

false self and replaced it with a true one? Might Tess, absent the invention of the modern antidepressant, have lived her whole life—a successful life, perhaps, by external standards—and never been herself?

When I asked her to expand on what she meant, Tess said she no longer felt like herself when certain aspects of her ailment—lack of confidence, feelings of vulnerability—returned, even to a small degree. Ordinarily, if we ask a person why she holds back socially, she may say, “That’s just who I am,” meaning shy or hesitant or melancholy or overly cautious. These characteristics often persist throughout life, and they have a strong influence on career, friendships, marriage, self-image.

Suddenly those intimate and consistent traits are not-me, they are alien, they are defect, they are illness—so that a certain habit of mind and body that links a person to his relatives and ancestors from generation to generation is now “other.” Tess had come to understand herself—the person she had been for so many years—to be mildly ill. She understood this newfound illness, as it were, in her marrow. She did not feel herself when the medicine wore off and she was recharged by an external stress.

On imipramine, no longer depressed but still inhibited and subdued, Tess felt “myself again.” But while on Prozac, she underwent a redefinition of self. Off Prozac, when she again became inhibited and subdued—perhaps the identical sensations she had experienced while on imipramine—she now felt “not myself.” Prozac redefined Tess’s understanding of what was essential to her and what was intrusive and pathological. . . .

Beyond the effect on individual patients, Tess’s redefinition of self led me to fantasize about a

culture in which this biologically driven sort of self-understanding becomes widespread. Certain dispositions now considered awkward or endearing, depending on taste, might be seen as ailments to be pitied and, where possible, corrected. Tastes and judgments regarding personality styles do change. The romantic, decadent stance of Goethe’s young Werther and Chateaubriand’s René we now see as merely immature, overly depressive, perhaps in need of treatment. Might we not, in a culture where overseriousness is a medically correctable flaw, lose our taste for the melancholic or brooding artists—Schubert, or even Mozart in many of his moods?

These were my concerns on witnessing Tess’s recovery. I was torn simultaneously by a sense that the medication was too far-reaching in its effects and a sense that my discomfort was arbitrary and aesthetic rather than doctorly. I wondered how the drug might influence my profession’s definition of illness and its understanding of ordinary suffering. I wondered how Prozac’s success would interact with certain unfortunate tendencies of the broader culture. And I asked just how far we—doctors, patients, the society at large—were likely to go in the direction of permitting drug responses to shape our understanding of the authentic self. . . .

By the time Tess’s story had played itself out, I had seen perhaps a dozen people respond with comparable success to Prozac. Hers was not an isolated case, and the issues it raised would not go away. Charisma, courage, character, social competency—Prozac seemed to say that these and other concepts would need to be re-examined, that our sense of what is constant in the self and what is mutable, what is necessary and what contingent, would need, like our sense of the fable of transformation, to be revised.

### ASPIRIN FOR THE MIND? SOME ETHICAL WORRIES ABOUT PSYCHOPHARMACOLOGY

*Carol Freedman*

Contrary to the common view that regards emotions as types of pleasure or pain, a view (which she attributes to Kramer) that likens emotional problems to headaches, Freedman argues that emotions—unlike headaches—are ways of interpreting the world and one’s situation in it. If, accordingly, we regard emotional problems as

related to reasons, and not just to causes, we should maintain a commitment to address these problems with insight and understanding; failure to do so, Freedman contends, involves a failure to respect what it is to be a self. The growing success of biological psychiatry, as understood by Kramer, encourages us to think of emotional problems as similar to headaches. Kramer's approach, she concludes, "jeopardizes our dignity as responsible persons who owe it to ourselves to struggle toward insight through dialogue."

In describing the extreme sensitivity to rejection of his patient Lucy, Peter Kramer recounts the following disagreement he had with Sophie Lowenstein Freud.

Sophie Freud suggested that all people are rejection-sensitive, in the sense that rejection hurts them, but that Lucy might be more skilled than most at *perceiving* rejection. . . .

. . . Sophie Freud's comment . . . is grounded in the belief that all people—if they perceive themselves to be rejected—feel the same pain internally. They differ only according to how small a cue they need to recognize rejection. . . . If all people are similar in how they translate loss into pain, then the instrument we are adjusting is not the internal amplifier but the external receiver—we are asking the person to create an artificial attentional deficit, to ignore loss. . . .

The alternative view—one that seems more likely—is that sensitive people, when they perceive rejection, feel it more keenly. . . . The *primary* deficit is increased amplification. . . .

For the most part, I do not believe that either medicine or psychotherapy makes people less perceptive. But . . . [o]nce we turn down the amplification, small slights, even if they are noticed for a moment, may pass without being registered into memory. . . . In this sense, a *secondary* effect of reduced amplification is reduced perception (emphasis added).<sup>1</sup>

Kramer's disagreement with Sophie Freud might seem to be only an academic quarrel. Kramer argues that when people feel rejected they *first* ex-

perience the *pain* of loss, and then the heightened *perception* of loss. Sophie Freud argues, conversely, that what comes first is the heightened *perception* of loss and then the *pain* of loss. They are not disagreeing about the ultimate effect of treatment: for either way the aim is to alter people's perception. They are disagreeing about whether such alteration comes about as a direct or indirect result of treatment. What difference could such a distinction really make?

