

University of Warwick institutional repository: <http://go.warwick.ac.uk/wrap>

**A Thesis Submitted for the Degree of PhD at the University of Warwick**

<http://go.warwick.ac.uk/wrap/4365>

This thesis is made available online and is protected by original copyright.

Please scroll down to view the document itself.

Please refer to the repository record for this item for information to help you to cite it. Our policy information is available from the repository home page.

**Understanding Dementia:  
A Wittgensteinian Critique of Models of Dementia**

**by**

**Julian Christopher Hughes**

A thesis submitted in partial fulfilment of the requirements for the degree  
of  
Doctor of Philosophy in Philosophy and Mental Health

University of Warwick, Department of Philosophy  
April 2000

## Table of Contents

Title page	i
Table of Contents	ii
Acknowledgements, Declaration and Notes on the Text	vii
Abstract	viii
Abbreviations	ix
<b>1. Understanding dementia: psychological phenomena and persons</b>	<b>1</b>
Introduction	1
1.1 The main plot: towards a constitutive understanding of dementia	3
<i>Clinical vignette</i>	4
<i>Historical survey</i>	5
<i>A modern definition of dementia</i>	8
<i>Intentional psychological phenomena and concepts</i>	9
<i>Constitutive versus causal accounts</i>	12
<i>Summary</i>	15
1.2 The sub-plot: dementia and persons	15
<i>The Locke-Parfit view</i>	16
<i>The situated-embodied-agent view</i>	18
<i>Different perspectives on ethical issues</i>	21
<i>The connection between the main plot and the sub-plot</i>	24
Conclusion	25
<b>2. Rule-following and intentional psychological states</b>	<b>27</b>
Introduction	27
2.1 Psychological states, rules and normativity	29
<i>Psychological states and normativity</i>	29
<i>The rule-governed nature of normativity</i>	33

**Table of Contents (continued)**

2.2	The negative conclusions	34
	<i>Rules and Platonism</i>	35
	<i>Rules and mental processes</i>	37
	<i>Rules and causal processes</i>	39
	<i>Summary</i>	43
2.3	The sceptical challenge	43
2.4	Positive interpretations: accounts of practice	46
	<i>Rule-following and practices</i>	46
	<i>The community view</i>	49
	<i>Constructivism and practices</i>	53
2.5	The embedding of practices	57
	<i>The transcendental account</i>	58
	<i>The quietist approach to the world</i>	64
	<i>Summary</i>	67
	Conclusion	67
<b>3.</b>	<b>The disease model of dementia: normativity and the mind-brain</b>	69
	Introduction	69
3.1	The disease model of Alzheimer's dementia	71
	<i>Preliminary points</i>	71
	<i>Five characteristics of a disease</i>	73
3.2	Causal and constitutive accounts of intentional psychological phenomena	78
	<i>The disease model and intentional psychological states</i>	81
	<i>Extreme materialism and the place of normativity</i>	84
	<i>Davidson's anomalous monism: physicalism with normativity?</i>	92



**Table of Contents (continued)**

	<i>Wittgenstein on face recognition</i>	97
	<i>Summary</i>	105
3.3	Conclusion: the standing of the disease model	106
<b>4.</b>	<b>Cognitive neuropsychology models: mental representations and sub-personal accounts</b>	<b>110</b>
	Introduction	110
4.1	Cognitive neuropsychology: memory and representation	112
	<i>Introduction to cognitive neuropsychology</i>	112
	<i>Memory</i>	116
	<i>The representational construal of intentional psychological states</i>	118
4.2	The Fodorian paradigm	121
	<i>Functionalism and the Representational Theory of Mind</i>	121
	<i>Fodor's paradigm and normativity</i>	124
	<i>(a) Internal mechanisms and normativity</i>	125
	<i>(b) Organs and organisms</i>	129
	<i>Summary</i>	132
4.3	Sub-personal meaning: Dennett's realism or metaphorical representations?	132
4.4	The encoding of meaning?	139
4.5	Representations in the normative world	142
	<i>Summary</i>	146
4.6	Whither cognitive neuropsychology?	147
	Conclusion	151

