functional', or 'non-organic', psychoses (e.g. schizophrenia) are caused by more subtle (and still putative) changes in the fine structure of the parts of the brain mediating psychological functions.

### Brain–body dualism and Mrs Lazy

With brain–body dualism of this kind, then, there is no reason why the mind should not be fully understood, in time, by way of

empirical investigations of the brain. Mrs Lazy's case seems to foreshadow this. Her case was unusual (it was written up for a newspaper), though such cases are far from rare. But those involved clearly felt that brain medicine, and by implication the medical (scientific) model, had shown its worth. As indeed it had. But now look at the final extract, indicating the eventual outcome.

#### EXERCISE 6 (10 minutes)

Read the whole article again, i.e. with the concluding paragraph added in:

Anon (1996). Lazy wife has her head examined. *The Times*, 2 September (3)

Link with Reading 22.7

- ◆ Can all the implications of this case be safely drawn in terms of brain–body dualism?
- ◆ What is left out?
- ◆ Why could this be clinically, as well as philosophically, important?

As the report indicates, despite removing the tumour, Mrs Lazy did not regain her enthusiasm for housework. But what are we to make of this?

Clinically, the causal story offered by the surgeon, Mike Hanna, as reported, is entirely plausible. It is *possible* that the tumour was merely incidental to Mrs Lazy's change of personality; and antipsychiatry might want to press this point. But as noted earlier, tumours in this part of the brain (the frontal lobes) are known to produce changes in personality of just the kind shown by Mrs Lazy (the frontal lobe syndrome); and it is not unreasonable to believe that after 15 years, this large tumour (the largest Mike Hanna had ever seen), could indeed have affected Mrs Lazy's frontal lobes for good.

### Another blow to antipsychiatry?

At first glance, then, cases like this seem to contradict antipsychiatry, at least of the extreme Szaszian kind that would make mental illness a myth. Szasz, as we saw earlier, would have to say that Mrs Lazy had a *brain* disease. And Boorse, Kendell, and others representing the equal and opposite extreme of the 'medical' model, would take Mrs Lazy's case as paradigmatic of the way psychiatry will develop as its scientific basis becomes more secure. This is Shorter's point, too (from the first reading in this chapter): brain science, *modern* brain science, will 'lay bare the mysteries of the mind'. It will reveal the causes of mental disorder, thus making possible medical treatments, not 'heroic' perhaps, but (we may imagine) precisely targeted physical manipulations by designer drugs, laser scalpels, nano-technological inserts, and the like.

There are, as Shorter would be the first to acknowledge, technological barriers to this brain-based future. Any form of

'talking therapy' would certainly have been 'aimless chat' as a treatment for Mrs Lazy's frontal lobe tumour. Cognitive therapy, on the other hand, is likely to remain a 'treatment of choice' for some time to come for a whole range of 'functional disorders'. However, granted the brain-body model of mental disorder, there should be no barrier of principle to physical treatments for all. Indeed, as noted earlier, on a brain-body model, 'talking therapies' themselves change how the brain functions.

### The mind fights back

There is a clear signal, though, even in this brief report of an apparently obvious 'brain' case, that the mind side of the mind-body problem, cannot be so easily eliminated. This comes in the last paragraph of the second extract (linked with Exercise 5), in Mike Hanna's reference to depressive illness. A change in personality, he is reported as saying, is usually due to a 'depressive illness', but in perhaps less than one case in ten 'something may be going on in their brain'.

#### EXERCISE 7

(30 minutes)

Think about this comment before going on, in particular:

- 1 What 'model' of mental illness does it reflect?
- 2 Why does it signal that the mind cannot be so easily eliminated?
- 3 If the mind were eliminated, what would go with it, in Mrs Lazy's case and in general?

Mike Hanna's comment reflects the 'mental illness = mind = unreal' *versus* 'physical disease = body = real' antithesis noted in the last session (e.g. in relation to the Porter review of Shorter). If pressed, Mike Hanna would no doubt want to say that 'of course mental illness has a brain basis'. As we noted earlier, however, the cracks in ordinary usage give us a view through to our underlying concepts.

In this case, it is the mind that is showing through the crack. *Mental* illness, however strong our commitment to a medical-scientific model, carries with it the mind side of mind and body. It is this that Mike Hanna's contrast implies. Mental illness is 'on the cusp'. It really is *mind* and body.

### Consciousness and responsibility

Once mind is allowed in through this crack, it brings with it everything that has been left out, of Mrs Lazy's story, and of the *brain-body* story in general. In the first place, it brings 'phenomenal consciousness'. Mrs Lazy's story reminds us that much that we take for granted about ourselves from ordinary introspection, is wrong. In mind-only accounts of persons, motivation (the 'will') is a central part of the model of an independent consciousness 'looking out', the 'Wizard of Oz' of our second reading ('A comet at heaven's gate'). Motivation, though, as Mrs Lazy's case and others like it show, is firmly located (at least in part) in the frontal lobes.

Mrs Lazy's case thus illustrates the way in which 'deficit states' may help us both to differentiate the components of consciousness, and to identify their brain basis. But, and this is another crucial 'but', when all that is said and done, are we any further to knowing what it is *like* to feel motivated or unmotivated, what it is *like from Mrs Lazy's perspective*, or for people in general? Surely not.

Even more significant clinically, though, is the fact that, with mind comes responsibility. This was the second characteristic of the mind, you will recall, which we explored in the two readings linked with Exercise 3 (*New Scientist* and *Sunday Times*) in the last session (there are other characteristics of the mind—see Session 3). These two readings illustrated the diametrically opposite ways we can take the implications of neuroscientific findings for responsibility (as either wholly irrelevant or as abolishing it). They also showed how reactions to a given case depend in part on our evaluation of the behaviour in question.

### Responsibility and mental disorder

Just how we should resolve issues of responsibility, in Mrs Lazy's case or in general, is not clear. The problem of responsibility is, in a sense, the whole of the mind-body problem! At the same time, it is a very *practical* problem. As the *New Scientist* editorial 'Inadmissible evidence' (linked with Exercise 3) reminds us, it crops up all the time in forensic psychiatry, over issues of 'mad or bad'. But it is also at the heart of the ethical issues raised by involuntary psychiatric treatment.

Difficult as the problem may be, though, Mrs Lazy's case shows us how critically important it is not to foreclose on it, either to mind-only solutions or to brain-only solutions. Conversely, it also shows us how pathology can help us to identify and disentangle some of the components of the problem itself. One way to think about this is using the framework of ideas developed in the first part of this book and summarized in the diagram of the full-field model at the end of chapter 6.

#### EXERCISE 8

(60 minutes)

Go to the diagram at the end of chapter 6 (this is reproduced below as Figure 22.1) and think about Mrs Lazy's case in terms of the elements of the model summarized there. As we are thinking mainly about what is left out in the brain-only account of Mrs Lazy, think particularly about the left-field elements, i.e. values, the experience of illness, and agency. Also, think about these in relation to the clinical and scientific, as well as the conceptual, aspects of Mrs Lazy's case history.

This is a long exercise because there is a lot to it! As before, it is important to work through these points for yourself, and to write down your conclusions, before going on.

Given that mental disorder, and with it mental health practice, is on the cusp of the mind-body problem, we should not be surprised to find that the way in which we conceptualize mental disorder has a close connection with the way in which we conceptualize mind and body.

### Mind, body and a ‘full-field’ model of mental disorder

Referring, then, to the full-field model, this is indeed what we find. Thus, the elements of what we called earlier the right-field of the model, reflecting the body, are evident enough in the story of Mrs Lazy as reported—facts, diseases (Mrs Lazy’s tumour), and disease interpreted as disturbance of functioning of bodily parts and systems (Mike Hanna talks of the tumour pushing aside the tips of the frontal lobes where ‘drive and motivation reside’). But what is left out of the story as reported (though showing through the crack of Mike Hanna’s earlier reference to the contrast between depressive illness and something going on ‘in the brain’) are the three elements of the left-field. And all three of these elements are critically important in Mrs Lazy’s case, i.e. values, the experience of illness, and illness interpreted as disturbance of agency or ‘failure of action’. Taking these in turn:

1. *Values.* We noted, from the two readings linked with Exercise 3 above, the extent to which values drive ascriptions of responsibility. There is, perhaps, a deep *conceptual* connection here—Descartes’ separation of mind and body can be identified with his (presumed) need to square the responsibility he recognized as a *moral being* (brought up by Jesuits) with his instincts as a *scientist*. And values, most now accept, are critical to the distinction between health and illness.

But without getting drawn into these conceptual deep waters, there is a clear *clinical* requirement for not eliminating the value aspects of mind even from a ‘brain-case’ like Mrs Lazy. Once recognized, indeed, this runs right through the whole story. Evaluatively, it is presented as a *success* story. And no doubt Mrs Lazy was pleased to have had her tumour removed. This was, we all agree, a ‘good thing’. But we are actually told nothing about *her* reaction. It is just assumed. The case report at no stage engages with *Mrs Lazy’s* values, even though, initially, she rejected the idea that she was ill. We are not told of her response to being hijacked by her husband and ‘the doctors’. How did she come to have a brain scan? Or the operation? And how did she take the outcome? Is she now, as she continues to feel unenthusiastic about housework, ‘sick’, ‘disabled’, labelled and self-labelling in the ‘sick role’? Or does she still see herself as having taken a perfectly reasonable decision to put her feet up?

This is a brief case report. It may well be that in practice the clinical team were fully engaged in Mrs Lazy’s perspective throughout. But this is certainly not reflected in the way Mrs Lazy’s story is told. After the opening lines, Mrs Lazy (as a person) disappears. We see her brain, but we don’t see her. This is exactly how many patients do feel—invisible as people—when they see their doctor.

2. *The experience of illness.* If values go with the ‘mind’, then it is clear that eliminating mind eliminates something that is critically important clinically. The same is true of other aspects of

the patient’s *experience*. There is a broad connection here, of course, with having a ‘point of view’—you will recall from the last session that this is one of the features of mind that marks it out from matter. And the medical model, focusing on matter, is at risk of emphasizing objective scientific knowledge sometimes to the exclusion of the patient’s subjective experience.

Paying careful attention to each patient’s experience, to their point of view as a unique individual, is important clinically. But it is also critical to straight thinking *scientifically*. Mike Hanna assumed that the tumour ‘damaged’ Mrs Lazy’s frontal lobes. This indeed is very much how the story has been presented in this session. But all we can say (with reasonable certainty) is that the tumour *changed* the functioning of Mrs Lazy’s frontal lobes. This is partly a matter of the value judgements involved in distinguishing health and pathology. We assume that Mrs Lazy’s frontal lobes are now *underactive*. But perhaps they were *overactive before*. Perhaps she was pathologically conscientious about her housework, and the tumour has ‘cured’ her. There is a curious play on words (unintentional) in Mike Hanna’s conclusion that the ‘pressure may have changed her personality for good’. He meant *permanently*. Mrs Lazy may have said ‘for the better’!