I want to argue that such a distinction *does* matter. It isn't just a coincidence that Kramer describes his treatment of patients like Lucy as a process of reducing their internal amplifier as opposed to adjusting their external receiver. Analogies in this case have ethical significance. When Kramer discusses the psychological problems he treats with Prozac they are often made to sound like headaches: pains or deficiencies that give rise to particular modes of perception or cognition without being particular modes of perception or cognition themselves. Psychopharmaceuticals, to follow the analogy, are like aspirin.

I want to argue, against the tenor of Kramer's *Listening to Prozac*, that emotional disturbances are often not like headaches, and that once we see this it becomes ethically problematic to treat such disturbances with drugs. Even if we grant, then, that drugs and understanding can realize the same ends of psychic health, the means often make an ethical difference. For what is at stake is a conception of ourselves as responsible agents, not machines.

Central to *Listening to Prozac* is Kramer's claim that Prozac allows us to see a whole spectrum of psychological problems as physical disorders. People who are particularly sensitive to rejection, for example, have problems with their serotonin

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Panic a psychiatrist: loss."<sup>2</sup> And phobia that from panic: one's fear of of being unfelt as a small symbol traceable to lence; the on unpleasant: panic."<sup>3</sup> Rejection is just a tendency to loss. And aren't meant

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One conclusion involves What distinguishes on this view pleasures or cognitions—the belief that cause the belief of my mind. separate from they cause. It is this sense do not intend

levels. For the sake of argument, I'll grant Kramer this finding. But I want to challenge some assumptions he makes about what it's like to *experience* emotional problems. In particular, he implies that psychological disturbances are best understood merely as kinds of pain, as is shown in the analogy he makes between rejection-sensitivity and panic disorder.

Panic attacks, he writes, are now understood by psychiatrists as "heightened pain in response to loss."<sup>2</sup> And this means that the agoraphobia or agrophobia that tend to characterize those who suffer from panic attacks are not *meaningful*. It is not as if one's fear of going over a bridge expressed a terror of being unsupported and insignificant, the way one felt as a small child. For Kramer, "there [is] no special symbolic significance to the bridge, no meaning traceable to childhood trauma or current ambivalence; the only significance of the bridge [is] as an unpleasant place in which to suffer spontaneous panic."<sup>3</sup> Rejection-sensitivity, to follow the analogy, is just a tendency to feel heightened pain in response to loss. And the situations that occasion such pain aren't meaningful.<sup>4</sup>

That Kramer is prone to think of rejection-sensitivity in this way has, I think, less to do with scientific evidence, than with fairly old and unreflective judgments we make at the level of ordinary practice. If Kramer's description of rejection-sensitivity sounds convincing it is more because he is appealing to some common ways we think about the emotions or emotional states,<sup>5</sup> rather than that he is appealing to new developments made possible by ever more sophisticated advances in biological psychiatry.

One common way of thinking about the emotions involves viewing them as noncognitive. What distinguishes an emotion from a cognition, on this view, is a kind of pleasure or pain. These pleasures or pains are influenced by, and influence, cognitions—for example, anger may be caused by the belief that I have been insulted, and it can cause the belief that the offender deserves a piece of my mind. According to this view, emotions are separate from the beliefs that cause them and that they cause. They are not *essentially* connected. It is this sense in which they are like headaches. I do not intend to defend a particular cognitive view

of the emotions at length here, but only to raise some questions about the coherence of Kramer's noncognitive account and to examine its ethical implications.<sup>6</sup>

A key question for Kramer's account of emotion is whether it can do justice to the way we *experience* emotion, and in particular to the way in which we see emotion as connected in a *meaningful* way to the situations that cause it. Consider Kramer's case of Lucy. When Lucy was ten her mother was violently murdered. At the time, Lucy showed no immediate reaction. She was productive and responsible, despite the fact that her father focused primarily on his work and not on her. When Lucy first saw Kramer she was a young adult who tended either to become interested in men who were dismissive of her and wild, or to experience heightened feelings of rejection with men who seemed to treat her well. Lucy suffered from deep and protracted moods: "disorganized, paralyzed, hopelessly sad, overtaken by unfocused feelings of urgency."<sup>7</sup> Kramer doesn't deny that we should think of Lucy's current sensitivity to rejection as caused by her past. Even if he thinks of feelings of rejection as nothing more than kinds of pain, he might still think of the places and people Lucy seeks to avoid as meaningful in the sense that they bear a resemblance to the people and places that gave rise to her early experiences of painful rejection. But they are no more meaningful on this view than is my wanting to avoid eating too many hot dogs because eating five once made my stomach upset. Lucy's earliest feelings of rejection on this view were nothing but severe pains occasioned by the murder of her mother. And such early experiences changed Lucy biologically so that she became more prone to feel the pain of rejection. Kramer could argue, then, that because she *associates* such pain with the early experiences that caused it, she seeks to avoid situations that she thinks resemble those early ones.