Table of Contents (continued)

<b>5.</b>	<b>Social constructionism and dementia: discourse and normativity</b>	152
	Introduction	152
5.1	Social constructionism, discursive psychology and dementia	153
	<i>Social constructionism and discursive psychology</i>	154
	<i>Social constructionism and dementia</i>	159
5.2	Intentional psychological states as social constructions	167
5.3	The social construction of normativity	171
	<i>Clarification 1: broadening the causal account</i>	171
	<i>Clarification 2 (i): the constitutive account - a form of linguistic idealism?</i>	174
	<i>Clarification 2 (ii): the constitutive account - a realist reading?</i>	178
	<i>The constitutive account - summary</i>	183
	<i>The upshot of the clarifications and the elimination of mind</i>	184
	Conclusion: to the person from social constructionism	190
<b>6.</b>	<b>A human-person-perspective on dementia: the outcome of the Wittgensteinian analysis</b>	192
	Introduction	192
6.1	Intentional psychological states and dementia	194
6.2	Dementia-in-the-world and the situated-embodied-agent view	197
	<i>Dementia-in-the-world</i>	198
	<i>The human person</i>	200
	<i>From Locke-Parfit to the situated-embodied-agent</i>	206
	<i>Situatedness</i>	208
	<i>Embodiment</i>	211
	<i>Agency</i>	213

**Table of Contents (continued)**

	<i>Summary</i>	215
6.3	The human-person-perspective and models of dementia	215
	<i>The human-person-perspective and dementia-in-the-world</i>	215
	<i>The human-person-perspective and the situated-embodied -agent view</i>	217
	<i>The human-person-perspective and models of dementia</i>	218
	<i>The uncircumscribable human-person-perspective</i>	220
	<i>Summary</i>	222
6.4	The person with severe dementia	223
	Conclusions and Implications	226
	<b>References</b>	230
	<b>Figures</b>	
	Figure 1. A cognitive neuropsychology model to show how a spoken word is converted to a written or spelt word	114
	Figure 2. Plan of argument	198

### **Acknowledgements**

I must acknowledge a huge debt of gratitude to my supervisors: Dr. Tim Thornton has been unstinting with his time and advice; Professor Bill Fulford has inspired, encouraged and overseen the work. In addition, I have benefited from the advice of Professor Greg Hunt, to whom I am grateful. I must also thank Dr. Michael Luntley for his helpful comments on an early draft of Chapter 2. My family has been idiosyncratically and steadfastly supportive throughout.

### **Declaration**

This thesis is solely the work of Julian Christopher Hughes. It has not been previously published or submitted for examination in any university.



## **Abstract**

How are we to understand dementia? The main argument involves an analysis (in Chapter 2) of intentional mental states, using Wittgenstein's discussion of rule-following, which suggests that such states demonstrate an irreducible, transcendental normativity. This externalist account of intentional mental states highlights the worldly embedding of practices. In Chapters 3, 4 and 5, this analysis is applied respectively to the disease, cognitive neuropsychology and social constructionist models of dementia. Whilst clinically and scientifically useful, none generates an adequate account of normativity.

The Wittgensteinian analysis supplies a constitutive (as opposed to causal) account that supports the notion of dementia-in-the-world (Chapter 6). A full understanding of dementia requires the human-person-perspective in order to accommodate all that dementia amounts to in the normatively-constrained world.

The sub-plot considers our understanding of the person. Rather than the Locke-Parfit view, which stresses psychological continuity, the Wittgensteinian analysis supports the situated-embodied-agent view of the person (Chapters 1 and 6). This view and the notion of the human-person-perspective are mutually supportive, so that main and sub-plot both encourage a broader understanding.

The works of Wittgenstein have acted as a primary source, with secondary literature commenting on his works. In discussing the models of dementia, I have cited primary sources. I have also considered philosophical works pertinent to the particular models, usually in connection with the mind-brain problem.