3. *Loss of agency (action-failure).* All this is not to say that it was wrong to remove Mrs Lazy’s tumour. It was, as Mike Hanna said, life-threatening. But just as it would have been wrong, clinically, to have left Mrs Lazy’s values out of account, so it would have been wrong, scientifically, to assume that the effect of the tumour was to *impair* frontal lobe function.

This latter assumption arises from a conceptual confusion about the relationship between illness and disease noted in chapter 6. The medical model has it that illness (the patient’s experience and behaviour) is defined by disease (underlying bodily changes). However, we saw in chapter 6 that a bodily change cannot (*logically* cannot) mark out a change in experience or behaviour as illness. The logical relationship, the relationship of meaning, between illness and disease is in fact the other way round—pathological changes in experience and behaviour mark out underlying bodily changes as disease. Mrs Lazy’s case underlines this. For it shows that even an acknowledged *pathological* bodily change (a tumour) cannot, of itself, mark out a change in experience or behaviour as pathological.

Just what *does* mark out a change in experience or behaviour as pathological is of course the large question that we began to explore in Part I. The idea introduced there, that illness is to be understood in some way in terms of loss of agency, or failure of what Austin called ‘ordinary doing’, is important clinically. As we saw, this is especially so in giving us a range of conceptual tools appropriate to the complexity particularly of psychopathology (notably, delusion).

It is also important scientifically. This is proving increasingly the case in neuroscience. Again, as we saw in Part I, the

results of recent work in brain imaging and artificial intelligence demand interpretation in terms of agency and action, the mode of operation of persons (and perhaps higher animals), rather than (directly) in terms of the functioning of their sub-parts and systems. And this in turn is tying the clinical and scientific firmly to the conceptual, much of what little we know about agency being derived (in part) from work in philosophy on the nature of action.

**Minds, brains, and action-failure**

The mind–brain problem, then, filtered through the concepts of illness and mental illness, comes down, in part but importantly, to a problem in the philosophy of action. This is not too surprising a result. Our notions of agency are equally mind based and brain (or body) based (see Fulford, 1989, chapter 7). They have to be, at least to the extent that the characteristic mode of operation of persons is action; and that persons, too, as we noted at the end of the last session, are equally mind based and brain based.

The philosophy of action itself reflects this. Like the agents with which it is concerned, it is a hybrid. In Austin’s day it was part of moral philosophy. Now, with the rise of cross-disciplinary work between philosophy and neuroscience, it is seen as part of a philosophy of mind directly connected with the *brain sciences*! And it can be taken either way. The detailed work on agency

characteristic of modern action theory is critically important to neuroscience, including those areas concerned with abnormal aspects of consciousness, such as delusions. Work in other areas on agency, however, e.g. in the philosophy of law, is equally concerned with the ‘free agency’ of moral beings engaged in a world of persons.

**Minds, brains, and persons**

The bottom line of the last session, then, that mind and brain are equally essential to persons, is also the bottom line that we should take from the ‘Case of Mrs Lazy’. It may be possible for some purposes to deal separately with mind and body, to adopt mind-only, or brain-only positions. Brain-only is the position of the more triumphalist among ‘biological’ psychiatrists, as we have seen. But what Mrs Lazy’s case shows us is that it is *above all* in the case of pathology that we need both. Clinically, scientifically, and conceptually, there is no getting off the cusp of the mind–body problem. Uncomfortable as it is, this is where we must be; and for the best of all possible reasons, that we are concerned, inescapably, with *persons*.

Remember, this is not a ‘solution’ to the mind–body problem. It is a recognition merely that mind-only and brain-only solutions are no solutions, at least in mental health practice and research. A retreat to either extreme, excluding mind or brain, may be equally abusive. But just how we *contain* both, engaging fully in the scientific possibility of a completed neuroscience, while at the same time engaging fully in a moral world of free agents, is, as we put it at the start of this section, the mother of all philosophical problems. It is to philosophical attempts to tackle the mind–body problem that we turn next.

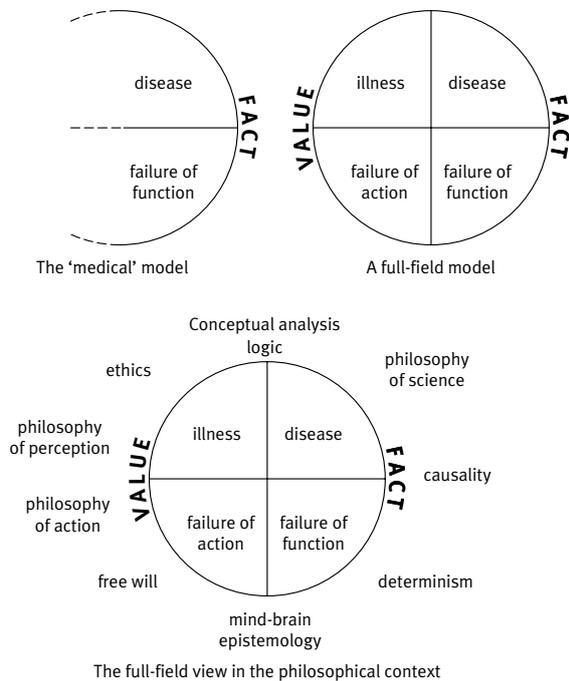


Fig. 22.1 The full-field view in the philosophical context.

**Reflection on the session and self-test questions**

Write down your own reflections on the materials in this session drawing out any points that are particularly significant for you. Then write brief notes about the following:

1. Why did Mrs Lazy decide to give up housework?
2. Why did Mrs Lazy’s family think that she was ill when she decided to give up housework? Why did her doctors agree with her family?
3. Does the concept of psychosomatic disorder as used in medicine depend on mind–body dualism?
4. What explanation of Mrs Lazy’s decision was given by her doctors?
5. What did this leave out?
6. What is the wider message of Mrs Lazy’s story for a neuroscience-led psychiatry?

## Session 3 The mind–body problem: from ordinary use to philosophy

This session charts the development of the two paradigmatic philosophical perspectives on the relationship between mind and body, dualism and monism. We will be looking at readings from four major figures in the history of philosophy, namely Descartes, Berkeley, Hobbes, and Kant. Their ideas are crucial to understanding current debates in the philosophy of mind about the mind–body problem (to which we come in Session 4 and in chapter 23).

In J.L. Austin's neat aphorism, when a problem is solved in philosophy it gets 'kicked upstairs' (Womock, 1989, page 4). It becomes a new discipline—mathematics, natural science, and, more recently, psychology, logic, and linguistics, have all been 'kicked upstairs'.

The mind–body problem is still a long way from being kicked upstairs. The work of the last two sessions, therefore, has been no mere preliminary to the philosophical story. It has been concerned with identifying and making explicit the elements of the mind–body problem, (1) as they are with us *today* in ordinary usage (and, hence, in clinical practice and research); but also, (2) as they were tackled in the seventeenth century by *Descartes and his successors* (also his predecessors—see below); and (3) as they *continue to be tackled* in modern philosophy of mind.

### The origins of the philosophy of mind

The problems with which the philosophy of mind is concerned have occupied philosophers since classical times. But the philosophy of mind emerged as a distinct subdiscipline in academic philosophy only in the late 1940s, with the work particularly of the Oxford philosopher Gilbert Ryle, and the Cambridge philosopher Ludwig Wittgenstein.

In Descartes' time, in the seventeenth century, the philosophy of mind was part of a debate on the nature of knowledge. This was a period when the primary concerns of general philosophy shifted from *metaphysics* (the inquiry into the fundamental basis of reality, or, alternatively, the exploration of what lies beyond our sense-experience), which had been central to Western philosophy since Plato and Aristotle, to *epistemology* (the inquiry into the limits, and possibility, of knowledge).

Like most movements in philosophy, this shift of interest was very much a product of the times. This was a period of radical challenges to traditional sources of authority—the Church, the State, moral tradition, were all being questioned. In the study of the natural world, the ideas of Newton had overthrown those of Aristotle. The Reformation had undermined the Pope's claim to be Holy Roman Emperor. And at about this time, too, the writings of the classical sceptical philosopher, Sextus Empiricus, were translated from Greek into Latin, and thus became available to all intellectuals in Europe. Sceptical ideas were suddenly the talk of the universities and academies. The very foundations on which

secure knowledge rested seemed in doubt. How then, could we *know* anything? What was our warrant?

We need to start, then, by seeing how the mind–body problem (and the two big theories in particular, dualism and monism) developed out of the larger debate concerning the nature of knowledge.

### Rationalism versus empiricism

To a first approximation, we can say that in the seventeenth century two broadly opposed positions were taken on how we come to know things, *rationalism* and *empiricism*. Both reflected a model of the mind as a sort of vessel or container of knowledge.

*Rationalists* believed that this vessel had in-built tools (our rational capacities) for making sense of the world. Hence the foundations of knowledge lay in the exercise of our rational capacities, rather than in the sensations from which our experience of the world is derived. On this view, the rational subject comes into the world already equipped with the rational capacities to arrive at knowledge. We use these pre-existing rational capacities as tools to structure the raw data of our senses.

*Empiricists* saw things the other way around. They believed the vessel was empty until it has things put into it by our senses. Hence for empiricists, the foundations of knowledge are our experiences grounded on our senses, with the faculty of reason being a development from this. Thus the philosopher-physician, and arch-empiricist, John Locke, to whose work we return in chapter 28, believed the newborn child's mind was a *tabula rasa* (clean slate).

Both views are oversimplified models of how we gain knowledge. We, like other animals, are born with pre-existing capacities (as the rationalists believed); but (as the empiricists recognized) the full development of these capacities, and indeed the *way* they develop, is critically influenced by our experiences, particularly when we are young. Though it should also be said that the *philosophical* problem of knowledge (concerning our *warrant* for claiming that we really *know* anything), as distinct from the empirical problem of the developmental psychology of knowledge, is far from resolved.

(A valuable contemporary account of the developmental psychology of knowledge is Ed Hundert's *Philosophy, Psychiatry and Neuroscience: Three Approaches to the Mind* (1989). Ed Hundert is a philosopher-psychiatrist, currently Dean of the Harvard Medical School.)

### René Descartes

An important early move in these epistemological debates, and the move that launched the mind–body problem in its present form, was made by the French philosopher, René Descartes.

Born in La Haye near Tours in France (now called La Haye-Descartes in his honour) in 1596, he was an extraordinary polymath. Besides founding the 'modern' period in philosophy, he



Fig. 22.2 René Descartes

invented the system of co-ordinate geometry that we still use today. Moreover, and contrary to his rationalist public image, he is now known to have been a keen experimentalist (see, for example, Clarke, 1982; Garber, 1978, pp. 114–151).

