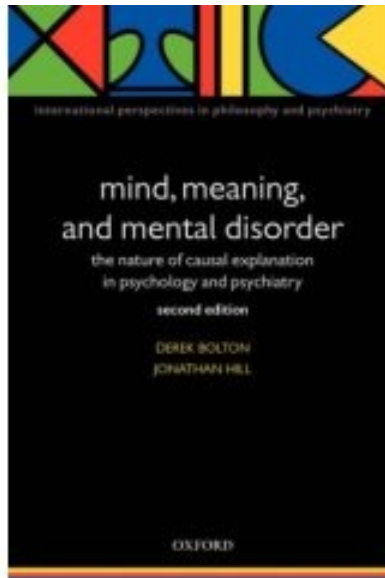


Workshop on  
*Mind, Meaning, and Mental Disorder; The Nature of Causal Explanation in  
Psychology and Psychiatry*  
Derek Bolton and Jonathan Hill  
OUP, 2003<sup>2</sup>

Paris IEA, June 4th, 2008



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# Neurobiology, intentional causality, empathy, psychotherapy: « A bridge too far »?

- The philosophy of action/intention as a conceptual framework.
- Evolutionary psychology, developmental psychology, clinical interaction and therapy.
- How can one follow adaptative/contextual/interpersonal rules (or fail to do so), and be neurobiologically « wired » by nature? The neural « encoding » thesis.
- A more concrete and practical challenge than causes vs. reasons.
- A systematic, integrative and naturalistic approach dealing with all the core issues of contemporary cognitive psychopathology.
- Post-empiricist epistemology: mind explains mind. Relativity and the loss of generality. Epistemology and psychology: Popper and Freud reconciled?
- The deduction of mental illnesses.

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- The deduction of mental illnesses.
- Which kind of intentionality? Are teleo-functional relations good enough for the description of the fine grained intentional grammar of psychological verbs?
- The gap between the laws of neural/ mental causality, and the rules of mental/ interpersonal/social interactions.
- The wittgensteinian path: rules and regularities. Must « mental causality » always follow a nomological pattern?
- Intentionality *in* mental illness, and intentionality *of* mental illness. Mental symptoms as creations. The invention of new norms of mental functioning.
- Starting from psychiatric illnesses as mental entities, of from troubles in naive/clinical interaction?

# Neurobiology, intentional causality, empathy, psychotherapy: « A bridge too far »?

## **Wittgenstein « naturalized »? Derek Bolton's and Jonathan Hill's overarching concept of empathy**

- Empathy: an immediate knowledge/feeling/intuition of what the other person is « from within ». Husserl and Freud.
- The neuroscientific empathy: from motor resonance and mirror neurons to goal-detection and « mind reading ».
- Not only action: the co-experiencing of emotions.
- A clinical issue: autism, schizophrenia and borderline personality disorder.
- A methodological issue for any « theory of mind »: the relativity of view points and the skeptical argument about what rules the other person may follow.
- Is empathy an empirical fact, or a general and *a priori* pattern of explanation?

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- A methodological issue for any « theory of mind »: the relativity of view points and the skeptical argument about what rules the other person may follow.
- Is empathy an empirical fact, or a general and *a priori* pattern of explanation?
- There is nothing like a rule for following a rule: the solution to the skeptical argument can be nothing else but a shared « form of life ».
- Why this shared « form of life » should have no biological content?
- Three clinically relevant consequences: the role of silent certainty in the background, the I/We logical co-presence, the intuition that the other's self is imperiled.
- Against the traditional contrast between biologically encoded information and the regulation of action in cultural practices.
- In what sense Wittgenstein can be viewed as the « presupposition » of such a conception of naturalized intentionality in psychopathology?

# Neurobiology, intentional causality, empathy, psychotherapy: « A bridge too far »?

## **The case with Obsessive Compulsive Disorder**

- A conflict between three kinds of model: moral/intentional, biological/intentional, non-intentional. Freud, Rapoport, plus some recent experiments with DBS. Three types of conflicting evidence (psychotherapy vs. soft neurological impairments, higher-order and lesser-order intentionality in OCD symptoms: sophisticated rituals vs. stereotypic behaviour, etc.).
- Intentional Stance and Physical Stance explanations: to what extent can we say that they imply different causal pathways? Is dismembering OCD in clinical subtypes an *ad hoc* solution?

## **Why OCD may be a challenge to connecting smoothly neurobiology to psychotherapy**

- The encoding thesis (i.e. intentional causality in neurocompatible parlance) looks specifically designed to avoid such radically conflicting explanations. The Intentional and the Physical Stance should rather go hand in hand, or how CBT could causally alter OCD symptoms?
- Dismembering OCD in clinical subtypes would also be a blow to the intentional causality hypothesis. It would oppose OCD symptoms of a highly relational/interpersonal content and neurological impairments whose « meaning » would only consist in attribution biases.
- But do we need to bridge the gap? The problem with OCD is that its standard clinical description already involves a naturalistic conception of action. So, conflicting explanations, or conceptually flawed nosology?
- Empathy and transference: some characteristics of children with OCD. The rationale for the (relative) indifference of the psychotherapist towards any underlying neurobiology.

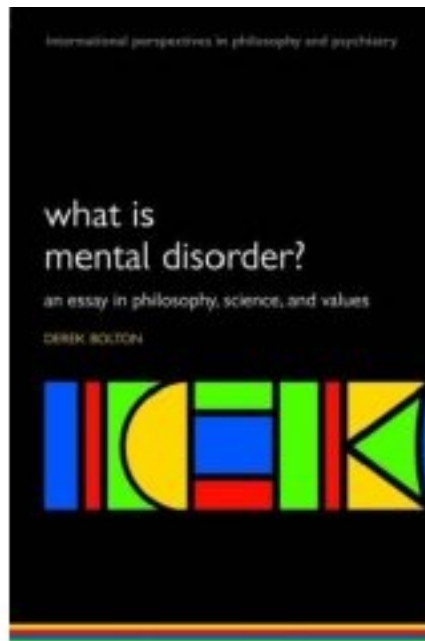
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## To recap:

- A very ambitious and far-reaching theoretical construction. Not a preliminary, critical overview of the field (Rachel Cooper, 2007). Not a strictly epistemological attempt to fit psychopathology in the contemporary scientific view (Dominic Murphy, 2007). Philosophy of mind for the clinicians.
- Is intentionality overstretched? Mind explains mind: the lessons of the book, the opening up of new perspectives, definitely leans more towards a fresh look at what is going on with mental illness in a social/interpersonal context, rather than towards a smooth integration of the current hypotheses in neurobiology.
- Evolutionary neurobiology already tolls the knell for traditional « biological » psychiatry.
- Some sort of « naturalized » psychoanalysis (Winnicott and Melanie Klein « bowlbyfied ») looks closer than ever to CBTs, if CBTs clearly imply a) a developmental view point, b) a conception of empathy, c) a evolutionary/adaptative perspective.
- But is mental illness to be envisioned solely from the point of view of general mental dysfunction? What would be a more creative perspective on the invention, *through illness*, of new norms of mental functioning? Mental health as such an innovative normativity (Canguilhem).

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- Derek Bolton, *What Is Mental Disorder?: An Essay in Philosophy, Science, and Values*, International Perspectives in Philosophy & Psychiatry, OUP, 2008.
- Jonathan Hill, Lynne Murray, Vicki Leidecker & Helen Sharpe, « The dynamics of threat, fear and intentionality in the conduct disorders: longitudinal findings in the children of women with post-natal depression », submitted to Philosophical Transactions of the Royal Society in March 2008