The thesis concludes that there is no single way to understand dementia, but any understanding will be from the human-person-perspective, in accord with the situated-embodied-agent view and reflecting an externalist construal of intentional psychological states. This has implications for further research in philosophy, medical ethics and gerontology. The unique application of the Wittgensteinian philosophical analysis to clinical reality suggests an approach to people with dementia that stresses personhood in the context of embedded, embodied histories and continuing relationships with others.

## Abbreviations

### Works by Wittgenstein

BB	Wittgenstein	<i>Blue and Brown Book</i>
CV	-----	<i>Culture and Value</i>
LW	-----	<i>Last Writings on the Philosophy of Psychology</i>
OC	-----	<i>On Certainty</i>
PG	-----	<i>Philosophical Grammar</i>
PI	-----	<i>Philosophical Investigations</i>
RFM	-----	<i>Remarks on the Foundations of Mathematics</i>
RPP	-----	<i>Remarks on the Philosophy of Psychology</i>
TLP	-----	<i>Tractatus Logico-Philosophicus</i>
Z	-----	<i>Zettel</i>

### Abbreviations in text

AD	Alzheimer's disease
AI	Artificial intelligence
APP	Amyloid precursor protein
APOE	Apolipoprotein E
CT	Computerized tomography
ICD-10	Tenth International Classification of Diseases
LOT	Language of thought
MMSE	Mini-mental state examination
MRI	Magnetic resonance imaging
PET	Positron emission tomography
RTM	Representational theory of mind
SPECT	Single positron emission tomography

## Abbreviations (continued)

### Abbreviations in footnotes

cf.	compare
Ch	Chapter
<i>et al.</i>	and others
ff.	following pages
ibid.	in the same book, chapter, passage
op. cit.	in the work already quoted
p.	page
pp.	pages
Ref.	reference
§	paragraph
§§	paragraphs

### Notes on the Text

i. I have used single quotation marks ('...') for quotations and double quotation marks ("...") to emphasize particular words from quotations or when discussing the meanings of individual words.

ii. Within quotations I have used '...' to symbolize missing text. I have used square brackets, i.e. [...], to indicate words or phrases inserted from elsewhere.

iii. In footnotes, where there are more than two authors, I have used *et al.* after the first author. In the references, I have listed all the authors up to and including the fourth. Where there are five or more authors, I have used *et al.* after the third author.

iv. There are 299 words in the Abstract. In the full text (pp. 1-259), which includes the References, all footnotes and page numbers, there are 79676 words.



## Chapter 1.

### Understanding dementia: psychological phenomena and persons

#### Introduction

The question I wish to address is: how are we to understand dementia? Since the loss of certain sorts of psychological capacity is central to our conception of dementia, my main argument will comprise a philosophical analysis of the relevant psychological phenomena. This is the main plot of the thesis. The sub-plot concerns how we understand the concept of the person in the light of our understanding of dementia. The sub-plot is connected to the main plot in at least three ways. First, our understanding of the psychological phenomena affected by dementia is, in turn, suggestive of how we should understand persons. Secondly, one of the ethical issues surrounding dementia is whether people with severe dementia can still be considered as persons. My construal of psychological states will suggest they can be. Finally, taking a broad view of persons (suggested by a broad view of psychological phenomena) allows a context within which the models, which I discuss in the course of the thesis as possible ways of understanding dementia, should be understood.

I shall now sketch the main argument (or plot) and the subsidiary argument (or sub-plot) as a guide to what follows. It is worth highlighting straightaway the implication of this philosophical thesis: we need to take a broad view of dementia.<sup>1</sup> This has practical, clinical ramifications that will be apparent in the final chapter. So the thesis is located within a tradition that approaches conceptual issues arising from the practice of medicine from a philosophical standpoint in order both to elucidate concepts and affect clinical practice.<sup>2</sup>

---

<sup>1</sup> What I mean by a "broad" view of dementia will become more apparent throughout the thesis and will be explicitly discussed in Chapter 6. Meanwhile, here I indicate that different people bring various views to our attention, which we need to incorporate within our overall understanding of dementia.