Descartes did most of his definitive philosophical work between 1628 and 1649, living in Holland, after a period of seeing the world as a soldier. His key works on mind and body, published over this period, were the *Discourse on Method* (1637) and the *Meditations* (1641) (see Descartes, 1968). In 1649 (the year he published a *Treatise on the Passions*) he accepted an invitation to visit the Queen of Sweden to become her instructor in philosophy. He died the following year, apparently having succumbed to the rigorous climate. He never married but is believed to have had a daughter.

### Descartes' project

Descartes' project, as we noted earlier, was epistemological. He wanted to find a secure foundation for knowledge. Much of the history of epistemology (from Greek philosophy onwards) has been a series of attempts to refute scepticism, the claim that we can *never* have *knowledge* of anything. This claim had been advanced in Descartes' time by the grandly named French humanist and essayist, Michel Equem de Montaigne (1533–92, usually just called Montaigne).

Montaigne had published a short but very influential essay *Apology for Raimond Sebond* in 1580. Using what was later to become known as the 'Oxford manoeuvre', of appearing to support philosophically what you are about to demolish,

Montaigne's *Apology* was in fact a demolition job on Sebond's (fifteenth century) attempt to show that the articles of the Christian faith could be established by reason. Montaigne drew on the sceptical arguments originally set out by the physician-philosopher Sextus Empiricus in the second century AD to argue for essentially sceptical conclusions about the possibility of knowledge in general, including that of religious faiths.

### A virtuous scepticism

Montaigne's scepticism presented a deep challenge to an intelligentsia in the process of overthrowing the authorities of the Medieval world. As is the way with scepticism, though, it provoked fertile responses. You will recall from Part I, how the scepticism of Szasz and others in the 1960s and 1970s about mental illness, has brought us to a much deeper understanding of the subject. In the seventeenth century Montaigne's scepticism led both to empiricism in the form of Francis Bacon's 'inductive method' (see Part III, on The Philosophy of Science), and to Descartes' rationalism, in the form of his '*Method of Doubt*'.

There is no single extract from Descartes' work that can be taken as definitive of his method, but the next reading linked with Exercise 9 conveys much of the excitement of his approach.

### EXERCISE 9 (30 minutes)

Read the two extracts from

Descartes (1996). Second meditation. In *Meditations* (ed. J. Cottingham). Cambridge: Cambridge University Press. (Extract, pp 16–18, 19.)

#### Link with Reading 22.8

Although this extract occurs early in the work (there are six meditations in all) it gives a flavour of the whole, with allusions to both the 'Cogito' (*cogito ergo sum*—I think therefore I am) of the fourth meditation, and the 'malicious demon' thought experiment of the first meditation.

We return to both these below. But before you go on, think carefully about Descartes' arguments. Don't think of this reading as 'historical'. Take it seriously as tackling a contemporary problem.

As you read, make short notes on:

1. How Descartes sets up his thesis—he is concerned to show the fallibility of much that we ordinarily take to be true. He thus arrives at the conclusion that only a specific rational methodology can produce certain knowledge. How does he go about this?
2. What is the basic feature of this rational methodology? Are you convinced by it? How 'certain' is the knowledge that is thus produced?

Reading this piece we can see why Descartes' work ushered in what is now known as the 'modern' era in philosophy. Although not wholly original (even the 'cogito' was anticipated by St Augustine), the ideas that he brought together, and his vigorous independent style of argument, were truly revolutionary. There is nothing here of the obsession with spurious technicalities into which medieval scholastic philosophy, with its almost slavish reverence for Aristotelian principles (in which Descartes himself had been schooled by the Jesuits), had fallen. He embarks on an entirely novel course of subjecting every possible claim to critical inspection. This is his famous 'method of doubt'.

### Descartes' method of doubt

In the 'Second Meditation', then, Descartes' begins by briefly reviewing the progress achieved in the First Meditation. (The reference to 'yesterday's meditation', by the way, is a literary device for adding veracity to the whole process. Many modern philosophers could learn from Descartes the value of contextualizing their work, of embedding it in a concrete situation to which their readers can relate. This is a real man struggling with real problems, however abstract!)

Descartes now goes on to assess to what degree any knowledge-claim is susceptible to doubt. This leads him to the (temporary) conclusion that *nothing at all* is certain. A glimmer of hope is provided by the thought that 'I myself may be perhaps the author of these thoughts' (p. 16). However, as the having of a thought cannot alter the radical doubts concerning the existence of the body of the thinker, all that is left is the mind, which, although it might be susceptible to deceit (the deceiver is introduced in the form of a 'malicious demon' in the 'First Meditation') seems to afford the license for speaking of 'I'.

But what is this 'I', Descartes asks? The problem, he acknowledges, is that the mind is constantly beset by imaginings, dreamings, and inventions, so that all here could be deceptive also... It is at this point that Descartes introduces his master-stroke. 'But what then am I?' he says, 'A thing that thinks. What is that? A thing that doubts, affirms, denies, is willing, is unwilling, and also... imagines and has sensory perceptions' (p. 19). The *contents* of this mind can still be deceptions—for if one relies on the mechanism of sensation to provide the objects that we take to be in the world, then deception is not only possible but all around us (things are never exactly as they seem, Descartes is saying). But the one feature of the mind which is beyond doubt or deception, argues Descartes, is the *act of judgement*. Thus, I cannot be deceived or in doubt that, when *making* a judgement, I am actually doing so (p. 21).

### The 'cogito'

This is the pivot of Descartes' philosophy. He has set out to find certainty by this negative method of doubting everything that he can possibly doubt. Then he finds that the one thing he cannot doubt is that he is doubting. Even his 'malicious demon', capable of deceiving him on all else, cannot deceive him here. The British logical positivist (see Part III), A.J. Ayer, neatly summed up

Descartes' point thus: 'If one *doubts* whether there are acts of consciousness, it follows that there *are*, since doubting itself *is* such an act' (Ayer, [1973] 1976, p. 37, emphasis added). Hence, since doubting that one thinks is self-denying, I cannot doubt that I think; and if I think, Descartes concluded, there must be a thinker; it thus follows that 'I think therefore I am' or '*cogito ergo sum*'.

### Much debate

The 'cogito' has become one of the most famous of all philosophical aphorisms, in popular culture no less than in philosophy. It continues to be hotly debated (for an excellent recent discussion, see Williams, 1978); and even at the time it aroused great interest, much of it hostile. The *Meditations* is possibly the first example of peer-group critical commentary in print, since the first edition appeared (in Latin) complete with several sets of anonymous 'Objections', alongside which were printed Descartes' replies—an early example of the format so successfully revived by the modern review journal, *Behavioural and Brain Sciences*, and on which *Philosophy, Psychiatry and Psychology* is based.

Descartes' philosophy has been criticized partly for the further consequences that he was to draw from the 'cogito': he claimed, for example, that it led to a proof of the existence of a perfect God, who, being perfect, guaranteed the veracity of 'clear and distinct' ideas as the basis of true knowledge. But the 'cogito' itself has also been extensively attacked. It has been said, for example, that it relies on an unjustified inference—the 'cogito', this criticism goes, shows only that *thinking* is, not that *I* think. This was a point made squarely by Immanuel Kant (see below). But the debates that Descartes sparked off have been highly productive. It is these debates, indeed, that have evolved into an important strand in the philosophy of mind.

### Descartes sets the agenda

We can see this from the next reading linked with Exercise 10. This is a very short section from near the beginning of 'Discourse 4' in Descartes' *Discourse on Method* (this work was originally the introduction to a scientific work, *Dioptric, Meteors, and Geometry*, but quickly became established as a philosophical statement in its own right. It is Descartes' best known work).

#### EXERCISE 10

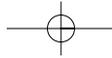
(20 minutes)

Read the two pages from

Descartes (1968). Discourse 4. In *Discourse on Method and the Meditations* (trans. and with an introduction by F.E. Sutcliffe). London: Penguin Books. (Extract, pp. 53–54.)

Link with Reading 22.9

Descartes provides here a helpful summary of his philosophy. Take a few minutes to think carefully about what he says and try to spot as many topics in the philosophy of mind as you can.



Much of modern philosophy of mind, and most that is important to philosophy and mental health, is present, in microcosm, in this short extract.

First, there is the *mind–body problem*. This is what we will be concentrating on in the rest of this session. As we have seen, from the first two sessions in this chapter, the mind–body problem has a whole series of ramifications for clinical practice and research in mental health. But there are other items on the agenda. We will note these briefly here and return to some of them in more detail in later chapters.

1. *Personal identity*. Descartes writes ‘I therefore concluded that I was a substance, of which the whole essence or nature consists in thinking...’. Well, *is* thinking the whole nature of what it is to be a person? Descartes meant by ‘thinking’ every aspect of conscious mental life. But even so, what about bodily continuity?

This is the problem which in modern philosophy of mind, has become known as the problem of personal identity. There are in fact two subproblems here, both of which are critical in psychopathology:

- ◆ the problem of *re-identification*. This involves both how do I know that when you come back in the room you are the same person who went out and also that when I wake up I am the same person who went to sleep. This kind of problem is at the heart of delusional misidentifications, such as the Capgras syndrome (where the patient believes those around him, although apparently identical with his real friends and relatives, are imposters); it is also central to how we understand profound changes in personality, as in dementia (see, eg Hope, 1994).
- ◆ the problem of the *nature of persons*, or of ‘personhood’, i.e. what it is that is distinctive or characteristic of persons. This is central to a range of issues in psychopathology where aspects of mental life that we normally take to be essential to personhood appear to be absent. Again, dementia, when profound, may (though not necessarily justifiably) be seen to involve loss of personhood (Hope, 1994).

2. *Knowledge of other minds*. Descartes writes of the mind that ‘...it is easier to know than the body’. But is it? In a sense it is. We feel we have privileged access to our own thoughts. But what about unconscious thoughts? Am I always aware, say, of my dislike of a colleague? And as for other minds, how do I know that anyone else has a mind at all? Children with autism, it has been claimed, appear to lack just this knowledge.

There are also two subproblems here, then: how (or to what extent) can I be said to know my own mind, and how can I have knowledge of other minds?

3. *The will*. As already noted, work on agency is an important strand in modern philosophy of mind. Descartes’ approach is, on the surface, very cognitivist—it is all about thinking this, perceiving that, and so on. But remember that for Descartes ‘thinking’ broadly meant ‘conscious mental activity’. And

notice that where he introduces the ‘cogito’ he writes that ‘I *decided* thus to think...’. The emphasized word, *decided*, marks Descartes the agent. In the earlier reading (linked with Exercise 9), similarly, it was the *act* of judgement he could not deny. Once you start looking for them, you will find that the ‘Second Meditation’ (for example) is strewn with action verbs, so that the ‘cogito’ is not really an abstract proof but an embodied demonstration. We will see later that Immanuel Kant was to make much of this.

