

## PHILOSOPHY OF PSYCHOLOGY

Class time and room: Tu Th, 11 am – 12.15 pm, Education 170  
Instructor: Rob Wilson  
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**Please read the whole of this course outline ASAP.** Copies will also be posted on my website.

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### A. GENERAL INTRODUCTION TO THE COURSE

The focus of Philosophy 305 is on philosophical issues arising in psychology, especially the philosophical foundations of cognitive science and (separately) the nature of mental health and illness. The course falls into two unequal parts. In the first, shorter part, we will cover some foundational concepts and claims in the cognitive sciences, such as the computational theory of mind, functionalism, the idea of folk psychology, and accounts of the nature of mental representation. In the second, longer part of the course, we will turn to topics in the newer area of the philosophy of psychiatry, such as the nature of delusion, the relationship between psychiatry, medicine, and the human sciences, and the character of psychiatric classification. These two parts to the course may turn out to be only loosely related to each other, but I have chosen the material for the first part with what I expect to be the content of the second part of the course in mind.

Three broad themes of relevance that I have a special interest in, and that are thus likely to surface in the course, are (a) the scientific study of the mind in both the experimental and clinical traditions within psychology and psychiatry; (b) the ways in which mental health and disorder are related to disability and to ableist biases in thought and practice; and (c) the historical pathways by which our current understandings of the mind and its maladies have been arrived at.

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### B. BACKGROUND FOR THE COURSE AND COURSE OBJECTIVES

Phil 305 is a new course in the Department of Philosophy that should be of interest to students in either philosophy or psychology; the course has no formal pre-requisites. Students with backgrounds in either philosophy or psychology are especially welcome in the course, but it should be accessible to those with backgrounds in neither. The “Proposed Schedule” in section **E** below provides detailed information about the content of the course. If you have concerns about your preparedness for the course, please see me early on.

In the most general terms, my objectives in teaching the course are for you to learn a lot, to think harder and deeper about things you encounter, and to get excited about learning more. More specifically, amongst the objectives of the course are **for you to:**

- **acquire** some *substantial knowledge* about foundational views in the cognitive sciences, the history of psychiatry, and live issues concerning mental disorder
- **develop** *critical thinking skills* that allow you to probe beneath the surface of what you read and grapple with issues concerning philosophical psychology
- **become** more reflective about *how psychology reflects and impacts the societies we live in.*

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## C. COURSE MATERIALS

The sole required text for the course is George Graham's *The Disordered Mind: An Introduction to Philosophy of Mind and Mental Illness* (Routledge, 2010). This textbook provides an introduction to philosophical psychology that is partly motivated and illustrated by phenomena of mental disorder, and it will form the core of the course material for the second part of the course.

For the first part of the course, we will draw on a range of articles from the online version of *The MIT Encyclopedia of the Cognitive Sciences* (1999), edited by Frank C. Keil and me. MITECS consists of six extended introductory essays, one corresponding to each of the major disciplines that contribute to the cognitive sciences, and 471 concise, alphabetically organized articles. Several of the introductions will provide broad overviews that we will draw on, and we will read between 12 and 20 of the articles; the average length of these articles is around 1000 words. MITECS is available online from the University of Alberta library and from other NEOS libraries. There should be no need to purchase a copy of MITECS for this course.

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## D. WORKLOAD AND COURSE REQUIREMENTS

The **reading load** for the course is light in quantity and moderate in level: it is about *25 pages* of required reading per week, spread a little unevenly through the semester. The writing load for the course is moderate.

**Assessment** will be determined as follows: **(a)** active participation, including class attendance, preparation, and group leadership, apportioned equally over Weeks 2-9 of the course (20%); **(b)** a short (3-4 page) paper on a set topic corresponding to material covered in Weeks 2-5 (20%) and due in class on *Thursday, 16<sup>th</sup> February, 2012*; **(c)** a term paper of 2000-2500 words due on the last day of classes (30%), and **(d)** a final examination covering the entire course (30%). Thus, 40% of your final grade will be determined prior to the end of semester, most of this shortly after the halfway mark. The most important of these as an indicator of your ability is (c), and I shall use that, in the first instance, as a way to resolve strictly borderline grades.