<sup>2</sup> Recent exemplars of this tradition include Fulford (1989), Hundert (1989) and Bolton and Hill (1996), but the tradition goes back at least to Jaspers (1923).



This chapter has two broad sections before its conclusions. The first concerns the main theme, whilst the second section presents the subsidiary motif. Here I shall provide merely an anticipatory sketch of each section.

The main plot starts, by way of a case vignette and historical survey, with a description and definition of dementia. This leads to the view that central to dementia is the loss of certain cognitive capacities. There are good grounds for thinking, therefore, that to understand dementia we must understand those psychological states that describe a particular involvement of the person's mental state with the world. This initiates the main task of the thesis, which is an analysis of *intentional* psychological phenomena in order to understand dementia. It is worth noting, however, that the "cognitive paradigm", suggested by the historical survey and incorporated into much modern thinking about dementia, is shown to be too narrow by the characterization, which I shall be suggesting throughout the thesis, of intentional psychological phenomena.

Another substantive conclusion of the first part of this chapter, which comes from my discussion of the case vignette, is that the sort of understanding I seek in the thesis is a *constitutive*, as opposed to a *causal*, understanding of dementia. I shall say more about this, but (briefly) when I ask 'how are we to understand dementia?', I am *not* seeking causal explanations. Part of the reason for the thesis is to justify this point: there is another account of dementia to be given which is not empirical, but which can have practical relevance and which emerges from philosophical thought about clinical practice. Understanding what *constitutes* dementia broadens the view within which research, clinical practice and personal engagement take place.

This constitutive account leads to the sub-plot, which concerns our understanding of persons in the light of our understanding of dementia. There is an argument that people with dementia, precisely because of their deficits in psychological functioning, are thereby less than persons. For instance, what I shall call the Locke-Parfit view of the

person gives a narrow construal of psychological phenomena and, therefore, of persons. As an alternative, I shall consider the situated-embodied-agent view of the person. The practical importance of these different views of the person is seen in their differing ethical implications. In this chapter I shall only note these different views and their implications in order to initiate the sub-plot.<sup>3</sup>

I shall contend that the Wittgensteinian analysis<sup>4</sup> offered in the main argument of the thesis supports the situated-embodied-agent view of the person. Meanwhile, the sub-plot supports the main plot by contributing to the context in which we should regard the models of dementia, which I shall be discussing in Chapters 3, 4 and 5 of the thesis. In addition, seeing how we should understand dementia and how we should, accordingly, understand personhood, will both contribute towards our approach to people with severe dementia. In short, the main plot and the sub-plot are entwined.

This chapter, therefore, justifies the need for a constitutive understanding of dementia and initiates two lines of inquiry, which I shall pursue in this thesis:

- the main plot: an analysis of intentional psychological states as a way of understanding dementia;
- the sub-plot: an account of how we understand the person in the light of our understanding of dementia.

### **1.1 The main plot: towards a constitutive understanding of dementia**

I shall now, first, present the case of Mr. Z, as a way of anchoring my argument to the reality of dementia; secondly, I shall give a brief historical survey of the notion of dementia; thirdly, I shall consider a modern definition of dementia; fourthly, by way of clarification, I shall specify the type of psychological phenomena in which I am interested and the method I employ to understand them; finally, I shall make a distinction between

---

<sup>3</sup> A fuller discussion of the sub-plot is beyond the scope of this thesis.

<sup>4</sup> The use of the definite article, in '*the* Wittgensteinian analysis', throughout the thesis does not preclude the possibility of other analyses.

the causal and constitutive understanding of intentional psychological phenomena. By the end of this section, therefore, I shall have introduced dementia and the main plot. It will be clear that the task is an analysis of intentional psychological states as a way of gaining a constitutive understanding of dementia.