There are, I think, many problems with understanding the genesis and nature of rejection-sensitivity in this way. But the problem I want to highlight concerns the understanding of emotional states as akin to pleasures or pains that we merely *associate* with types of situations—as if it makes sense to say that Lucy associates the pain of rejection with losing her

mother in the way that one might associate a kind of stomach pain with hot dogs. If we reflect carefully about emotional pain, we will realize that the relationship between it and the way we see the situation that we believe causes emotional pain is not like the relationship between physical pain and the way we see the situation that we believe causes physical pain.<sup>8</sup> One notable difference is the fact that emotions are intentional: what I take to be the source of my anger is not separable from the anger itself. There is not my anger, on the one hand, and what I'm angry about on the other. If I am angry about the fact that you are late, then if as I see it you are no longer late, there is no anger. There could be anger about something else. But anger cannot exist without an object in the way that a physical pain can exist without its cause.<sup>9</sup> It is in this sense that emotions are not merely caused by what we take them to be about. And this is why we don't merely *associate* them with what we take them to be about in the way that we might associate hot dogs with stomach pain.

But there is another significant difference between emotions and physical pleasures and pains: the way I see the situation that I believe causes my emotional pain seems from my point of view to *justify* my pain. This notion is revealed by the kinds of reasons we offer for our emotions in contrast to our stomach aches or other physical pains. When we ask someone why their stomach hurts we are in effect asking, "how did it happen that your stomach got upset, what is the *explanation*?" But when we ask Lucy why she feels rejected by her boyfriend, or father, or mother we are not in effect asking, "how did it happen that you came to feel rejected?" We want more than an *explanation*; we want to hear her *justification*. We want to know why Lucy takes feeling rejected to be *merited* by her situation. What sort of evidence does she think there is for believing that certain others don't really care for her? What as she sees it justifies her level of feeling rejected: what as she sees it merits the view that she is alone in the world, and that no one will ever love her.

Sometimes when we justify our emotions, our reasons terminate in nothing but our own likes and dislikes. When asked, for instance, why I hope there will be vanilla rather than chocolate ice cream at the

party, I might respond by saying merely, "because I like vanilla better." But often our reasons for emotions don't terminate in what could be called such "subjectivist" reasons.<sup>10</sup> Why do I feel rejected by the death of my mother? Because it is the worst thing in the world to have no one who sees you standing out in a crowd, who is primarily interested in *your* feelings, achievements, opinions, actions; because I am like an orphan now; I am not whole; there is no one holding me up and watching out for me. And as I feel it, this rejection is not just a matter of how I see things: I am not alone just because I see it that way, and being alone is not bad merely because I don't like it. Being a young girl who feels rejected by the death of her mother is feeling like *the most terrible* thing in the world has happened.

Imagine, then, that when Lucy was a little girl she failed to feel rejected by the murder of her mother. Her failure would be a very different kind of failure from the person who failed to feel a pin prick his finger, or whose knee didn't jump when his reflexes were tested. Both cases reveal problems. The person who doesn't feel the pin prick is not working the way humans usually work; some mechanism is not in normal order. But this explanation does not capture Lucy's problem. For hers is a failure of *insight*—a failure to *see* how really devastating it is to lose the person who has been the center of her world. In this way, emotions are like beliefs. When one feels an inappropriate emotion, it is often like "missing something"—more like a false belief than like failing to feel the prick of the pin or the thump of the hammer. There is a problem, then, with the fact that Kramer thinks of rejection as nothing but a kind of pain, and with rejection-sensitivity as a tendency to feel that pain. Such a view might appeal to our unreflective judgments about the emotions. But such judgments are confirmed neither by scientific evidence, nor by philosophical reflection.<sup>11</sup>

Kramer's account of rejection-sensitivity is unclear because he seems to assume that much of his view follows once we regard a psychological problem as a "quasi-biological quasi-entity."<sup>12</sup> But the fact that a psychological problem is physical does not tell us what it is like for the person having it.<sup>13</sup> We cannot assume that it is merely a kind of pain, that it is like a headache. That this distinction

matters ethically is

## INSIGHT

Psychotherapy is a certain kind of creature of views of the world and inappropriate assumptions about our distorted and distorted sources in psychotherapy does take things, and this is a distorted view of the psychological guided attitude of our crazy case, for example, she is, to get her deserving respect that he spent so much is a very small fraction. That at the heart of herself and central support is irreplaceable

At the heart is, I think, a thing the idea of attitudes as given mechanistic work in our world we do, then behaviors of the idea of a responsible. on reasons, ultimately be he. And this means whether the scientific terms,

matters ethically when it comes to psychopharmacology is what I want to argue now.