Regarding **(a)**, your participation grade will be determined by (i) your attendance at, preparation for, and active participation in class each week, and (ii) your preparation for and participation in guiding class discussions. The preparation in (i) can be demonstrated via classroom discussions, by contributing to online discussions on a class website or blog, and by completing any minor writing assignment during Weeks 1-9 not otherwise assessed. Regarding (ii), here is what will happen. For a particular week, I will assign a group of 3-4 of you to have special responsibility for helping to guide discussion of the course materials. Ideally, you will meet together prior to class on Tuesday to go over material for which you have responsibility, and to talk about how to steer discussion in the classes for that week, or at least do so electronically.

The final examination **(d)** will likely have an essay component to it, but I anticipate also including some short answer questions. For the essay component, a common procedure that I have used in the past is to circulate a list of questions ahead of time and use a subset of that list with limited choices on the examination itself. For the term paper **(c)**, I will distribute a list of topics for it by Week 9, earlier if I can. I would be happy to discuss drafts of term papers in advance of their deadline.

**Late submission of papers is discouraged**, and you should talk to me in advance about a paper that will not be submitted by the due date. Expect a grade reduction for a late paper that does not have an extension in writing from me; I penalize at a grade a day for late papers, and set a date after which the paper will receive a grade of *zero*. To avoid disappointment, please take this general policy seriously.

Finally, what I hope is a reminder for most of you: that **plagiarism** is a seriously academic offense that is grounds for disciplinary action. The first item under “Inappropriate Academic Behaviour” in the University of Alberta’s Code of Student Behaviour reads:

30.3.2(1) Plagiarism

*No Student shall submit the words, ideas, images or data of another person as the Student’s own in any academic writing, essay, thesis, project, assignment, presentation or poster in a course or program of study.* (emphasis added)

This document can be found at:

[http://www.uofaweb.ualberta.ca/gfcpolicymanual/content.cfm?ID\\_page=37633#38363](http://www.uofaweb.ualberta.ca/gfcpolicymanual/content.cfm?ID_page=37633#38363)

The University also maintains a more general website on plagiarism:

<http://www.library.ualberta.ca/guides/plagiarism/>

I would encourage you to consult both early in the course if you are unfamiliar with their contents and, more generally, **not to risk the consequences of plagiarizing** in this course, which could include not only failure in the course but have severe repercussions for your future at the University.

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## E. PROPOSED SCHEDULE

The following proposed schedule will give you some idea of the week-by-week content of the course. For the first five weeks, all readings (with one exception) are from MITECS, and I have provided either the entry or the sections of the relevant introduction. After that, all required readings are from *The Disordered Mind*, and are listed simply as "Graham, chapter x". Optional readings are denoted with a "+".

Please cast your eye over the rest of this section ASAP and think about what you want out of the course. I will give you further directions regarding the readings for a particular class at the end of the preceding class, and will also provide guiding questions on a week-by-week basis. *Please think about the **guiding questions** at the end of each of the weekly descriptions below as you prepare for that week’s classes through reading and thought.*

### 1. Philosophy, Psychology, and the Cognitive Sciences

Philosophy: sections 1-5

Neurosciences+

Although philosophy and psychology shared their history in the late 19<sup>th</sup>-century, by the early 1930s the two fields had become relatively insulated from one another, a situation that persisted until the late 1950s, when the seeds of cognitive science were sown. Philosophy now makes various contributions to the cognitive sciences, most obviously via the philosophy of mind, but also through work in the philosophy of science, logic, and the philosophy of language. In this introductory section we will discuss the very idea of the interdisciplinary, scientific study of the mind, cognitive science, and philosophy’s contribution to it. How do philosophy of mind and the philosophy of science each contribute to the cognitive sciences? Is the (admittedly, partly tongue-in-cheek) prediction of Albright and Neville (in the “Neurosciences” introduction) of neuroscientific dominance of the cognitive sciences especially relevant for thinking about both experimental and clinical sides to the study of the mind?

## 2. Folk Psychology

Folk Psychology	Intentional Stance	Intentionality
Language of Thought	Propositional Attitudes	Theory of Mind

Folk psychology involves the appeal to commonsense mental concepts, such as belief and desire, to explain and even predict human behaviour. Here we will explore this idea of folk psychology in more detail, especially how it relates to both the cognitive sciences and to the clinical side of psychology. Within the cognitive sciences, the idea that there must be a *language of thought* that underlies both our folk psychology and developing, computational theories of our subpersonal psychological capacities, first posited in the mid- 1970s, remains controversial both amongst friends and foes of folk psychology and traditional cognitive science. What exactly is the language of thought? What is the relationship between folk psychology and the various “isms” that are often invoked in articulating views in the cognitive sciences?

