The conclusion of chapter 6, which may invite the charge of cultural relativism, is met by chapter 7, “Why There is No Problem of Cultural Relativism.” Cahoone does so by arguing that “no human being, and no culture, has a belief system at all” (157). No culture is enclosed in boundaries such that its judgments are only valid for itself, the collection constituting a systematic whole. All cultures, in other words, are porous, evincing internal and external disputations and agreements, giving cultural relativism little sense.

The final chapter, “What is the Opposite of Jihad?” attempts to tackle the problem of cultural fundamentalism, especially in its Islamic form. Cahoone here gives a fair reading of Islamic fundamentalism, in terms of its historical antecedents and competitors, but fails to do justice to its history in relation to the West. He argues that “the militant Islam evident since the 1970s is caused by a yet unmodernized Islam’s confrontation with Western modernity” (181). While this is certainly true, it is certainly not true that unmodernized Islam has confronted only “Western modernity,” unless it is made clear that Western modernity includes a long history of Western violence against unmodernized Islam. It gives the impression that the West is simply trying to open McDonalds’ in Jerusalem, rather than reigning bombs on Arab peoples. While Cahoone is most interested in the internal development of Islamic fundamentalism, ignoring this aspect of its rise hardly paints a fair picture.

The greatest virtue of Cultural Revolutions is that it takes culture seriously, in its full range of manifestations, its power to shape identity, and in the recognition that cultures can and do conflict, especially with modern liberalism, that anti-cultural cultural manifestation. Its weakest point, structurally, is that its chapters are somewhat disconnected. For instance, after spending two chapters defining culture, we see little use of this definition in the chapters following. This is especially important as a way to evaluate the definition in light of modernity and postmodernity and their anti-cultural character. But all in all, Cultural Revolutions succeeds by showing that, to be relevant, political philosophy must take culture and cultural difference seriously as it is culture that shapes political identity.

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Brendel has rendered an admirable service both to the field of psychiatry and to pragmatism studies more generally. Brendel is to be commended for avoiding the problems of philosophers and addressing instead some very real and wrenching problems of men and women, both on the side of sufferers of mental disorders and of their would-be healers. Although trained philosophically, Brendel is a practicing psychiatrist, yet his expertise never gets in the way of presenting his case in straightforward language easily accessible to the layperson. In some sense, Brendel’s enterprise is to make our idea of psychiatry clearer. He is attentive throughout to the ethical dimension that such a
clarification entails, repeatedly showing that what we mean by psychiatry, mental illness, and the like has real life consequences for how persons are diagnosed and treated and for how individuals perceive themselves in the first place. Thus, while philosophers and psychiatrists alike have reason to find this volume engaging, it will also be a welcome commentary for individuals for whom such a topic has personal bearing; certainly those suffering from mental disorders and working towards recovery, or their loved ones caring for them, will appreciate the valuable source of practical and theoretical insight that Brendel’s book represents. That said, it nevertheless falls short in several respects; these should be taken as seeds for further cultivation, however, not as fatal flaws.

In her foreword T. M. Luhrman notes that “in no other branch of medicine is diagnosis so redolent of implications about the self” because “in no other branch of medicine does treatment depend so frankly on the process of self-judgment” (xiii). She goes on to applaud Brendel’s book for rethinking “the fundamental principles of psychiatry . . . from the vantage point of their meaning for the individuals that those principles describe” (xiv). So it might seem uncharitable to criticize a book on psychiatry for, of all things, being overly focused on the individual. It would seem straightforward that psychiatry is directed, precisely by virtue of treating mental disorder, toward individuals. What is more private, hence individual, than one’s mind? However, given that Brendel’s proposed, subtitular “bridge” between science and humanism aligns itself with pragmatism, which, in most of its dominant strains emphasizes both the social construction of selves and its implications for an understanding of the mind, as well as the centrality of environment for a proper understanding of the social and the self, one would expect the standard picture of atomic individualism and mental privacy to be reconstructed. Such, I take it, would be a more genuine rethinking of the fundamental principles of psychiatry. Instead Brendel seems to accept the science/humanism divide as definitive of the problem within psychiatry rather than considering whether or not the problem might extend beyond it or be located elsewhere.

