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978-0-521-85652-2 - Philosophy of Psychopharmacology: Smart Pills, Happy Pills, and pep Pills

Dan J. Stein

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Dan J. Stein, M.D., Ph.D., D.Phil.



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Preface

At times, new scientific data lead to a revolution in how we think about ourselves. Copernicus's data showed that the Earth and its inhabitants were not situated at the geographic epicentre of the Universe. Darwin's observations indicated that humans did not exist in a natural realm apart from other primates. Freud's cases suggested that the rational conscious mind was not necessarily the primary determinant of human behaviour. This volume begins with the idea that revolutionary data about the brain and the mind, and especially about medications that act on the brain-mind, will fundamentally change our thoughts about humans.

Brain-mind-altering or psychoactive substances, also known as psychotropics, have been used since antiquity for both recreational and therapeutic reasons. Noah celebrated with wine, and Plato philosophized about its appropriate use.¹ Paracelsus knew the value of laudanum, and Pinel not only unshackled the insane but also prescribed opium. Nevertheless, the modern field of empirical psychopharmacology is only a few decades old. Psychopharmacologists have mostly been interested in basic science investigations of the mechanism of new drugs and in clinical studies of their efficacy in treating psychiatric disorders. They have not paid much attention to the more abstract question of whether their data change our understanding of the nature of cognitive science and of psychiatry. This is an important gap, and this volume hopes to begin to close it.

Working with the new psychiatric drugs raises crucial philosophical questions, and so encourages a rethinking of cognitive science and particularly of psychiatry. The value of the new psychiatric drugs as

¹ Plato's "A Touchstone for Courage" (Plato, 1970) is perhaps the first philosophy of psychopharmacology in the West. Aristotle similarly considered issues around alcohol and responsibility (Aristotle, 1980).

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things-with-which-to-think (Papert, 1980) lies not only in their efficacy for major psychiatric disorders, but also in their potential use in a range of additional contexts. There is, for example, growing interest in smart drugs to improve intellectual, sporting, or military performance, in mood-brightening and personality-enhancing drugs, and in pep pills to enhance motivation and energy. Scientists and societies are increasingly grappling with questions about using medical treatments, including psychotropics, for purposes that are “Beyond Therapy” (President’s Council on Bioethics, 2003), or “Better than Well” (Elliott, 2003).

Such so-called “cosmetic psychopharmacology” (Kramer, 1997) immediately raises a range of conceptual (or metaphysical) questions about the nature of the entities that are used by psychiatrists: How do we best define medical and psychiatric disorders? Are psychiatric disorders a kind of medical disorder, or are they a different kind of category? Can psychotropics change personality, and if so, what are the implications for our concepts of self? How do we distinguish the use of psychotropics for therapy from their use for enhancement, or psychotropic medications from legal substances such as alcohol, illicit substances such as cocaine, and nutrients or nutraceuticals?

Second, psychopharmacological data raise a series of explanatory (or epistemological) questions focused on how to best understand brain-behaviour phenomena. How can we understand the way in which psychotropics work to alter thoughts, feelings, and behaviours, and should our explanations differ from those we develop for understanding how psychotherapy leads to change? How can we best conceptualize placebo and nocebo responses to psychotropics, and the relevant unconscious processes involved? What is the relevance of Darwinian or evolutionary mechanisms when investigating psychopharmacological phenomena?

Third, psychopharmacological data raise a series of moral (or ethical) questions. When is the use of psychotropics for psychiatric disorders appropriate? Depressive realism refers to the phenomenon that people with depression appear to be more realistic in their appraisals of the world, the self, and the future than are people without depression – is depressive realism best left untreated? Should cosmetic psychopharmacology – the treatment of undesirable traits (poor memory, shyness,

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impulsivity) that cannot be characterized as psychiatric disorders – be encouraged or deplored, do we believe in a pill for every psychic ill?

To discuss the questions raised by psychopharmacology, we need a framework that can address related questions in philosophy of science, medicine, language, mind, emotion, personal identity, the unconscious, and evolution. I have found it useful to summarize this immense philosophical literature by contrasting two camps – a “*classical*” and a “*critical*” approach to cognitive and clinical science. While this contrast entails a great deal of oversimplification, and may not apply to the work of any particular thinker, it serves as a useful foundation for putting forward an integrative approach to answering the questions of psychopharmacology.