### INSIGHTFUL FEELINGS

Psychotherapy in its most basic form carries with it a certain conception of who we are: namely, rational creatures of insight. We can have severely distorted views of the world, and do extremely destructive and inappropriate things. But the psychotherapeutic assumption is that (1) we, often unconsciously, take our distorted and destructive attitudes to be justified; and (2) our justifications, however wrong, are sourced in insight. One of the central goals of psychotherapy is to get the patient to see that she really does take herself to have good reasons for her feelings, and that those reasons originate with insight. This is a deeply respectful and humane aspect of the psychotherapeutic view: our distorted and misguided attitudes are the outgrowth of insightful ones, our craziness the outgrowth of sanity. In Lucy's case, for example, the goal is to get her to see the reasons she takes for her sensitivity to rejection—that is, to get her to see how her conception of herself as deserving rejection is confirmed as she sees it by the fact that her mother abandoned her and her father spent so much time away from home. And this goal is a very small part of the complicated story of justification. The final goal is to get her to see the insight at the heart of her distorted and disturbed view of herself and others: a little girl who really did lose the *central support* of her life, who saw how *utterly irreplaceable* such support was.

At the heart of the psychotherapeutic approach is, I think, a view that is indispensable to maintaining the idea of a *self*. To lose a conception of our attitudes as grounded in reasons is to lose a self. If mechanistic causality is the only kind of causality at work in our explanations of why we do and feel what we do, then we are not describing the feelings and behaviors of a self. For central to the idea of a self is the idea of a creature who may legitimately be held responsible. Without a view of ourselves as acting on reasons, we cease to be creatures who may legitimately be held responsible.<sup>14</sup> We become machines. And this means that it is not legitimate for us to ask whether the self may be explainable in mere mechanistic terms, whether it is in fact a machine. For a

machine is not a self, and whether there are selves in the world is not a question *for us*. A world without selves is not *our* world. And so, the following sorts of questions must sometimes be answerable in non-mechanistic terms. Why do you think that? Why do you feel that? Why did you do that? The answers, in other words, do not always refer to some physical process: for example, "because my serotonin is too high," "because I'm feeling sick," "because my C-fibers fired in a certain way." Rather, for example: I think abortion is morally permissible *because* I think the fetus is not a person; I feel angry at my friend *because* I think she insulted me; and I came home early *because* I wanted to watch the baseball game on television.<sup>15</sup>

It is important to make one clarification. In what I have said, and will say, I emphasize the essential connection between being a self and acting on reasons, and ultimately rational agency. When many hear this claim, it pushes a button: there is something "off" about seeing ourselves as rational. Surely that's not the right way to describe our emotions. It makes us sound too cool, too calculating. Perhaps I could say instead, "creatures who act on interpretations, self-interpreting animals."<sup>16</sup> But this formulation misses something important, as I see it, that is captured by the idea of acting on reasons. An interpretation is something I don't have to believe is justified, or true. It is not something I have to be committed to. But emotions, for the most part, are our way of being oriented toward what we take to be the true and the good. We might be deeply misguided. But emotions define our characters precisely because they express our deepest beliefs, not just our interpretations. I talk of reasons and rationality, then, with ambivalence. It seems to me that we either lack the language to capture a certain reality, or our conception of reason is so wedded to logic and calculation, as some feminists would argue, that we can only associate the word with certain images.

So being a self means that we will sometimes act, feel, and think for *reasons*. It is important, then, to understand the difference between two types of causality: mechanistic and rational. The therapeutic story about Lucy is an example of rational causality. We take her current way of seeing the world to be one she believes is *justified* by her life and experiences.

Her boyfriend turns away every now and then to change the channel on the television, and she feels painfully rejected. As she sees it, when someone's attention to her is distracted she is being *ignored*. Being ignored is not being cared for; it is not a far cry away from being abandoned. Such a way of interpreting things is justified as Lucy sees it because that is what experience has shown her—for example, her father's constant turning away from her at a time in her life when she already felt lost and alone. Her conception of herself as ignored and not cared for is rationally caused in the sense that it is something she believes to be grounded in good reasons.

A headache, on the other hand, is an example of mechanistic causation. I might have a headache that is caused by psychological stress—my bank account is running low, I'm late on the rent, or my child has the flu. In this sense my headache is caused by my interpretations: I believe I am not succeeding in supporting and caring for my child properly, and am, therefore, a bad parent. These are interpretations I take myself to be justified in having. We could say, then, that the beliefs that give rise to my headache are rationally caused. But this doesn't mean the headache is so caused. For the relationship between the headache and my interpretations is mechanistic: I don't take my headache to be *justified* by the way I see the world. My headache is not something I take to be grounded in good reason. Rather it is the *result* of a way of seeing the world that I take myself to have good reasons for.<sup>17</sup>

In making a distinction between two kinds of causality the point is not to deny the intimate connection between our interpretations and our embodiment. The point is not to be a dualist: as if there were pure mind and pure body. The point is that we are dehumanized if we are reduced to mere mechanism. And that means that we must distinguish between those actions and attitudes that we are going to regard as interpretative and those that we are going to regard as physical.