In all these areas, then, Descartes’ ‘cogito’, while appearing to give him what he began by looking for (something indubitable on which to found knowledge), has set philosophical hares running which have yet to be caught. In fact, even as a foundation for knowledge, the ‘cogito’ fails. It fails because, as just noted, it shows, at most, that *thinking* is; and it shows even this, only for the *moment* of thinking (the *act* of the agent, note). Moreover, even granted this, there is nowhere to go with it. Descartes (in this last reading, linked with Exercise 10) tries to extract a principle of certain knowledge in his ‘clear and distinct ideas’. But even he recognizes that he then has a problem with clearly identifying the ‘clear’! In his system, as noted briefly above, he has to fall back on the idea of God.

So, Descartes has raised more doubts with his ‘method of doubt’ than he started with! This, though, is no criticism. It is often the case that an important idea is not important because it is true (in some absolute sense), still less because it is indubitable, but because it is *fruitful*. In the rest of this session we will be looking at some of the fruitful ideas on mind and body that emerged in the seventeenth and eighteenth centuries in the wake of Descartes’ new agenda for philosophy.

### The rest of this session

In the rest of this session, then, we will be surveying just a few of the mind–body ‘solutions’ that were advanced from Descartes’ time through to the nineteenth century. This will introduce several of the other ‘big names’ in philosophy.

### Dualism and monism

The philosophical influence of the mind–body problem, as set up by Descartes, is reflected in the extent to which it has continued to inspire debate over the centuries. As you might expect, the range of theories produced by so many ingenious minds can be somewhat bewildering. A good way to think about them, to get a sense of order, is in terms of one of the most widely used pairs of ‘isms’, dualism and monism.

- ◆ *Dualists* believe that there exist two distinct sorts of substance in the universe, matter and mind. Descartes was the original ‘two-substance’ dualist. Malebranche, Geulincx, and Leibniz (described below) were all dualists; the work of the Oxford analytic philosopher, P.F. Strawson, on personal identity, noted above, has dualist overtones.
- ◆ *Monists* hold that there is only one sort of substance in the universe, usually either *mind* (e.g. Berkeley’s idealism, see below)



or *matter*. The latter, or *materialist monism*, is by far the most influential mind–body theory in modern philosophy of mind (see chapter 23, in particular, on the current front-runner, *functionalism*); but there have been materialists throughout the history of philosophy (Thomas Hobbes, see below, was a contemporary of Descartes). A third kind of monism is *double-aspect theory*, according to which mind and matter are but two aspects of some more fundamental substance (see, e.g. Spinoza, below).

### Malebranche's occasionalism

One of the principle philosophers who built on Descartes' dualism was the French philosopher-theologian Nicolas Malebranche (1638–1715). In 1674/5 he published *De La Recherche de la Vérité* in which he developed a theory of how mind and body are related, known as *occasionalism*. In effect, this continues the Cartesian project from where Descartes left off. Malebranche's occasionalism addresses the problem of the relation between mind and body.

Malebranche argued that causation is simply a convenient concept representing human attempts to account for the behaviour of objects. We have already seen (in Part III) that causation has proved extremely difficult to characterize. Most philosophers, nowadays, would go along with Malebranche, at least to the extent of arguing that there is no necessary connection between bodies that would afford a metaphysical account of causation. However, Malebranche went on to advance the radical view that in fact the human will has no power of causal interaction. What actually happens when the will is exercised in, say, moving one's arm, is that this exercise of will provides God with an *occasion to intervene* in the causal order of the universe, causing one's arm to move exactly as one wills it to move. It is God, not the will, which brings about what we take to be the effects of willing.

Malebranche's occasionalism, while stimulating fierce debate at the time (particularly among theologians), has not proved as enduring as Descartes' original ideas. If one accepts Malebranche's arguments, the mind–body problem is effectively solved, at least on the question of how Descartes' non-material substance (mind) could be related to a material substance (body). And the theory is certainly ingenious: to modern ears, it has something of the 'many worlds' account of quantum mechanics—this 'solves' the problem of the indeterminacy of quantum mechanics by arguing that each of the possible outcomes of a quantum mechanical process takes the form of a new universe (or world); so that each of the outcomes actually takes place, but each in its own universe.

As a 'solution', the 'many worlds' account of quantum mechanics works. But it is so extravagant that the cure seems worse than the disease! It is the cure being worse than the disease that has been the main objection to occasionalism. Moreover, while some physicists believe it may be possible to get experimental evidence to support the 'many worlds' theory, occasionalism, although advanced within a scientific world view (of causation etc.) is not open to test in the same way. Hence, few philosophers have been

convinced by Malebranche's arguments, and the mind–body problem has continued to excite debate and stimulate ideas.

### Geulincx's 'image of the two clocks'

Arnold Geulincx (1624–69), a Belgian philosopher and disciple of Descartes, addressed objections to Descartes' mind–body problem with his own version of occasionalism in his principle works *Ethica* (1675) and *Metaphysica* (1691).

Geulincx illustrated his response to the Cartesian mind–body problem with the image of two clocks that keep perfect time with each other (another philosophical thought experiment!). According to Geulincx, there are three possible explanations: (i) the clocks are in a relation of mutual influence; (ii) they are looked after by a minder who keeps them in perfect time; (iii) they each have a property of perfect timing, so that once set, they operate as if working in unity.

The two clocks (and their relation with one another) are a metaphor for the mind–body problem: (i) represents two-way interactionism, (ii) represents occasionalism, while (iii) represents harmonious parallel functioning.

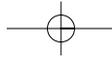
Geulincx opted for (ii), necessitating, in his account, the introduction of Divine intervention as a means of keeping mind and body working together. Like Malebranche's occasionalism, Geulincx's ideas excited some debate at the time, but did not exercise an enduring influence on philosophy. However, his 'image of the two clocks' thought experiment prompted Leibniz's adoption of option (iii), which we will come to in a moment.

### Spinoza's monism

Benedict Spinoza (1632–77) was a Dutch lens-grinder of Portuguese Jewish parents, who spent almost his entire life working in Holland. In 1656 the Jewish community expelled him for heresy (the Christians later banned his works on similar grounds). Spinoza, like Descartes, believed that explanation was basically deductive, and that therefore a purely rationalist account of the universe was possible.

Unlike Descartes, however, Spinoza, in his principle work the *Ethics* (1677), rejected substance dualism, arguing that there could, in principle, be only one substance, with various modes of being. This one substance was God. Individuals, claimed Spinoza, were simply finite modes of this one substance. Matter ('extension' in Spinoza's terminology) was simply *that which is extended*, whereas mind ('thought' in Spinoza's terminology) is simply *that which thinks*.

As the two were, in all respects, distinct and incommensurable as attributes of substance, Spinoza is really advancing an *attributive dualism*, while at the same time arguing that the two attributes functioned in harmony with each other. Extension and thought are not substances, therefore, and their relation is one of being attributes of the same infinite substance, which is God (for this reason Spinoza's philosophy has been described as 'pantheistic', as all things are in God—this is why both the Jews and the Christians rejected his ideas).



The fundamental subject matter of the philosophy of mind would therefore be, for Spinoza, the ideas that are thought, or, in his terminology, 'modes of thought'. However, Spinoza's commitment to determinism led him to reject free will, so in a sense the mind-body problem becomes merely academic. His views have been compared with some Eastern philosophies, and continue to be studied for their conceptual richness and complexity.

### Leibniz's psychophysical parallelism

Gottfried Wilhelm Leibniz (1646–1716), a German philosopher and polymath who spent most of his life travelling as a diplomat and negotiator for German princes and nobility, nevertheless found time to make original contributions to philosophy, theology, mathematics, logic, epistemology, and the philosophy of mind. Perhaps not surprisingly, he never got around to writing a *magnum opus*, and his philosophical ideas are distributed over two books (*New Essays on the Human Understanding*, 1705; and *Theodicy*, 1710), and many short papers, originally produced as part of his voluminous correspondence with most of the intellectual giants of his time.

The Cartesian mind-body problem was of great interest to Leibniz. Like Spinoza, he took a strictly deterministic view of the universe, but nevertheless insisted that the will was free. Despite the fact that all is determined by God, Leibniz argues, we have a special responsibility to act in accordance with God's wishes. His inspiration comes in part from Geulincx's 'image of the two clocks' thought experiment, where he chooses option (iii), the harmonious parallel functioning. Leibniz's arguments for this solution, and the metaphysics involved, are, however, very strange indeed.

Rejecting Spinoza's claim that there was only one substance, Leibniz argued instead that there was an infinity of substances, or *monads*, in the universe (in his essay 'Monadology'). Each individual is a monad, and each monad is 'windowless', that is, sealed from the rest of the universe. But each monad contains an 'appetite' to express its own future, and in this way also reflects everything else in the universe, although every monad is causally independent of all others.

Unlike Descartes, Leibniz did not take consciousness to be an all-or-nothing affair, and monads are held to be soul-like atoms that constitute reality, and possess the capacity for perception and representation. Minds are a special subclass of monads that possess apperception or self-consciousness, and also possess 'petites perceptions' when not actively thinking. Minds appear to act upon the world (including the body), and vice-versa, because there is a pre-existing harmony between the two that relies on God—a psychophysical parallelism that gives the appearance that the two stand in a causal relation when in fact no causal relation exists at all.

Leibniz's philosophy has, quite rightly, been viewed as rather eccentric, and during the nineteenth century there was little interest in his work in the English-speaking world. However, in

1900 Bertrand Russell published *The Critical Exposition of the Philosophy of Leibniz*, in which he pointed out the original ideas on logic introduced by Leibniz in support of his metaphysics, thus prompting a degree of on-going debate about the value of Leibniz's contributions to logic. It must be said, however, that Leibniz's contribution to the mind-body problem has not attracted many supporters.

### Berkeley's idealist monism

In contrast to Leibniz's extravagance of infinite substances, the Irish philosopher of English descent, Bishop George Berkeley, argued in 1710 that there was in fact no such thing as matter, and that the existence of material objects was founded upon our sensations. For material objects to exist, they must be perceived by a mind. All that can be said to exist, according to Berkeley, exists in the form of minds and their contents. This claim is one example of a thesis known as *idealism*.

Berkeley's idealism can be understood as an extreme metaphysical claim, or as a modest epistemological claim. It did not, however, find favour with his contemporaries, and has been controversial ever since.