## 3. Functionalism, Computationalism, and Representationalism

<b>Computational Intelligence:</b> 1-3	Computational Theory of Mind	Functional Decomposition
Functionalism	Marr, David	Mental Representation
Physicalism	Turing, Alan	Computational Intelligence: 1-3+

As it developed historically, three “isms” were central to cognitive science: functionalism, representationalism, and computationalism. In this section of the course we will examine each of these ideas and the relationships between them, illustrating the abstract points of our discussion through a consideration of particular views within traditional cognitive science. Functionalism is the general view that mental states can be usefully viewed as “functional” or “causal” states of an organism; it has been the dominant, physicalist view of the mind invoked in the cognitive sciences. We will examine several ways to make this idea more precise, and consider the ways in which functionalism underlies both computationalism and the representational theory of the mind. Which of the alternative ways to develop functionalism is most plausible? Are there problems that any functionalist view faces?

## 4-5. Traditional Cognitive Science and Beyond

Cognitive Architecture	Cognitive Modeling, Connectionist	Cognitive Modeling, Symbolic
Domain Specificity	Modularity of Mind	Rules and Representations

Wilson, R.A. and L. Foglia, “Embodied Cognition”, Stanford Encyclopedia of Philosophy  
<http://plato.stanford.edu/entries/embodied-cognition/>

While there are some broad methodological commitments that characterize much work in the cognitive sciences, as will have become clear in the preceding weeks of the course, there is also a more substantive view about the nature of cognitive processing and how it should be studied that constitutes what has been referred to as *classical* or *traditional* cognitive science. Here we will move beyond the “isms” that contribute to this substantive view and discuss several key aspects to the structure of the mind that feature in traditional cognitive science, views of cognitive architecture, cognitive modeling, and the modular nature of cognition.

Having done that, we will then turn to consider the chief challenges to traditional cognitive science, and alternative approaches within the cognitive sciences. Primary amongst these will be a cluster of views subsumed under the general heading *embodied cognition*. What does it mean, precisely, to say that cognition, or that an approach to cognitive science, is embodied? Are there phenomena that traditional cognitive science is ill equipped to explain that are handled more satisfactorily by embodied cognitive science?

## 6. Conceiving Mental Disorder

Graham, chapters 2 and 3

Even if one is committed to materialism or physicalism about the mind, it is possible to hold that there are respects in which psychological or mental phenomena may require distinctive kinds of explanations: that, one might think, is one of the lessons of *cognitive science*. The same is true when we consider mental illness, disease, or disorder, cases in which some aspect of the mind is not functioning as it ought to, as it has in the past, or as we might reasonably expect it to function. Psychiatry is a specialization within medicine, the part that deals with mental disorder. But that sociological fact does not determine *how* we should conceptualize mental disorder. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) offers the most widespread codification of mental disorder, especially in North America, and in understanding the conceptualization of mental disorder we will attend to both the history and likely future of the DSM. In what ways are mental disorders like physical diseases, such as those studied in other areas of medicine and biology (e.g., genetics, epidemiology, oncology)? Is there really anything at all distinctive about *mental* disorder?

## 7. Realism and Anti-realism about Mental Disorder

Graham, chapter 4

Realism and anti-realism are opposing general views in metaphysics and in the philosophy of science. After providing a general characterization of the difference between these two views, we will consider why even those within psychiatry itself sometimes have been skeptical about the very existence of mental disorder. Are there special reasons to take seriously the claim that mental illness, unlike physical illness, doesn't exist, or exists only in the eye of the psychiatric beholder? What kind of plausibility is there to the very idea that mental disorder is merely an effect of culture, or of the sciences that purport to study it?

## 8. Normativity, Normalcy, and the Mind

Graham, chapter 5

One of the claims that has been made about at least folk psychology is that it is normative because it is intrinsically rational. We will explain why some philosophers have thought this, and what this view implies about mental disorder, if it is true. Here we will also consider whether the idea of a normal mind, and departures from the normal, helps or hinders in thinking about mental disorder. If the study of mental disorder needs to acknowledge this claim about the mind—its intrinsic link to rationality—how does that affect psychiatry and other clinical approaches to mental dysfunction? Is mental disorder, its study, and treatment aligned more closely with interpretative or narrative understandings of the person than is physical disease? Are there other ways in which mental disorder and its study are linked to normativity?