### *Clinical vignette*

Mr. Z was a 77 year old man with moderately severe Alzheimer's disease (AD), as shown by a score of 9 on the Mini-Mental State Examination (MMSE).<sup>5</sup> He had led an active life working in a technical trade, but over the course of four years had shown increasing problems with his memory. He had become steadily more unsure of the day of the week and date, which was paralleled by a tendency to lose his way. His behaviour had worsened too: he was getting up in the middle of the night and wandering. He had started to become incontinent of urine, possibly because he could not find the toilet. By the time he was assessed, it was impossible to hold a normal conversation with him. He could not follow some simple instructions. When asked to write about a picture presented to him, he wrote:

'WATER - over-flowing - Young pepul - girl & Boy:-'.<sup>6</sup>

Mr. Z spent much of his day sitting in a chair in the corner of his room handling an assortment of objects which his wife had placed there in a box to entertain him. He did not address his wife and did not always seem to know her. He needed help with dressing. Although he was not personally distressed, the situation was upsetting for his wife: he had become a dependent stranger to her.

His wife, Mrs. Z, was 74 years old. She had attended school for the same number of years as her husband and when presented with the same picture as her husband, she wrote:

---

<sup>5</sup> Folstein *et al.* (1975). The maximum score on the MMSE is 30 and the usual "cut-off" for dementia is less than 24 (but see Hodges, 1994).

<sup>6</sup> The "Cookie Theft" picture from the Boston Diagnostic and Aphasia Examination. In Goodglass and Kaplan (1983).



‘Mother washing-up at the sink, also the sink is over-flowing. Son and daughter are helping her to get at a cookie-tin out of the cupboard, the son appears to be heading for a fall from a stool that has slipped from under his feet.’

Mrs. Z showed no evidence of dementia. Her MMSE score was 29. She was able to care for herself and her husband.<sup>7</sup>

This vignette, in addition to its sad consequences, also brings out various features of dementia: the impact on cognitive abilities, such as the effects on memory, orientation, understanding, spoken and written language; along with the disturbed behaviour, the loss of social skills and the change in personality. The reality of dementia can be catastrophic for all those concerned. Hence, in answering the question ‘How are we to understand dementia?’, I shall need to give an account that can encompass this reality.

### *Historical survey*

The term “dementia”, from the Latin “demens”, has probably been used in its vernacular form in the Western World since the late seventeenth century.<sup>8</sup> Earlier uses of the word are recorded, such as that by Richard Cosin in 1592. Cosin describes a person who became forgetful of almost all things, including the names of things, ‘and beginning to speake, forgetteth what he had saide afore, and what hee meant to say after’.<sup>9</sup> Willis, in 1684, in connection with the concept, speaks of ‘the imagination and the memory being hurt’.<sup>10</sup> In the Eighteenth Century there are notable references to ‘démence’ in the *Encyclopédie Française*. Here it is regarded as a disease resulting from the ‘abolition of

---

<sup>7</sup> Mr. and Mrs. Z were seen as part of a research project which investigated writing skills in patients with AD (Hughes *et al.*, 1997). The comparison between Mr. Z and Mrs. Z lacks a scientific justification because of the sex and age difference, but is sufficient for my purposes. Although some details (age, sex, MMSE etc.) are accurate, others are illustrative rather than exact, to honour confidentiality.

<sup>8</sup> Berrios (1987).

<sup>9</sup> Quoted in Berrios *op. cit.* (From: Cosin, R. (1592). *Conspiracie, for Pretended Reformation: viz. Presbyterial Discipline*. Barker, London.)

<sup>10</sup> Quoted in Berrios *op. cit.* (From: Willis, T. (1684). *Practice of Physick*. (Trans. S. Pordage) T. Dring, C. Harper and J. Leigh, London. pp. 209-214.)

the reasoning faculty'; those affected 'exhibit foolish behaviour and cannot understand what they are told, cannot remember anything, have no judgement, are sluggish and retarded...'; under the legal aspects of *démence* it was stated that those affected were 'incapable of informed consent'.<sup>11</sup>