Berkeley sets out his arguments in his great work 'Principles of human knowledge' ([1710] 1975). He begins by suggesting that the 'objects of human knowledge' are in fact ideas. He then argues that ideas rely for their existence on being perceived. What is unintelligible is that ideas should exist unperceived. 'Their *esse* is *percipi*'. But if this is the case, the 'objects' of knowledge, such as tables and trees, are but abstractions from their being perceived—the objects of sensation and the sensation itself are but one and the same thing 'the reader need only reflect and try to separate in his thoughts the being of a sensible thing from its being perceived'. The very notion of matter, argues Berkeley, involves a contradiction, as do all the other notions that together afford us knowledge of the world of material objects. The material objects we find in the world are products of our capacity for experience. The very notion of experience, Berkeley is in effect saying, is unintelligible outside of the mind. He concludes: 'the arguments foregoing plainly show it to be impossible that any colour or extension at all, or any other sensible quality whatsoever, should exist in an unthinking subject without the mind, or in truth, that there should be any such thing as an outward object'.

This view is exceedingly counterintuitive. It offends common sense. To Berkeley, however, it provided a convincing argument for the existence of God, who, he claimed, perceived everything all the time. His view was caricatured in a limerick by Ronald Knox, with a suitable reply from God:

There was a young man who said, 'God  
Must think it exceedingly odd,  
If he finds that this tree  
Continues to be  
When there's no one about in the Quad.'



GOD'S REPLY:

Dear Sir:  
Your astonishment's odd:  
I am always about in the Quad.  
And that's why the tree  
Will continue to be,  
Since observed by  
Yours faithfully,  
GOD.

Attributed to Ronald Knox, as reproduced  
in Russell (1946, p. 623)

Although Berkeley's version of idealism has been accepted by very few thinkers, it is perhaps worthy of note that it foreshadowed the later doctrine known as *phenomenalism* (sometimes jokingly described as 'Berkeley without God'). Phenomenalism rejects any claim that there are inaccessible objects behind appearances, and reduces talk of perceived or perceivable things to talk of actual or possible experiences. Influential thinkers who propounded versions of phenomenalism included J.S. Mill, Ernst Mach, and A.J. Ayer (in his early work). Phenomenalist ideas have also surfaced in work on the conceptual foundations of quantum mechanics (see, e.g. the French theoretical physicist, d'Espagnat, 1983).

#### Thomas Hobbes: the first modern materialist?

Despite all these novel and sometimes eccentric contributions to the mind–body debate, there were, however, expressions of solid common-sense around in the seventeenth and eighteenth centuries.

The author of just such a view of the mind–body relation is the English political philosopher, Thomas Hobbes (1588–1679). The

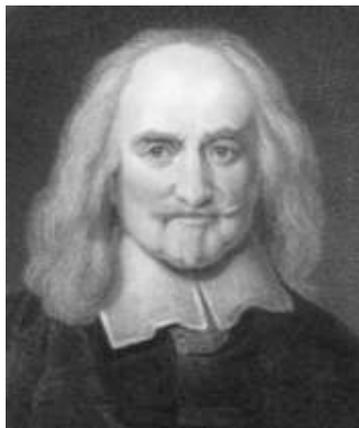


Fig. 22.3 Thomas Hobbes

son of a Wiltshire clergyman, Hobbes won a scholarship to Oxford and went on to become a disciple of the great English empiricist philosopher Francis Bacon. Hobbes was another great polymath, writing extensively on philosophy, ethics, religion, politics, mathematics, natural science, and the law. Most of his writing was done in his middle and later years, after the publication of Descartes' *Discourse and Meditations*. Indeed, he wrote a controversial set of objections to Descartes' *Meditations*, published, as we noted above, along with objections from other great Enlightenment thinkers, as an appendix to the first edition (in Latin).

In the next exercise, we will read the short extract from Hobbes' critique of Descartes. This comes from his 'Third Set of Objections' to Descartes' *Meditations*.

#### EXERCISE 11 (30 minutes)

Read the short extract from

Hobbes, T. (1984). 'Objections' to Descartes' *Meditations*. In *The Philosophical Writings of Descartes* (trans. J. Cottingham, R. Stoothoff, and D. Murdoch), Vol. 2. Cambridge: Cambridge University Press, pp. 122–123

Link with Reading 22.10

What are Hobbes objections to Descartes' cogito? What does he think it shows? What does he think it fails to show?

In the extract we have just read from Hobbes' 'Second Objection', he argues that Descartes (1) identifies the activity of thinking with the thing that thinks, and (2) then claims, on this basis that thinking entails the existence of a thinking thing, and, further, (3) that this thinking thing is a different substance from that which does not think. Hobbes contends that Descartes has gone further than logic will support with this argument, as all that follows from 'I think' or 'I am thinking' is that thinking is taking place, and it is I who thinks. But this does not entail that the thinker is a non-corporeal substance, any more than 'I walk' entails that the walker is a non-corporeal substance.

Hobbes argues that the reasonable conclusion to reach is, instead, that the thinker is corporeal, as we cannot conceive of an act without a subject, and the only subject presented to the senses is the corporeal subject (i.e. the only subject of propositions).

Further, Hobbes contends, unless we subject 'I think' to an iterative thought ('I think that I think that I think...') we cannot make the subject the object of the thought. And yet, he writes, this is *not* how we know that we think—we know that we think because we are intimately engaged in the act of thinking, not by any iterative thought-process, which, in any case, leads simply to a vicious regress ('I think that I think that I think... *ad infinitum*'). In fact, says Hobbes, the knowledge afforded by 'I think' is derived from knowledge of the act of thinking, and the knowledge we have of the author of the thought is derived from our senses, i.e. it is of a

material thing. Thus mind and body are of the same substance, namely, matter.

In his 'Fourth Objection', Hobbes goes on to criticize Descartes for indulging in a game of word-play that amounts to shuffling around names connected with the verb 'is'. If that is all there is to Cartesian philosophy, says Hobbes, then the explanation for the mind-body problem consists in the motion of our bodily organs' (meaning the operation of the senses stimulating activity in the brain).

In his great work of political philosophy, *Leviathan*, Hobbes (1996) is even more explicit about his materialism: 'the Universe, that is to say, the whole mass of things that are, is corporeal, that is to say, body' (chapter 46, *Leviathan*, p. 689). Hobbes can therefore be seen as the forerunner of modern metaphysical materialism.

### The null hypothesis

We have now looked at examples of each of the main ways of trying to solve the mind-body problem as it was set up by Descartes. We can summarize the Cartesian mind-body problem thus: mind and body, although clearly related in *some* way, also seem, in *other* ways, to be incompatible. Descartes, you will remember, regarded *extension* as the essence of matter; but the essence of mind, he argued, is thought, which is *extensionless*. The contemporary British philosopher, Colin McGinn, gives a valuable account of how the problem can be understood in this way, including details of both the *body-like* and *body-unlike* features of mind, in chapter 2 of his introduction to the philosophy of mind, *The Character of Mind* (1982).

Now, if this is the *problem*, then we have only a limited range of possible solutions: either we explain how mind and body, despite appearing incompatible, can interact (i.e. dualism); or we reduce mind to brain (materialist monism) or brain to mind (idealist monism); or we hypothesize something more fundamental of which mind and matter (brain) are merely two aspects (double-aspect theory).

However, each of these 'solutions' has now been tried and found wanting. Of course, a solution along one or other lines may still be found (we will be looking at a modern form of materialism, *functionalism*, in detail in the next chapter). None the less, by analogy with experimental science, if none of the possible solutions appears to work, we might feel inclined to adopt the 'null hypothesis', i.e. to suppose that there is something wrong with the original problem, or at any rate with the way it has been set up.

Enter Immanuel Kant.

### Kant's transcendental idealism

The Prussian philosopher Immanuel Kant (who we met first in Chapter 8) is justifiably among the most famous in the history of Western philosophy. Kant succeeded in reframing the entire philosophical problematic in 1781 with his *Critique of Pure Reason*.

Kant's project was in fact to unite the rationalist and empiricist views in the theory of knowledge, and to demonstrate the limitations of unaided reason, i.e. there comes a point at which reason

must give way to faith (*Critique of Pure Reason*, 2nd edn, 'Preface'). Kant hoped to provide Newtonian science with a grounding in Christian faith. But in doing this, he put forward such a radical view of the human condition that it has continued to inspire analysis and criticism ever since.

We are going to read two short passages from the second edition of the *Critique of Pure Reason*, which fairly concisely summarize Kant's position on the relation between mind and body.

#### EXERCISE 12

(30 minutes)

Read two short extracts from:

*Kant's Critique of Pure Reason*, (Kant, 1929 [1781])  
'The paralogisms of pure reason' pp. 368–372 (B406–413)  
and 'Conclusion, in regard to the solution of the psychological paralogism', pp. 380–381 (B426–428)

Link with Reading 22.11

(Note that the original page numbering in this text is always referred to as 'A' (1st edn) and 'B' (2nd edn); a 'paralogism' is an error of reasoning of which the thinker is unaware.)

As you read, ask yourself what sort of claim Kant is making about the self or the subject of experience. It will help if you can identify what sort of argumentative strategy Kant is employing (clue: he is not using a conventional argument to a conclusion, but trying to demonstrate that such conventional arguments about the self actually presuppose certain conditions of possibility).

Kant's argument in the *Critique of Pure Reason* was stunningly original. The two passages we have just read give some of the flavour of this argument. Kant claims that the arguments we conventionally use are based on drawing conclusions about what is the case from what appears to be the case; whereas, he says, what we should be doing is identifying the logical preconditions for our being able to draw such conclusions at all (whether true or false).

### Kant versus Descartes

In the passage we have just read, Kant offers a summary of his argument about the possibility of knowledge of the self, and the relation between mind and body. Kant's writing is notoriously obscure, and most people reading him for the first time tend to misunderstand his arguments. Here we will outline a brief summary.

One of Kant's more general arguments is that thinking alone does not give us knowledge of objects. Rather, knowledge comes about when we apply the unity of our consciousness—which is the character of thinking—to intuitions that are given to us through the senses. Knowledge, therefore, must consist of the determination of intuitions by thought. This includes knowledge of the self: I cannot gain knowledge of myself simply through thinking. In order to know myself, I must determine an intuition of myself through thought. In other words, I am conscious of

myself as an *object* of consciousness. This seems to suggest that there are two selves: the determining, thinking self, and the determinable, intuited, objective self. Kant calls the former 'the determining subject' or 'the I that thinks', and calls the latter 'inner intuition'. The self that is known in self-consciousness is 'inner intuition'. The 'I think' is not an object to be known, but is the non-experienced structure that gives unity to experience.

Kant objects to the Cartesian 'cogito' on the grounds that Descartes does not recognize a distinction between the objective, intuited self, and the 'I think', and that Descartes therefore takes the 'I think', the mere *structure* of thought, to be the *object* of self-consciousness. Kant sets out the relevant arguments on p. 389. They amount to four objections: Kant objects to Descartes' claims for the substantiality, simplicity, identity, and independence of the thinking self.