*Healing Psychiatry* aims to offer a strategy, Brendel calls it “clinical pragmatism” (a characterization used previously by Fins, Bacchetta, and Miller to describe their method of moral problem solving in clinical contexts), for transcending the contentious, schizophrenic split within current psychiatry between, on the one hand, science-based approaches (and what Brendel means here is bioscience – more on this in a moment), which drive ever more toward blind, reductive materialism and humanistic alternatives on the other hand, whose emphasis on the complexities of lived human experience too often amount to a rudderless, disorganized eclecticism.

Reductive biomedical approaches focus exclusively on biological brain functioning and observable somatic symptoms. From this perspective, emotional, behavioral and cognitive abnormalities are explained in terms of “anatomical lesions or functional derangements of the brain;” rejected from consideration are such alternatives as “self critical thinking and unconscious fantasies” (13). Correspondingly, the purview of legitimate treatment is reduced to psychotropic medicalization, making biomedical psychiatrists “diagnosticians and psychopharmacologists” (8) who not only fail to engage the suffering person subjected to the biological brain dysfunction, but who flatly reject
the very idea of such an approach, insisting instead that empirically observable biological symptoms alone are reliably consistent (which is to say quantifiable) phenomena capable of grounding psychiatric practice and safeguarding it from slipping into softheaded, flaky occultism. No surprise, then, that biomedical psychiatry increasingly seeks to merge psychiatry with neurology, a topic Brendel tackles in Chapter 6, one of the most engaging in the book.

Except for the fact that it ought not to be exclusive of humanistic approaches, the biomedical approach seems to be otherwise unobjectionable to Brendel. (Incidentally, Hester's otherwise praiseworthy Community as Healing makes the same mistake, despite arguing that the purview of medicine must be expanded from a narrow biological focus to the broader scope of social intercourse.) Obviously bioscience has produced some remarkable medical breakthroughs and quite rightly Brendel is keen not to commit to a theory that would force him to jettison these. Nevertheless biomedicine needs critiquing.

As Pascal Ide has noted, the universalization and normalization of biomedicine follows from its taking “external” data (as opposed to subjective feelings) as its referents; this leads to the separation of health criteria from their representation by the subject. In other words, bioscience takes its proper object to be the Cartesian body, passive and fragmented (since extension, the mark of quantifiability is a passive quality, and what is quantifiable is dividable). The biomedical body is thus an ahistorical, acontextual body. Dewey criticized medicine’s “endless splitting up of the human being into bits” and its naïve identification of the person “with what is underneath his skin.” Dewey’s prescription? Medicine “must observe and understand these internal processes and their interactions from the standpoint of their interaction with what is going on outside the skin – with what is called the environment . . .”

Dewey’s point is that environment both sustains and endangers the organism in its wholeness. The organism requires the environment in order to function at all, yet biomedicine diagnoses and treats the body independently of both the psyche/self and the environment.

The problem with biomedicine is not that pharmaceuticals, statistical lab values, etc. are intrinsically perverse, but that it is over-committed to a limited notion of objectivity. Neither is quantifiability inherently evil, but its good extends only as far as its value as a tool. Put differently, the meaningfulness of bioscience and the quantifiable body is itself a social product developed from within a particular historical context to meet the concrete demands of certain kinds of problematic situations, themselves emergent from within that context, hence they are not to be viewed as absolute or universal but always as provisional and context-specific. A pragmatist critique need not be committed therefore to the outright rejection of biomedicine, but should reconstruct it so as first to emphasize its origin from within the lifeworld, and second, to demand its continual reference back to that lifeworld for justification, significance and meaning.

Across the divide from reductive biomedical psychiatry, humanism “studies the mind in its broad social and cultural context” (3) and as such, allegedly pulls from “the

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social sciences, humanities, psychology, and other liberal arts that address a broad range of existential and interpersonal concerns in human life" (124). The problem Brendel sees with the humanistic approach is twofold. First, it risks slipping into an ad hoc eclecticism, devoid of a unifying systematic orientation and lacking scientific rigor, and second, it, too, is guilty of being exclusive, often failing to recognize and incorporate important contributions from the biosciences. Yet Brendel offers no meaningful demonstration of the integration of other liberal arts, social sciences, and humanities; “humanism” seems simply to be psychodynamic therapy, so the charge of eclecticism feels toothless.