For Kramer, feeling rejected is like having a bad headache, and suffering from rejection-sensitivity is like being prone to suffer from a bad headache. To see Lucy's problem as unconnected to her self-interpretations, as a problem of "internal amplification," is to see it as mechanistically caused. It is like

a headache in the sense that it might be caused by self-interpretations that are themselves rationally caused. So a by-product of Lucy's view of herself as undeserving of love may be the feeling of, and proneness to feeling, rejection. And her feeling of rejection might cause a change in her self-interpretations. But the relationship between the self-interpretations that both cause, and are caused by, the feeling of rejection is mechanistic. The feeling of rejection is, like a headache, just a kind of pain. And in this sense, it is typically not something one takes oneself to have *reason* to feel.

I would like to propose that seeing our psychological problems as like headaches has the following ethical implications. Crudely put, you could think of psychological problems as existing on a spectrum. At one extreme are problems that are clearly untreatable by insight and understanding. At the other end of the spectrum are problems whose prospects for being treatable by insight and understanding are not so clear. When it comes to the ethical appropriateness of treating psychological problems with drugs there is, in one sense, only one relevant question: *can* the problem be treated with insight or understanding? If we judge the problem to be one that only responds to physical intervention, then that seems to be sufficient for determining that drug use is ethically appropriate. But it doesn't mean that if we judge that the problem *can* be treated with drugs, then it is ethically appropriate to do so. It is here the headache analogy becomes relevant. If you are suffering from a headache, then whether it is ethically appropriate for you to take aspirin doesn't seem to hang on whether drugs are the only way to remove your discomfort. We might believe that thinking good thoughts while sitting in the bathtub could relieve your pain, but that seems to have no bearing on whether it is ethically appropriate for you to take an aspirin. You have a headache. It is painful. Aspirin will help. That is all there is to it.

That we have this ethical judgment about headaches is grounded, I think, in the fact that they are mechanistically caused. Emotional problems, I've suggested, can be like suffering from false beliefs.<sup>18</sup> Lucy, for example, is *wrong* to see herself as ignored and abandoned by her boyfriend just because he changes the channel on the television. And

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her false beliefs, we can imagine, are grounded in something like a *mistake in reasoning*. So Lucy might be right to see her father's treatment of her as a case of being ignored and abandoned. But she is mistaken to believe further that when others fail to pay her undivided attention *they* don't care for her, and that she is undeserving of the love of a good person. When we see someone's problem as a mistake in reasoning, there is an imperative to help them understand their error. For that is the way we value our capacity as creatures who act on reasons. Valuing the fact that we act on reasons means trying to correct mistakes in reasoning with other reasons.<sup>19</sup> To think it is appropriate to "cure" mistakes of reasons mechanistically is to regard our rational capacity as of little significance or importance. That—insofar as we live in a world of selves—is something we are in no position to do. It is in this sense that it matters what means we use to 'cure' our psychological problems.<sup>20</sup>

To know that a psychological problem responds to drugs, then, is not sufficient for determining that such treatment is ethically appropriate. We will want to know how the problem is caused—mechanistically or rationally. And that is not answered for us merely by knowing that the problem is physical and that it responds to drugs. There will certainly be considerable variation among those psychological problems that might be resolvable with insight and understanding: there will be those problems that are better addressed with psychotherapy and those that are not; those problems that require long-term psychotherapy and those that do not. These will be tough cases ethically. Even if we judge our problems to be rationally caused by our self-interpretations, they might still respond to drugs. Then we will have to consider our reservations about taking drugs in light of the following questions. How long in therapy is too long? Does treating the problem with drugs facilitate therapy, and in that sense is it in the service of insight and understanding? With cases at this end of the spectrum, however, it will be clear that once we see our problem as rationally caused, our objective should be insight and understanding. So drug use in these cases ought always to be in the service of insight and understanding, and there should always be a healthy resistance to drugs.<sup>21</sup> For many emotional

problems are precisely not like headaches. They are not *just* painful. And so, even if drugs work, that's not all there is to it.<sup>22</sup>

The headache analogy reveals how important it is for us to describe the problems we treat with drugs as problems of *the body*—problems that can no doubt *affect* the mind without themselves being "of the mind." We aren't troubled by the way vitamins affect our minds, for example, because we think of ourselves as attending to the body so that the mind can "do its thing." Treating our emotional problems with drugs might sometimes be like taking vitamins or fixing low blood sugar. But if we think of all emotional problems as mechanical problems, we lose our personhood. It is too easy, and dangerous to think of all psychopharmacological drugs as like aspirin, or vitamins.

What is particularly interesting about the headache analogy is the extent to which it appeals to ordinary experience. Scientists can tell you that your problem is "of the body," and mean that it is your hormones, or your serotonin, or something similar. But a headache is "of the body" at the level of felt experience; it is a pain. We define it as bodily, as mechanistically caused, in our *own* understanding of it. The task of determining causation is infinitely complicated. Whether biological psychiatry can definitively show that a psychological problem is caused by a physical problem, as opposed to merely being physically realized, is questionable.<sup>23</sup> It is no wonder, then, that Kramer appeals to something like the headache analogy. It seems to make his way of describing emotional problems more persuasive. For we as ordinary people can appreciate the extent to which emotional problems are bodily. They seem to be like pains. I'm afraid that this is how our culture is being encouraged to think about emotional problems by the current revolution in biological psychiatry. What I have argued, however, is that our unreflective understanding of emotion is mistaken. Much of the appeal of Kramer's analogy, then, is in the end ungrounded.