1. In the act of judgement, the 'I that thinks' must be understood as determining the unity of judgement. The 'I' is regarded always as the subject of thought, and never as a predicate or object of thought. However, the fact that the I as *subject* is a self-subsistent subject of thought, does not mean that the self as *object* is experienced as a self-subsistent subject of thought. I cannot deduce my existence as a self-subsistent being or substance, as Descartes claimed. (p. 369).
2. The 'I' that thinks is unitary, and is a logically simple subject. It is contained in the very concept of thought, and that the I is simple is an analytic proposition. But the self is not thereby a simple *substance*, as that concept ('substance') relates to things outside of thought, and such a proposition would therefore be synthetic. So again, Descartes is shown to be in error, as in the 'cogito' there are two kinds of conflation: (a) between abstract and concrete concepts ('I' and 'substance' respectively), and (b) between analytic and synthetic propositions, whereas the inclusion of 'substance' into the 'cogito' creates a synthetic proposition. Kant is, effectively, claiming that Descartes' argument is logically incoherent.
3. The previous two arguments entail that, when I claim I am conscious of myself, I am expressing an analytic proposition, which cannot indicate anything about the substance of my thinking being (i.e. personal identity, in the conventional sense; again, contra Descartes) (p. 369).
4. The claim that the self is distinct from the body is based on the presupposition that the self is a self-identical simple substance. But the characterization of the self in that way has been shown to be false by points 1–3.

The bottom line of these arguments is that the Cartesian claim is founded on a fallacy, in that it equivocates between the two senses of the self: one as an object of thought, as given through the senses, and therefore empirical; and the other as a logically reflexive subject, which is capable of grasping the precondition of unity as a possibility for the making of judgements (and therefore of self-consciousness) (p. 371).

In the second of the two passages (reading linked with Exercise 12), Kant makes explicit his central charge against Descartes: that in formulating the 'cogito', Descartes committed the error ('dialectical illusion') of confounding the psychology of thinking with the logic of thought (p. 380). Instead of arguing for the view that mind and body are separate, Kant says, we should instead be asking how what underlies the appearance of separateness comes together ('how a communion of the substances is possible'—p. 381). Kant leaves us with the thought that such knowledge lies outside both ordinary psychology, and human knowledge itself.

### From Kant to modern philosophy of mind

Kant's philosophical corpus has provided the springboard for much of the agenda of academic philosophy ever since the end of the eighteenth century. Much philosophical work since Kant, in both the Analytic and Continental traditions, has been a development from his ideas or a reaction against them. The logical framework offered by Kant raised issues that dominated the philosophy of mind when it emerged as a distinct subdiscipline in the late 1940s. This is not to say the intervening 150 years can be totally ignored. Instead of taking a historical detour, however, we will point out the relevant events and ideas of this period as we explore the development of the philosophy of mind in Session 4.

### Reflection on the session and self-test questions

Write down your own reflections on the materials in this session drawing out any points that are particularly significant for you. Then write brief notes about the following:

1. In the seventeenth century, what did rationalists believe and what did empiricists believe, about how we come to know things?
2. How was Descartes' philosophical project related to the contemporary debate about knowledge?
3. What method did Descartes adopt and to what did it lead?
4. How did his project launch the 'mind–body' debate in its modern form?
5. Name two early responses to Descartes' dualism. (We noted six.)
6. What was Kant's argumentative strategy in his *Critique of Pure Reason*.
7. What was the nub of his opposition to Descartes' cogito?

### Session 4 A modern response to the Cartesian problem

In the previous session we looked at a number of early attempts to solve the mind–body problem. Although drawn mainly from the seventeenth and eighteenth centuries, these, as we saw, were

tackling the problem as it is with us today. The readings from contemporary newspapers and science journals in Session 1 and the 'Case of Mrs Lazy' in Session 2 illustrated the features of the mind–body problem as essentially the same problem with which Descartes and his successors engaged.

In Chapter 23 we will look at some very recent approaches to the mind–body problem. We will find that just as the problem was the same in the seventeenth century as today, so the proposed solutions have essentially the same forms. The main difference is a particular emphasis on the need to relate minds to *brains*. This is important for mental health. The explosion of 'brain science' is both a resource for and a challenge to mental health practitioners, as experts on 'minds'. How we respond to that challenge will determine the very nature of mental health practice and research as ever more powerful ways of investigating the brain come on stream in the twenty-first century.

But we will conclude this historical introduction by looking at a mid twentieth century attempt to side-step some of the problems generated by a Cartesian approach.

### A watershed in philosophy

We have seen that from the time Descartes published his ideas on mind and body, the most important feature of the specifically philosophical debate on these issues became the pervasive influence of the Cartesian 'cogito'. Almost every thinker who put pen to paper in the seventeenth and eighteenth centuries felt obliged to situate his thoughts in the context of the Cartesian project, even if in disagreement with Descartes' ideas.

In the nineteenth and early twentieth centuries although a time of enormous interest in the mind—all the big movements in psychology, including psychoanalysis and, indeed, psychiatry, have their origins in this period—there was relatively little concern with the mind–body problem as such. In the late 1940s, however, there was a decisive change in the way that philosophical enquiry into the mind was carried out, a change aimed at abolishing the Cartesian project.

### Abolishing the Cartesian project

The book that most explicitly represented this change was by the Oxford philosopher, Gilbert Ryle (*The Concept of Mind*, 1949, Hutchinson). It established a perspective on the mind which became known as *logical behaviourism*. This was vehemently anti-Cartesian. It sought to relegate both epistemology and the mind–body problem to the second-rank of philosophical issues, putting in its place the analysis of the concepts of everyday language about the mind.

Ryle's book was quickly followed by a posthumous book by the Cambridge philosopher Ludwig Wittgenstein, which was to have more influence on philosophy in the English-speaking world than probably any other book this century. This was the *Philosophical Investigations* (1953), and it was again vehemently anti-Cartesian, although its epigrammatic structure made that moral less clear.

The ideas of these two philosophers, Ryle and Wittgenstein, stimulated a critical discussion that gave rise to much modern work in the philosophy of mind. It is, however, an open question whether they successfully shaped recent orthodoxy in the analytic philosophy of mind, which has tended to accept the problems Descartes gave rise to rather than, in the case of both Ryle and Wittgenstein, questioning the presuppositions of the accepted problem. We will be focusing on Ryle's work in this session and aspects of Wittgensteinian philosophy in later chapters.

The work of neither philosopher came out of the blue, of course. Ryle, in particular, was influenced by the current psychological theory, also called 'behaviourism', and a good way to understand logical (or philosophical) behaviourism, is by comparing and contrasting it with psychological behaviourism.

### Psychological behaviourism

Psychological behaviourism is the view that publicly observable behaviour is the only proper subject matter for scientific psychology. This view was first advanced by the American psychologist J.B. Watson in the early 1900s (a definitive exposition of his views is given in his *Behaviourism*, 1930). An example of the ambitious claims of psychological behaviourism is the following quote from this book: 'Give me a dozen healthy infants, well-formed, and my own specified world to bring them up in, and I'll guarantee to take any one at random and train him to be any type of specialist I might—doctor, lawyer, artist, merchant, chef, and, yes, even beggar man and thief?' (*ibid.*, p. 150).

The other major exponent of psychological behaviourism as a paradigm is another American, B.F. Skinner, whose book *The Behaviour of Organisms* (1938) was massively influential. Skinner was so ardent about behaviourism that he even published a book expounding the benefits of organizing society entirely according to behaviourist principles (Skinner, 1971); he had earlier produced a Utopian novel, *Walden Two* (Skinner, 1948) written along behaviourist lines.

### Psychological behaviourism and philosophy

The proponents of behaviourism have at times made strong philosophical claims—Watson, for example, is famous for a remark that consciousness does not exist. But behaviourism as an approach in psychology is independent of philosophical theories of the mind. For example, psychological behaviourism rejects mind–body dualism as a *strategy* for developing a coherent approach to psychological research. But as a research strategy, this could be productive or unproductive irrespective of whether mind–body dualism is true or false as a philosophical theory of mind.

Perhaps the most useful way of understanding the relationship between psychological and logical behaviourism is to see logical behaviourism as an attempt to provide a philosophical legitimation of psychological behaviourism. For example, both Watson and Skinner believed that one of the features of science is the adoption of a publicly accessible source of data. In this



Fig. 22.4 Ryle

connection, logical behaviourism seems to offer a philosophically credible account of how the outward behaviour of humans could be sufficient to explain the 'impression' that we 'see' colours, 'feel' emotions, and so on. As we will see later, Ryle himself indicated the important influence of psychological behaviourism for philosophers of mind. On the other hand, however, Ryle's descriptions of behaviour make full use of mentally charged concepts. It does not attempt to reduce mind to behaviour described in a non-mental way. In other words Ryle's project is not reductionist in spirit in the way that much psychological behaviourism has been.

### Ryle's model of the mind

To characterize Ryle's view of the mind in *The Concept of Mind* just as advocating a form of behaviourism would thus be to misrepresent a more sophisticated philosophical argument. Ryle did not merely aim to provide an answer to the mind-body problem as derived from Descartes. He aimed in part to provide a therapeutic dissolution of (rather than a theory-based solution to) the problem. In this his work can be seen as sharing the spirit of philosophical 'quietism' that marked the later Wittgenstein's work. Wittgenstein suggested that philosophy should 'leave everything as it is' and that it would not be possible to 'advance theses in philosophy' (*Philosophical Investigations* paragraphs 124 and 128). It is that desire both to explore and then relieve philosophical tensions that in part makes Wittgenstein's work so difficult. Ryle's work was less self-consciously 'quietist' and that explains both its strengths (accessibility, clarity) and its weaknesses (in the end it does advance an implausible philosophical thesis).

Ryle's central concern, then, was to lay the traditional conception of the mind-body problem (and, simultaneously, the problem of other minds) to rest by demonstrating that the problem itself was founded on a conceptual muddle arising *from the way language is used*.

Ryle's project was to identify and clarify the legitimate concepts that can be used in talk of the mind. This project, of conceptual clarification, adopts two assumptions that are relatively unproblematic. The first is that each individual with a mind already possesses a store of intuitive knowledge about what it is to have a mind. The second is that there is an identifiable 'logical geography' that characterizes the 'knowledge which we already possess'. These two assumptions are at the core of Ryle's methodology. Once the 'logical geography' of our concept of mind has been clearly set out, it will ensure that we avoid the errors of the past (Ryle, [1949] 1963, p. 9). All this is of course very much in the tradition of linguistic analysis, as we have already encountered it in J.L. Austin's work.

### Category mistakes

So, what is the error, according to Ryle, which lies at the heart of mind-body dualism? It is what he calls a 'category mistake'—a confounding of 'one logical type or category (or range of types or categories)' with another. He describes this in the next reading.