Very briefly, the classical position can be traced back to Plato, runs through the work of the early Wittgenstein, was taken up by the logical positivists, and continues to be a major force in contemporary philosophy. It has viewed cognition in terms of computation, and has defined psychiatric disorders in similarly restrictive ways. In contrast, the critical position also has early roots, was strongly influenced by thinkers like Vico and Herder, played an important role in post-modern movements, and continues to be central for continental philosophy. It has emphasized the importance of human understanding and of social context, and has regarded mental disorders as representing merely another way of living.

Instead, this volume puts forward an approach that highlights the findings of cognitive-affective science; this is a framework that allows for an approach to the brain-mind that emphasizes the embodiment of cognition and affect in neuronal circuitry and in the interaction of people with the physical and social world, and that provides an expansive space for considering psychiatric disorders as complex, significant, and real phenomena. It is an approach that is consistent with a naturalized philosophy, with scientific realism, and also with a range of psychological and philosophical work that views the brain-mind as neither a computational algorithm, nor as a social construct, but rather as fundamentally embodied.

The term “cognitive-affective” is used here rather than merely “cognitive” or “affective”, because the affective realm and its integration

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with the cognitive one has been too-often ignored in both psychology and philosophy of psychology. The term “brain-mind” is used rather than merely “brain” or “mind”, again to emphasize how the two constructs are, in fact, impossible to disentangle. Similarly, I later refer to “psychobiological” mechanisms. These hyphenated constructs, although perhaps clumsy at first, serve to highlight, first, how complex thoughts and feelings are ultimately based in more basic constructs such as body representation, and second, how the brain-mind is not a computational apart-from-the-world passive reflector, but rather a thinking-feeling actor-in-the-world and active constructor.

Psychotropics are remarkably useful things with-which-to-think. This is not only because they are used in a range of different contexts, but also because of the highly complex issues that they raise, touching on questions in philosophy of science, medicine, language, mind, emotion, personal identity, the unconscious, and evolution. Conversely, answers to the questions raised by advances in psychopharmacology may have profound implications for a broad range of philosophical problems, including metaphysical, epistemological, and moral issues. Wittgenstein was fond of the metaphor of philosophy as a useful medical treatment; this volume suggests that psychopharmacology provides a useful subject matter for philosophy.²

Insofar as this volume addresses so many well-discussed questions in philosophy, much of it depends on standing on the shoulders of giants. I am particularly indebted to the work of Roy Bhaskar on philosophy of science, George Lakoff on the cognitive science of categories, and Mark Johnson on moral reasoning. Arguments here are informed by a broad range of philosophical work, including writings at the intersection of philosophy and psychiatry – pioneered by Karl Jaspers, and now an increasingly productive area.

At the same time, I would venture that comparatively little philosophical work has been done in the area of psychopharmacology in

² The work of a number of important physician-philosophers, such as William James and Karl Jaspers, begins with a careful consideration of psychology and psychopathology. Subsequently, a number of philosophers such as Austin (in the linguistic-analytic tradition) and Merleau-Ponty (in the continental tradition) early on suggested or employed psychiatry as a significant resource for philosophy.

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general, and cosmetic psychopharmacology in particular. This volume outlines philosophical questions raised by psychopharmacology, discusses possible answers from the classical and critical perspectives, and draws on the cognitive-affective sciences to provide an integrated set of answers. I hope that by doing so, the volume contributes to providing a conceptual foundation for good clinical psychopharmacology.

Solomon Stein gave me a life-long interest in the question of whether pharmacology was good or bad. Sally and Leslie Swartz were instrumental in helping me to begin on the road to philosophy more than two decades ago. Jeremy Barris, Arnold Abramovitz, Ronald Rieder, and Michael Schwartz gave encouragement at crucial points. Derek Bolton helped give me the courage to pursue the current project. Anton van Niekerk was crucial in providing a supportive intellectual framework within which I could attempt to move forward. Both Derek and Anton gave me a great deal of encouragement, as well as many useful comments on drafts of the manuscript; this work would not have appeared without their generous mentorship. Many other colleagues have helped me think through questions covered here; particular thanks to Ineke Bolt, George Ellis, Jacques Kriel, Wittem Landman, Ronald Pies, and Willem David Walywn for their comments and suggestions on early versions. Finally, I wish to acknowledge with deep gratitude my wife, Heather, and my children, Gabriella, Joshua, and Sarah, who have put up with my irritable mood when attempting to do philosophy, as well as with the inevitable absences from family life that this attempt entailed.