Clinical pragmatism is offered as a mediating alternative flexible enough to incorporate the strengths of science and humanism, yet critical enough to avoid their shortcomings. It is rooted in four basic, commonly held pragmatist commitments, Brendel calls them “the four p’s” – the practical nature of all scientific inquiry; the pluralistic nature of the phenomena studied - and tools used - by science; the participatory role of many individuals, the perspectival and interpersonal process of scientific inquiry; and the provisional, flexible and adaptive nature of scientific explanation. The first commitment is intended to ground psychiatric practice in aiming at practical results for the patient instead of being a platform for theoretical prosthelytizing. The second is intended to ward off territorial exclusivity both in terms of diagnosis and treatment, while the commitment to participation means that patients should be co-conspirators in their own treatment. The provisional nature of scientific inquiry means that experience is ongoing and dynamic and differs from individual to individual as well as longitudinally for a given patient. Clinical pragmatism is therefore fallible and revisable and does not foreclose possible treatment alternatives in advance.

The four p’s are disappointingly caricaturish, however. The participatory commitment, which ought to capture a thicker conception of the social, is over-simplified as mere patient empowerment and also fails to recognize, as Dewey did, the importance of environment or to offer a satisfactory account of its role and relation to the social. Consequently Brendel locates no obligation at the broader social level for communities to create meaningful ways of reintegrating disordered members, or to consider ways in which reconstruction of the environment - psychological, social and physical - might represent treatments of disordering phenomena. Incorporating Mead’s analysis of selves would have naturally opened onto such a broader socio-cultural critique while avoiding the tacit affirmation of atomic individualism to which Luhman’s remarks point. Despite the nominal commitment to pluralism, what emerges is, after all, a mere dualism. All of Brendel’s examples (Chapter 3 is dedicated to case studies) simply oscillate between bioscientific and psychotherapeutic modes as the unfolding case requires.

I suspect these are consequences of Brendel’s Hegelian commitment to dialectical method, announced in his introduction, just as is his initial acceptance of the dualistic nature of the problem. I would offer that the problem itself is pluralistic, is not limited merely to the field of psychiatry but instead cuts across multiple social dimensions, and moreover, that it has to do with our very notion of health itself and that concept’s need for a recovery.
Almost two decades ago, Critical Race Theorist, Charles R. Lawrence III (1987) remarked that “…a large part of the behavior that produces racial discrimination is influenced by unconscious racial motivation. There are two explanations for the unconscious nature of our racially discriminatory beliefs and ideas. First, Freudian theory states that the human mind defends itself against the discomfort of guilt by denying or refusing to recognize those ideas, wishes or beliefs that conflict with what the individual has learned is good or right.” And second, “the theory of cognitive psychology states that the culture—including, for example, the media and an individual’s parents, peers, and authority figures—transmit certain beliefs and preferences.” Lawrence’s foundational work in the field of CRT seems to reveal the ultimate revelation of Revealing Whiteness: The Unconscious Habits of Racial Privilege, published a year shy of Lawrence’s twenty year cusp.

Shannon Sullivan, an associate professor of philosophy and women’s studies at Penn State University, was brought to Critical Race Theory (CRT) through her work in feminism. Her conversation with CRT began in an attempt to understand how “sex, gender, race, male, and white privilege transact in complex ways” (p.11). As she says on page 11 of the introduction, “my being a woman and a feminist lead me to focus on and hopefully better understand race and white privilege. But another way of explaining this shift in focus is to say that I began to concentrate on race and white privilege because of sexism.” Sullivan’s personal journey to the question of race is the single most clarifying mechanism in the conceptual schema she develops in this work, as she tries to approach race from her psycho-analytic and pragmatist roots.

The introduction of Sullivan’s book both clarifies key concepts and introduces her methodological approach in Revealing Whiteness. In a self reflective tone, Sullivan announces that it is not only her intent to examine how white privilege operates as unseen, invisible and seemingly nonexistent through rational argumentation, but also highlights the role philosophy can play in performing “subtle emotion work that richly engages the non-reflective aspects of white privilege” (p. 1). Sullivan’s exposes whiteness in its two most fundamental aspects: (1) whiteness as an unconscious habit and (2) white privilege’s ontologically expansive tendencies. These two aspects of whiteness divide Sullivan’s book into two corresponding sections. The first section is “Unconscious Habit,” while section two is “Possessive Geographies.”

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