#### EXERCISE 13

(15 minutes)

Read the three short extracts from

Ryle, G. ([1949] 1963). *The Concept of Mind*. London: Penguin. (Three Extracts, pp. 17–20).

Link with Reading 22.12

Think carefully about his example of a category mistake.

- ◆ Can you think of other examples?
- ◆ How does he apply this to the mind-body problem?

What the Cartesian, and others like him, have failed to notice, argues Ryle, is that our mental and physical concepts belong to different categories. This in itself indicates that the mental and physical belong to the same world—there are no grounds for the Cartesian claim that there is mind-stuff and body-stuff, each being radically different and distinct from the other. Cartesian introspection is a myth: there is mental activity but no mind within which it takes place, no Cartesian theatre in which to enjoy the show. These myths and misconceptions have arisen because we have been systematically misled by language into asking the wrong sorts of question about the mind.

We can summarize Ryle's own example of a category mistake thus: imagine a foreign visitor to Oxford or Cambridge who is taken on an extensive tour of colleges, libraries, and so on. After this the visitor asks: 'Where is the University?'. This question reveals that he has misconceived what sort of thing the University is. In fact, there is no one building or facility that can be called

'the University'—the concept of the university combines all the diverse elements, which together form the functioning academic institution. So the foreign visitor already possesses an extensive knowledge of the university as a result of his guided tour. But he has been misled by our talk of such things as 'the University Library', into thinking that there is a university distinct from its parts. If we had spoken of 'Jones's library', it would be reasonable to suppose there was a separate 'Jones' after whom the library was named, or to whom it belonged. And it is this linguistic similarity between expressions such as these that misled the visitor into thinking that there was a distinct university separate from its parts. He mistakenly believes the university comes within the same category as a college or laboratory. He has made a category mistake.

The same sort of conceptual muddle, according to Ryle, lies behind our talk of 'mind' and 'body' as two separate things, when in fact they are conceptual elements in a single world. On this view, then, mind-body dualism (and, for that matter, materialism and idealism, and, indeed, the whole mind-body problem) is a conceptual muddle, which in turn is a consequence of a linguistic illusion produced by ordinary language (for example, Ryle calls the doctrine of mind-body dualism 'the dogma of the Ghost in the Machine').

### Dispositions and occurrences

Up to this point, Ryle's argument amounts to a negative critique of mind-body dualism, and of the mind-body problem in general. But Ryle also made a positive contribution to the analysis of the concept of mind. At its most straightforward, it amounts to the claim that 'inner' mental states or processes can be analysed, ultimately, in terms of externally accessible dispositions to behave. In the following reading, we will explore Ryle's analysis of the concept of mental and physical activity in terms of dispositions.

#### EXERCISE 14

(30 minutes)

Read:

Ryle, G. ([1949] 1963). *The Concept of Mind*. London: Penguin, pp. 119–120

Link with Reading 22.13

As you read, make notes on the following questions:

1. How does Ryle characterize 'dispositions' and distinguish them in particular from laws?
2. In what way might the world 'satisfy' a dispositional statement?
3. What might a dispositional statement license us to do?
4. What arguments does Ryle give for dispositional statements not being identical to non-dispositional factual statements?

We can summarize the answers to the four questions in the exercise thus:

1. Dispositional statements are characterized by Ryle as statements describing a 'capacity, tendency, or propensity, or ... liability' in a particular 'thing, beast or person' (p. 119). Dispositions are not laws, because they specify a particular individual, whereas a law must be applicable, in a limited way at least, across various instances of a phenomenon. To talk of a disposition is to say that something *would* or *might* happen in certain circumstances, and thus dispositions *resemble* laws in that they are partly 'variable' or 'open'.
2. The world 'satisfies' a dispositional statement if it makes it true. It does this if the 'actions, reactions and states of an object' display a tendency to conform to the description given in the dispositional statement.
3. Dispositional statements function as 'inference-tickets'. This means they license us to 'predict, retrodict, explain, and modify these actions, reactions, and states' (p. 119).
4. A dispositional statement is not an observation statement, nor a report of unobserved or unobservable mental states or processes. Dispositional statements are not factual in the way ordinary indicative statements are (p. 119). Thus, it may be the case that we are correct in stating 'John Doe knows French', even though there has never been a report of John Doe speaking or writing French. We know that John Doe knows French because he responds appropriately to spoken and written French (although, in this respect, his behaviour is no different from when he is responding to spoken and written English). However, the work of dispositional statements is closely connected with observation reports and narratives, because, if a dispositional statement is true, it will be satisfied by certain specific observation reports and narratives (e.g. 'John Doe is speaking French') (see pp. 119–120).

What this amounts to is that disposition statements cannot be identified with or reduced to any non-dispositional fact, or state of affairs, or pattern of occurrences (a dispositional statement may be true although there has never been an instance of its being satisfied). Yet dispositional statements can be satisfied by facts, or states of affairs, or pattern of occurrences, and as such their job is 'intimately connected' with narratives of incidents, because 'if true, they are satisfied by narrated incidents' (p. 120). None the less, it should be noted that an *occurrence* need not satisfy a dispositional statement: if Paul, a non-smoker, tries a cigarette, that occurrence does not mean that he has a disposition to smoke (the incident might confirm his loathing of, and revulsion at, cigarette smoking.). Occurrences and dispositions are different, yet it may be the case that there is a dependence between them (if Paul *does* have a disposition to smoke, then an occurrence of him smoking satisfies that disposition).

### Rejecting Ryle

Important as Ryle's work was in reopening the debate about mind and body in the mid twentieth century, his positive contribution ultimately failed to carry conviction as a theory of mind.

One basic difficulty with his theory is that, despite his denials, it is behaviourist. The emphasis on behaviour seems to deny a basic phenomenological fact about the mind: that there is a subjective perspective to our mental lives. In a nutshell: there is nothing in Ryle's concept of dispositions to afford a distinction between actual pain behaviour and simulated pain behaviour. By extension, then, his theory fails also clinically. It leaves no room for anything that is characteristic of mind (e.g. subjectivity, a point of view, freedom, nor, even, phenomenal consciousness).

One way of thinking of this is that Ryle's account is not sufficiently radical in the way that it questions the framework of Cartesian dualism. With a distinction between the mind and body in place, it seems as though Ryle builds his conception of mind using materials from the body side of Descartes dualism rather than questioning that dualism. The account of behaviour looks to depend on the behaviour of a mindless body, the behaviour of a golem, perhaps.

The contemporary, Wittgenstein-inspired philosopher McDowell describes this sort of approach to a troubling dualism in this way:

Ordinary modern philosophy addresses its derivative dualisms in a characteristic way. It takes its stand on one side of a gulf it aims to bridge, accepting without question the way its target dualism conceives the chosen side. Then it constructs something as close as possible to the conception of the other side that figured in the problems, out of materials that are unproblematically available where it has taken its stand. Of course there no longer seems to be a gulf, but the result is bound to look more or less revisionist. McDowell (1994, p. 94)

Ryle himself was clearly aware that the charge of behaviourism would be levelled against him. But despite that *The Concept of Mind* does not sufficiently address this concern.

### Where does this leave the mind-body problem?

This chapter has examined the background to the mind-body problem both by looking at ordinary language use and by looking at the philosophical heritage. We have also looked at Ryle's work as an example of a philosopher in the analytic tradition attempting to provide an alternative view.

Ryle's discussion, however, does not succeed in providing a satisfactory account. What is more, the development of brain imaging techniques has brought the issue of the relation of mind and brain specifically onto the agenda of neuroscience (Andreasen, 2001). This will be the subject of Chapter 23, which starts with a reading based on recent brain imaging. While a future solution to the mind-body problem might indeed involve an element of dissolution as Ryle attempts, it will also need to address the attractions of modern materialism and the complexities raised by attempting to say that mental states are, or are determined by, brain states. That is what we will consider in the next chapter.

### Reflection on the session and self-test questions

Write down your own reflections on the materials in this session drawing out any points that are particularly significant for you. Then write brief notes about the following:

1. How much interest was there in the mind-body problem in the nineteenth century?
2. Whose book is generally credited with re-igniting the debate within the analytic tradition?
3. How does logical behaviourism differ from psychological behaviourism? Give an exemplar of each.
4. What was the essence of Ryle's critique of Descartes?
5. How did Ryle characterize talk of mental states?
6. Why did Ryle not succeed in dissolving the mind-body problem?

### Reading guide

#### Introductions to the philosophy of mind

There is a growing resource of accessible introductions to the philosophy of mind. Among them are: Braddon-Mitchell and Jackson (1996) *Philosophy of Mind and Cognition*; Burwood *et al.* (1999) *Philosophy of Mind*; Graham (1993) *Philosophy of Mind: an introduction*; McGinn (1982) *The Character of Mind*; and Rey (1997) *Contemporary Philosophy of Mind*.

A brief overview is given in chapters 4 and 5 of *Introduction to Philosophy* by William James Earle (1992).

#### Collections of essays on philosophy of mind

- ◆ Rosenthal (ed.) (1991) *The Nature of Mind* contains a comprehensive collection of journal papers and extracts from seminal texts ranging from Descartes up to about 1990.
- ◆ Less comprehensive but with better introductions to the topics is Lycan (ed.) (1990) *Mind and Cognition*.
- ◆ In William Lyons's (ed.) (1995) *Modern Philosophy of Mind*, the main texts consist of extracts from seminal works as well as journal papers, ranging from William James (1890) through to Colin McGinn (1989).
- ◆ A more historically focused collection is Robinson (1998) *The Mind*.

#### Cross-disciplinary and applied work

- ◆ Articles on many of the topics covered by this part of this book are included in George Graham and G. Lynn Stephens (1994) *Philosophical Psychopathology*.

- ◆ Colin Blakemore and Susan Greenfield's (ed.) (1987) *Mindwaves* includes a number of valuable articles on relevant topics especially in cognitive science.
- ◆ Kathleen Wilkes (1988) *Real People: philosophy without thought experiments* argues the case for philosophers basing their work more on the diversity of real mental phenomena represented by psychopathology and less on the traditional thought experiment.

The historical context of the recent resurgence of interest in psychiatry and abnormal psychology among philosophers (and vice-versa) is described briefly in Fulford's (1995) 'Introduction: just getting started' and in his 'Chapter 1: mind and madness: new directions in the philosophy of psychiatry' both in Phillips Griffiths (ed.) *Philosophy, Psychology and Psychiatry*.

Two recent books have made important contributions to the literature in this area by combining detailed case records with careful conceptual analysis: (1) Peter Halligan and John Marshall's (ed.) (1996) *Method in Madness: case studies in cognitive neuropsychiatry*, and (2) John Cutting's (1977) *Principles of Psychopathology*.