## 9. Basic Mental Capacities

Graham, chapter 6

As even a cursory glance at successive editions of the DSM reveals, there have been historical shifts in both the number and types of conditions considered as mental disorders over the past 60 years. The same general conclusion could be arrived at by reflection on the cross-cultural variation one finds in mental disorders even today. One might take this as reason to favour an anti-realist view of mental disorder, or at least as reason to temper whatever form of realism one holds about psychiatric taxonomies. Alternatively, one might argue that neither of these considerations of historical or cultural variation should serve to motivate such conclusions. George Graham in fact does so argue, appealing to the idea of a core set of basic mental capacities, the failure of which constitute grounds for the attribution of mental disorder. If there are basic mental capacities, what are they, and what role do they play in mental disorder? Is there something to be wary about in the very idea of there being a set of such capacities, the absence or impairment of which constitute mental disorder?

## 10. Delusions

Graham, chapter 8

Delusions are phenomena that play an especially central role in mental disorder and how it is conceived. In a delusion, there is some kind of departure from reality in how one's mental faculties process information. Here we will explore the concept of delusion and the role that it has played in psychiatric classification and treatment, examining particular delusions, such as the Capgras delusion (the belief that a person close to one has been replaced by an impostor). Schizophrenia is one mental disorder closely associated, historically speaking, with the concept of delusion, and we will also use it as a focus for some of our discussion here. What makes a delusion *cognitive* (vs emotion, vs non-cognitive)? Is there a clean way to conceptualize the full range of delusions, or of the role that delusion plays in mental disorder?

## 11. Disorders of Personality, Trauma, and Psychiatry

Our focus on delusion and its role in the conceptualization of schizophrenia will draw attention to several aspects of the history of psychiatric classification, and this week we will turn to consider both the nature and history of *personality* disorders. A range of personality disorders are listed in DSM-IV, at least some of which have a basis in our folk psychology (e.g., histrionic and narcissistic personality disorders). These disorders are currently being considered for an interesting revision in the discussions of DSM-V, which is scheduled to be out within the coming year or so. Here we will discuss both the history of personality disorders (e.g., the rise and fall of *multiple personality disorder*), their relationship to the concept of trauma, and the kinds of changes under debate generally for the transition to DSM-V. This will invite a return to some of the broader issues that will have arisen in the course. Are personality disorders just more extreme forms of personality types that we can readily recognize in the non-psychiatric population? In what ways do personality disorders reveal how appeals to normalcy and what is normal operate in the conceptualization and treatment of mental disorders?

## 12. Psychiatry and Self-Understanding

Graham, chapter 9

The injunction to "know thyself" runs deep in Western civilization, starting with the ancient Greeks and Plato's appeal to this (at that time) common aphorism in motivating the Socratic dialogues. While everybody lacks some kind of self-knowledge, one might think that there are forms of failure here that are

of special significance for making sense of mental disorder. Here we will introduce some basic ideas about the self and what is usually called first-person knowledge—knowledge of the self that we gain in a distinctive, perspectival manner—before exploring the role of understanding the self in mental health and disorder. Is there a special relationship between at least some delusions, such as Cotard’s delusion (the delusion that one is dead), and failures to understand oneself? Could one reasonably offer medical treatments that will allow a person to more adequately “know thyself”?

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## F. ABOUT THE INSTRUCTOR

I came to Alberta in July 2000 as a professor of philosophy after teaching at Queen’s University (1992-1996) and the University of Illinois, Urbana-Champaign (1996-2001), where I was a member of the Cognitive Science Group at the Beckman Institute for Advanced Science and Technology. I did my BA in philosophy at the University of Western Australia, and my MA and PhD in philosophy at Cornell University, minoring in Cognitive Studies. I am currently Director of Philosophy for Children Alberta and the principal investigator of the Community-University Research Alliance (CURA)-funded project, *Living Archives on Eugenics in Western Canada* (<http://www.eugenicsarchive.ca>), which runs until 2015.

My chief research and teaching expertise is in the philosophy of mind, cognitive science, and the philosophy of biology. Recently, I have also worked on constitution views in metaphysics, on John Searle’s views of social reality, on collective memory and group minds, on kinship in the biological and social sciences, on incest and incest avoidance in human and nonhuman primates, and on wrongful accusation, sex crimes, and eugenics. In general, I am most interested in connections between philosophy and the various sciences. I have authored or edited six books, the two most recent of which are *Boundaries of the Mind* (Cambridge, 2004) and *Genes and the Agents of Life* (Cambridge, 2005). I am a Fellow of the Royal Society of Canada and a long-standing member of the **Luxuriant Flowing Hair Club for Scientists** (<http://www.improb.com/projects/bair/bair-club-top.html>).

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