## CONCLUSION

My argument can be summarized as follows.

(1) The familiar view that emotions are merely kinds of pleasures and pains is not something science

can show. To describe the physiology of a psychological state doesn't tell us what it is like to experience such a state and, in this respect, doesn't inform us as to what an emotion is.

(2) On my view, emotions are not merely like pains that are caused by and cause beliefs, interpretations, and perceptions. Emotions, unlike headaches, are themselves ways of believing and interpreting, even though they are physically realized and viscerally felt.

(3) When an emotional problem is sourced in our interpretations or reasons, then we should have a basic commitment to addressing it with insight and understanding. Otherwise, we are not respecting what it is to be a self. For central to maintaining the idea of a self is the commitment to regard some of our actions and attitudes as justified by our reasons, not explained in mechanistic terms. My view concedes that the treatment of some emotional problems that are sourced in our reasons may be facilitated by medication. But even in such cases there should be a healthy resistance to drugs.<sup>24</sup>

(4) The current revolution in biological psychiatry—as interpreted in Peter Kramer's *Listening to Prozac*—encourages us to think of emotional problems as like headaches. This is a convenient view, for if we can say that what someone is *experiencing* is just pain, then there is little doubt that her problem should be regarded in mechanistic terms. We don't need a scientist to tell us the physiology of headaches to believe that it is appropriate to treat headaches with aspirin.

(5) Kramer's view is troubling, then, because it makes it too easy for us to see ourselves in mechanistic terms. In this sense it jeopardizes our dignity as responsible persons who owe it to ourselves to struggle toward insight through dialogue.<sup>25</sup>

## NOTES

- 1 Peter Kramer, *Listening to Prozac* (New York: Penguin Books, 1993), pp. 103–04.
- 2 Kramer, *Listening to Prozac*, p. 77.
- 3 Kramer, *Listening to Prozac*, p. 82.
- 4 Kramer's general tendency to see emotional problems as meaningless is evident in the way he contrasts his view with psychoanalysis. See, especially, *Listening to Prozac*, chapter 4.
- 5 Though Kramer describes rejection-sensitivity as a disorder of *mood*, it is still appropriate to talk here of his view of

emotion. For while rejection-sensitivity is not described as an emotion per se, it is described as an affective, as distinct from a cognitive, problem. It seems in this sense to be essentially emotional in nature.

In the chapter on self-esteem, for example, Kramer says explicitly that medication treats affective, as distinct from cognitive, problems. He emphasizes a number of times throughout the chapter that self-esteem, insofar as it is an affective condition, is not primarily a matter of self-understanding. Self-esteem can *influence* self-understanding, but not the other way around. See, especially, pp. 208–12, 221.

- 6 The contemporary philosophical literature on the emotions is dominated by attempts of one form or another to defend a cognitive view of the emotions. See, for example: Robert Roberts, "What an Emotion Is: A Sketch," *Philosophical Review*, Vol. 97, n. 2 (1988); Cheshire Calhoun, "Cognitive Emotions?" in *What is an Emotion?* ed. Cheshire Calhoun and Robert Solomon (New York: Oxford University Press, 1984), pp. 327–42; Amelie Oksenberg Rorty, "Explaining Emotions," in *Explaining Emotions*, ed. Amelie Oksenberg Rorty (Berkeley: University of California Press, 1980), pp. 103–26; Ronald de Sousa, *The Rationality of Emotion* (Cambridge: MIT Press, 1987); Patricia Greenspan, *Emotions and Reasons* (New York: Routledge, 1988); Anthony Kenny, *Action, Emotion and Will* (New York: Humanities Press, 1964); and Irving Thalberg, *Perception, Emotion and Action* (New Haven: Yale University Press, 1977).
- 7 Kramer, *Listening to Prozac*, p. 69.
- 8 One could argue that emotions are pains or pleasures that we associate with cognitions in an *essential*, rather than contingent, way. We could call such a view a "causal cognitive" account. For according to such a view emotion would not be a pain or pleasure that is associated with cognition *in the way* that physical pains are associated with cognitions. And so, emotions would not be, to make a familiar philosophical argument, like *sensations*. Kramer, however, views emotions as akin to sensations. In criticizing his view, then, I am not criticizing a "causal cognitive" view, but a view of emotion as akin to sensation.