### The history of philosophy of mind

A useful introduction to the general philosophical background of the ideas discussed in this session can be found in two volumes in the OUP Opus series *A History of Western Philosophy*. Volume 4, *The Rationalists* by John Cottingham (1988), and Volume 5, *The Empiricists* by R.S. Woolhouse (1988).

OUP also has a PastMasters series of introductory texts focusing on individual philosophers, the following being relevant to the topics of this session: *Descartes* by Tom Sorell (1984); *Berkeley* by J.O. Urmson (1982); *Hume* by A.J. Ayer (1980); and *Kant* by Roger Scruton (1980).

Two relatively short but rewarding texts on Descartes are: (1) John Cottingham (1986) *Descartes* and (2) Bernard Williams' (1978) *Descartes: the project of pure inquiry*.

An extremely useful text exploring the influence of scepticism on philosophy is Barry Stroud (1984) *The Significance of Philosophical Scepticism*, which offers a close examination of the sceptical techniques utilized by Descartes and other, more recent, philosophers.

### References

- Andreasen, N.C. (2001) *Brave New Brain: Conquering Mental Illness in the Era of the Genome*. Oxford: Oxford University Press.
- Anon (1996) Lazy wife has her head examined. *The Times*, 2 September, page.

Anon (1997) Anorexia trigger found in the brain. *Sunday Times*, 13 April.

Ayer, A.J. (1973). *The Central Questions of Philosophy*.

London: Weidenfeld and Nicholson. (Ayer, A.J. (1976).

London: Pelican Books, p. 37.)

Ayer, A.J. (1980). *Hume*. PastMasters Series. Oxford: Oxford University Press.

Berkeley, G. ([1710] 1975). Principles of human knowledge. In *Philosophical Works*. London: Dent.

Blakemore, C. and Greenfield, S. (ed) (1987). *Mindwaves*. Oxford: Blackwell.

Braddon-Mitchell, D. and Jackson, F. (1996). *Philosophy of Mind and Cognition*. Oxford: Blackwell.

Burwood, S., Gilbert, P., and Lennon, K. (1999). *Philosophy of mind*. London: UCL.

Clarke, D. (1982). *Descartes' Philosophy of Science*.

Manchester: Manchester University Press.

Cottingham, J. (1986). *Descartes*. Oxford: Basil Blackwell.

Cottingham, J. (1988). *The Rationalists*. Opus series: A History of Western Philosophy, Vol. 4. Oxford: Oxford University Press.

Cutting, J. (1977). *Principles of Psychopathology*. Oxford: Oxford University Press.

Dennett, D.C. (1993) *Consciousness Explained*. Illustrated by Paul Weiner. London: Penguin.

Descartes, R. (1637/1998). *Discourse on Method*. (Translated by Cress, D.A.). Indianapolis: Hackett.

Descartes, R. (1649/1988). *The passions of the soul*. (Translated by Voss, S.). Indianapolis: Hackett.

Descartes, R. (1968). *Discourse on Method and the Meditations* (transl., and with an introduction by F.E. Sutcliffe). London: Penguin Books.

Descartes, R. (1996). Second meditation. In *Meditations* (ed. J. Cottingham). Cambridge: Cambridge University Press.

Earle, W.J. (1992). *Introduction to Philosophy*. New York: McGraw-Hill Inc.

Editorial (1997a). A comet at heaven's gate. *New Scientist*, 5 April: 3.

Editorial (1997b). Inadmissible evidence. *New Scientist*, 22 March: 3.

d'Espagnat B. (1983). *In Search of Reality*. New York: Springer-Verlag.

Fulford, K.W.M. (1989). *Moral Theory and Medical Practice*. Cambridge: Cambridge University Press (paperback, 1995).

Fulford, K.W.M., (1995) Introduction: Just getting started. pps 1–3, Introduction to *Philosophy, Psychology, and Psychiatry*, ed. A. Phillips Griffiths. Cambridge: Cambridge University Press, for the Royal Institute of Philosophy.

- Fulford, K.W.M. (2000). Disordered Minds, Diseased Brains and Real People. Chapter 4, in *Philosophy, Psychiatry and Psychopathy: Personal identity in mental disorder*. (ed. C. Heginbotham). Avebury series in Philosophy in association with The society for Applied Philosophy. Aldershot (England): Ashgate Publishing Ltd, pps 47–73.
- Fulford, K.W.M., Morris, K.J., Sadler, J.Z., and Stanghellini, G. (2003). Past Improbable, Future Possible: the renaissance in philosophy and psychiatry. Chapter 1 (pps 1–41) in Fulford, K.W.M., Morris, K.J., Sadler, J.Z., and Stanghellini, G. (eds.) *Nature and Narrative: an Introduction to the New Philosophy of Psychiatry*. Oxford: Oxford University Press.
- Garber, D. (1978). Science and certainty in Descartes. In *Descartes: critical and interpretive essays* (ed. M. Hooker). Baltimore, MD: Johns Hopkins University Press, pp. 114–151.
- Graham, G. (1993, Second edition, 1998). *Philosophy of Mind: an introduction*. Oxford: Blackwell.
- Graham, G. and Stephens, G.L. (1994). *Philosophical Psychopathology*. Cambridge, MA: MIT Press.
- Halligan, P.W. and Marshall, J. (ed.) (1996). *Method in Madness: case studies in cognitive neuropsychiatry*. Hove, UK: Psychology Press.
- Hobbes, T. (1984). 'Objections' to Descartes' *Meditations*. In *The Philosophical Writings of Descartes* (trans. J. Cottingham, R. Stoothoff, and D. Murdoch), Vol. 2. Cambridge: Cambridge University Press, pp. 122–126.
- Hobbes, T. (1996). *Leviathan* (edited by Tuck, R.) Cambridge: Cambridge University Press.
- Hope, T. (1994). Personal Identity and Psychiatric Illness, in *Philosophy, Psychology and Psychiatry*, ed. A. Phillips Griffiths, Cambridge: Cambridge University Press, for the Royal Institute of Philosophy Supplement 37: 131–143.
- Hundert, E. (1989). *Philosophy, Psychiatry and Neuroscience: three approaches to the mind*. Oxford: Oxford University Press.
- James, W. (1890). The stream of consciousness. *The Principles of Psychology* (2 vols). New York: Henry Holt.
- Kant, I. ([1781] 1929). *Critique of Pure Reason* transl. N. Kemp Smith. Garden City, London: Macmillan.
- Kenny, A.J.P. (1969). Mental health in Plato's republic. *Proceedings of the British Academy*, 5: 229–253.
- Leibniz, G.W. (1705). *New Essays on the Human Understanding*. (paperback 1996) Cambridge: Cambridge University Press.
- Leibniz, G.W. ([1710] 1988). *Theodicy*. Illinois: Open Court Publishing Company.
- Locke, J. ([1690] 1989). *An Essay concerning Human Understanding*. Ed P.H. Nidditch. Oxford: Clarendon Press.
- Lycan, W. (ed.) (1990). *Mind and Cognition*. Oxford: Blackwell.
- Lyons, W. (ed.) (1995). *Modern Philosophy of Mind*. London: Dent.
- Malebranche, N. (1674–5) *De la recherche de la vérité*, in *Oeuvres*, vols 1–3, 6th edn, 1712; trans. T. Lennon and P.J. Olscamp as *The Search After Truth/Elucidations of the Search After Truth*, Columbus, OH: Ohio State University Press, 1980.
- McDowell, J. (1994). *Mind and World*. Cambridge, MA: Harvard University Press.
- McGinn, C. (1982). *The Character of Mind*. Oxford: Oxford University Press.
- McGinn, C. (1989). 'Can we solve the mind-body problem?' *Mind*, 98, 349–366.
- McGinn, C. (1993). Consciousness and cosmology: hyperdualism ventilated. In *Consciousness: Psychological and Philosophical Essays* (ed. M. Davies and G.W. Humphreys). Oxford: Blackwell.
- Montaigne (2003 [1580]). *Apology for Raymond Sebond*. trans. R. Ariew and M. Grene. Hackett Publishing Co. Inc.
- Nordenfelt, L. (1997a). The stoic conception of mental disorder: the case of Cicero. (with commentaries by Blackburn (1997), Leavy (1997), Mordini (1997), and Rhodes (1997), with a response from Nordenfelt (1997b), pp. 293–306) *Philosophy, Psychiatry & Psychology*, 4(4): 286–291.
- Phillips Griffiths, A. (Ed) (1995). *Philosophy, Psychology and Psychiatry*. Cambridge: Cambridge University Press, for the Royal Institute of Philosophy.
- Porter, R. (1997). Edward Shorter's *A History of Psychiatry*. Review in *Evening Standard*.
- Quinton, A. (1985). Madness. In *Philosophy and Practice* (ed. A. Phillips Griffiths). Cambridge: Cambridge University Press, pp. 17–41.
- Rey, G. (1997). *Contemporary Philosophy of Mind*. Oxford: Blackwell.
- Robinson, D. (1998). *The Mind*. Oxford: Oxford University Press.
- Rosenthal, D. (ed.) (1991). *The Nature of Mind*. Oxford: OUP.
- Russell, B. (1900). *The Critical Exposition of the Philosophy of Leibniz*. London: Allen and Unwin.
- Russell, B. (1946). *A History of Western Philosophy*. London: George Allen and Unwin.
- Ryle, G. (1949). *The Concept of Mind*. London: Hutchinson. In paperback (1963). *The Concept of Mind*. London: Penguin.
- Scruton, R. (1980). *Kant*. PastMasters Series. Oxford: Oxford University Press.



Skinner, B.F. (1938). *The Behaviour of Organisms*. New York: Appleton-Century-Crofts.

Skinner, B.F. ([1948] 2005). *Walden Two*. Indianapolis: Hackett.

Skinner, B.F. (1971). *Beyond Freedom and Dignity*. New York: Knopf.

Sorell, T. (1984). *Descartes*. PastMasters Series. Oxford: Oxford University Press.

Spinoza, B. ([1677] 2000) *Ethics*. Oxford: Oxford University Press.

Strawson, P.F. (1977) *Individuals: An Essay in Descriptive Metaphysics*. Oxford: Oxford University Press.]

Stroud, B. (1984). *The Significance of Philosophical Scepticism*. Oxford: Oxford University Press.

Urmson, J.O. (1982). *Berkeley*. PastMasters Series. Oxford: Oxford University Press.

Watson, J.B. (1930). *Behaviourism*. Rev. edn. New York: Harpers.

Wilkes, K. (1988). *Real People: philosophy without thought experiments*. Oxford: Oxford University Press.

Williams, B. (1978). *Descartes: The project of pure inquiry*. Brighton: Harnester Press.

Wittgenstein, L. (1953). *Philosophical Investigations*. Oxford: Basil Blackwell.

Woolhouse, R.S. (1988). *The Empiricists*. Opus series: *A History of Western Philosophy*, Vol. 5. Oxford: Oxford University Press.