The "causal cognitive" view, for the most part, captures the basic structure of Hume's account of the "indirect passions"—even though Hume himself is not always Humean. See, in particular, his discussion of pride in *The Treatise*, ed. L.A. Selby-Bigge and P.H. Niditch (New York: Oxford University Press, 1990), pp. 275–89. Others who often sound like endorsers of the causal cognitive view include Robert Gordon, *The Structure of Emotions* (Cambridge: Cambridge University Press, 1987). For a reading of Gordon that makes his view look causal, see Robert Roberts's review in *Philosophical Review*, Vol. 99, No. 2 (1990). Freud explicitly endorses what could be called a weak version of the "causal cognitive" view—where emotion tends to be associated with beliefs of a certain sort, though the two can be separated. But Freud misdescribes his own insights here. That his explicit theory of emotion often fails to do justice to the practice of psychoanalysis is argued

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- 9 For some causes a  
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quite persuasively by Jonathan Lear in *Love and Its Place in Nature* (New York: Farrar, Straus and Giroux, 1990), pp. 91–93.

- 9 For some classic discussions of the nature of emotional causes and objects, see Irving Thalberg, *Perception, Emotion and Action*, excerpted in Calhoun and Solomon, *What is an Emotion?* pp. 291–304; Anthony Kenny, *Action, Emotion and Will*, excerpted in Calhoun and Solomon, *What is an Emotion?* pp. 279–90; and Robert Solomon, "Emotions and Choice," also excerpted in Calhoun and Solomon, *What is an Emotion?*
- 10 The distinction between "subjectivist" and "objectivist" reasons is one way of capturing Charles Taylor's distinction between "weak" and "strong" evaluation. See his, "What is Human Agency?" in *Philosophical Papers I*, (Cambridge: Cambridge University Press, 1985), pp. 15–44.
- 11 I am not denying that some psychological disturbances might be nothing but kinds of pain. The main problem with Kramer's account is that he wants to entertain the possibility that all emotional disorders should be conceived on the model of rejection-sensitivity—this is what we are led to believe, he suggests, when we "listen to Prozac." What I am challenging, then, is the view that Kramer is accurately giving us anything like the model of emotional disturbance.
- 12 Kramer, *Listening to Prozac*, p. 105.
- 13 To talk about what a mental state "is like" is, for many, another way of talking about the subjective irreducibility of mental states. See, for example, Thomas Nagel's "What Is It Like to Be a Bat?" in *Mortal Questions* (Cambridge: Cambridge University Press, 1979), pp. 165–80. When I use the phrase, "what it is like . . .," however, I am not making any claims about the subjective irreducibility of mental states. I am just questioning whether the activity of describing the biological nature of mental states can adequately determine whether such states are, for example, pains, desires, or beliefs.
- 14 That we cannot deny the truth of the perspective from which we are responsible agents is argued by, among others, Thomas Nagel in "Moral Luck," in *Mortal Questions*, pp. 24–38, and Peter Strawson in "Freedom and Resentment," *Proceedings of the British Academy*, vol. 48 (1962), pp. 1–25.

That responsible agency requires acting on reasons is essentially uncontroversial in the contemporary philosophical literature on the topic. What counts as acting on a reason, however, and why responsible agency requires acting on a reason are questions that motivate much disagreement. For some well-known discussions, see Donald Davidson, "Actions, Reasons and Causes," in *Actions and Events* (New York: Oxford University Press, 1989), pp. 3–20; Harry Frankfurt, "Freedom of the Will and the Concept of a Person," in *The Importance of What We Care About* (New York: Cambridge University Press, 1988), pp. 11–25; Charles Taylor, "What Is Human Agency?" and Susan Wolf, "Sanity and the Metaphysics of Responsibility," in *Responsibility, Character, and the Emotions*, ed. Ferdinand Schoeman (New York: Cambridge University Press, 1987),

pp. 46–62. For a nice summary of different stories of how human action originates, see David Velleman, "The Guise of the Good," *Nous* 26:1 (1992), pp. 3–5.

- 15 To describe a case of causation as rational is compatible with "the body's" playing a role in two senses. First, insofar as we are embodied creatures, it will always be the case that we depend upon the body's functioning in order for our rational processes to operate. It is assumed, then, that when a rational explanation holds, certain mechanistic processes are required as well. We all need sleep and proper nutrition, for example. But insofar as the self requires a domain of rational explanation, there must be some legitimate distinction between the kind of minimal role the body plays in cases of rational causation, as compared to the significant role it plays in cases of mechanistic causation.

Second, to say that the self requires cases of rational causation does not preclude there also being mechanistic explanations for the same cases. So for any instance when an explanation in terms of an agent's reasons holds, there might also be a physical explanation that holds as well. I can accurately describe my walking in the house and turning on the television both as, "I came home because I wanted to watch the ballgame," and "my C-fibers caused my muscles to move." There might be two levels of explanation in this sense. That is why understanding mental phenomena in physical terms does not settle whether there is also a rational account to be told. All that the self requires is that a rational explanation sometimes be true.

- 16 The expression, "self-interpreting animals" comes from Charles Taylor's essay "Self-interpreting Animals," in *Philosophical Papers I*, pp. 45–76.
- 17 This is not to say that one's headache could not be rationally caused. I could make it my objective to have a headache. I might unconsciously see having physical pain as something there is good reason to have—perhaps to get my husband's sympathy, or because I believe I am a bad parent and I deserve to suffer discomfort. But this is not the typical case. In the typical case my headache is the by-product of attitudes that I take myself to be justified in having. Usually the attitudes are rationally caused; the headache is not.
- 18 One of the complicated implications of thinking of emotions as like beliefs is that it is not clear how we are to treat someone who is experiencing painful, but justified emotion. If it were always, and simply, the case that seeing the truth helped an agent—by perhaps motivating action in the long run that protects her from harm—then feeling justified emotion should always be encouraged. But since it is not clear that the truth always benefits an agent, we will sometimes have to weigh our commitment to reducing suffering against our commitment to grasping the truth.
- 19 It might be objected that even if we grant that understanding matters, it doesn't follow that such understanding must be achieved through insight. As a compatibilist might argue, all that matters is that we are creatures who act on reasons; it doesn't matter how we got to be such creatures. Suffice it to say, however, that I am assuming a compatibilism of a

Strawsonian sort. On the one hand, whether determinism is true doesn't matter when it comes to our status as responsible agents. On the other hand, from within the practical standpoint, it is as if determinism is false. I am interested in showing what follows from within the practical standpoint. And that means that if it matters that I get from point *a* to point *b* by rational means, then it also matters that I get to point *a* by rational means.

- 20 There are at least two other important arguments for why the means matter when it comes to treating psychological problems: one has to do with the kind of good that character is, and the other has to do with the importance of suffering. While I don't have the space here to look at such arguments in depth, it is worth mentioning how my argument supplements and corrects these arguments in important ways.

So, for example, when articulating why character is the kind of thing that ought to be achieved in certain ways, it is not enough merely to say it is valued as the product of our will. For there are many things that we may be responsible for—like a stress headache—that we don't think it is wrong to treat with drugs. It is because character is the product of our will in the sense that it is sourced in *our reasons*, then, that explains why it should not be achieved primarily in mechanistic ways. And it is not enough to say that character is the kind of good that is valued as the product of effort and discipline. For what matters is that character be changed as a result of a certain *kind* of effort and discipline: the kind that follows, among other things, from the fact that character is sourced in reasons.

The argument that there is intrinsic value in suffering, that it has value apart from the ends it promotes, is also supplemented by my argument. For it is difficult to imagine how suffering could have such intrinsic value if it were *just pain*; that is, if it involved no insight, if it were not cognitive. And so, my argument is a way of explaining why insight as a means to psychic health matters.

- 21 But what are we to say about someone who has important commitments—like finishing his novel—who doesn't want to spend the time it would take to change himself through understanding? I would argue that while someone like this

has good reason to take drugs for his emotional problems, there is always a kind of *loss* involved in not choosing to pursue understanding as the preferable way of correcting problems that are sourced in our reasons. Ethical life is not just about seeking to minimize pain. It involves evaluating a variety of goods, and making tough choices. Sometimes the goods we choose between are incommensurable, and we are left "missing out" on something valuable even when our choices are justified. But the basic commitment to correct problems that are sourced in our reasons through understanding is a good of such fundamental value to us as rational agents, that to fail to make it a priority involves a fundamental loss. It might sometimes be justified. But doing the right thing in such a case should still leave us with some reluctance and ambivalence.

- 22 Once we recognize that many emotional problems are not just painful, it follows that the purpose of psychotherapy is not just to relieve suffering. It will often be a *primary* goal of psychotherapy to change perception. And this raises difficult questions about the conception of therapy as *health care*. Suffice it to say that I don't think it is in the interest of psychotherapy to misdescribe what it does in the attempt to gain credibility and funding.
- 23 For an excellent discussion of the limits of biological psychiatry's ability to mark out the causes of mental illness, see Colin A. Ross and Alvin Pam, *Pseudoscience in Biological Psychiatry* (New York: John Wiley and Sons, 1995).
- 24 Having a healthy resistance to psychopharmacology does not mean believing that anyone should be coerced into having therapy or denied access to safe medication. It does mean, however, believing that psychotherapy should be treated as a legitimate form of treatment, and that people should be provided with a real opportunity to get it—something that is beginning to sound radical in our present age of managed-care.
- 25 I am indebted for criticism to Michael Della Rocca, Jodi Halpern, Carol Rovane, Lawrence Vogel, members of the "enhancement technologies" project at the Hastings Center, and audiences at Connecticut College and Worcester Polytechnic Institute.

## PROZAC, ENHANCEMENT, AND SELF-CREATION

David DeGrazia

Opening with a case about a woman brooding over her sense of self and life direction, DeGrazia asks two questions about her request for a prescription to Prozac in the absence of any diagnosable psychiatric condition. First, is her request itself morally problematic? Second, should a psychiatrist refuse to prescribe Prozac in a case like this one? Stressing that the use of Prozac in these circumstances would be an instance of biomedical *enhancement* rather than treatment—since the patient is

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