These historical references are mentioned here for two specific reasons. First, the descriptions show that the concept of dementia has always been broader than just memory impairment and cognitive dysfunction. As Berrios comments, the 'invariant core meaning' of the concept has included 'cognitive failure, chronic behavioural dislocation and psychosocial incompetence'.<sup>12</sup> Historical research elsewhere has reinforced the growing recognition of and research into the 'non-cognitive' aspects of dementia.<sup>13</sup> In a striking case history from 1785, of a 75 year old man with progressive cognitive decline, a clear description is given of the persecutory delusion, "THAT HE SHALL BE SLAUGHTERED AND THAT SAUSAGES SHALL BE MADE FROM HIS FLESH".<sup>14</sup> Similarly, in the original case described by Alzheimer, a 51 year old woman, with memory and writing problems (like Mr. Z), developed delusions, hallucinations, and behavioural disturbances.<sup>15</sup> So dementia is a broader condition than just one of cognitive decline.<sup>16</sup>

Secondly, the historical material helps to demonstrate the extent to which theories or models of dementia have inevitably reflected and reinforced background beliefs. Having surveyed the breadth of the dementia concept in the historical literature, Berrios notes: 'The term "dementia" and the concept of cognitive failure came together sometime during the eighteenth century.'<sup>17</sup> By the start of the next century,

---

11 All quotations from the French Encyclopaedia are from Berrios op. cit.; trans. also by Berrios.

12 Berrios op. cit.

13 Katona and Levy (1992). (See chapters by Berrios, Wertheimer, Gustafson & Risberg, and Burns.)

14 Förstl *et al.* (1991).

15 Alzheimer (1907).

16 For more recent work on the non-cognitive aspects of dementia, see Lawlor (1995).

17 Berrios op. cit.

'experimental psychology and the growth of Associationism provided laws and principles, in terms of which the concept of cognitive failure could be given a quantitative definition. In due course, intellectual impairment became the invariant around which the nineteenth century "cognitive model" of dementia was formed.'<sup>18</sup>

The tendency to seek a "cognitive model" in the last century, therefore, stemming from the writings of Locke (which inspired Associationism), has in turn in this century encouraged cognitivism in psychology (and the cognitive neuropsychology model, which I shall discuss in Chapter 4).<sup>19</sup>

Berrios summarizes the problems thus:

'Traditional diagnostic instruments for dementia have relied unduly on what has been called the "cognitive paradigm"... -the view that an impairment of cognition (in practical terms, a memory deficit) is sufficient to define dementia. ...

The major disintegration which is characteristic of dementia is likely, though, to involve other systems such as perception, motility, personality organisation, emotional experience, and volition. The descriptive and epidemiological literature refers to a gamut of non-cognitive symptoms, among which delusions, hallucinations, and behavioural and motility disorders feature prominently. ...

These reports notwithstanding, research workers persist in their efforts to refine instruments with a very narrow cognitive compass, which can only (tautologically) confirm that dementia is but a dismantling of cognitive function.'<sup>20</sup>

Berrios then makes the point that there can be stages of dementia where the cognitive deficits are not the dominating symptoms. It is now apparent, indeed, that non-cognitive symptoms occur in AD at various levels of cognitive decline and at various stages of the

---

<sup>18</sup> *ibid.*

<sup>19</sup> For a brief, but enthusiastic, review of Associationism and its links to modern cognitivism see Spitzer (1994).

<sup>20</sup> Berrios (1989).

disease.<sup>21</sup> It is certainly the case that some non-cognitive features (e.g. wandering or aggression) cause more distress to the carers of people with dementia and lead to institutionalization more readily than cognitive impairment on its own.<sup>22</sup>

So, this brief historical survey reveals that the notion of dementia includes more than just deficits in cognitive function. Nevertheless, although recognition of such non-cognitive symptoms of dementia has again come to the fore, it remains true that background beliefs *do* tend to emphasize a “cognitive paradigm”, as is seen in modern definitions of dementia.

#### *A modern definition of dementia*

A modern definition, from the *Tenth International Classification of Diseases (ICD-10)*, runs as follows:

‘Dementia is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not clouded. Impairments of cognitive function are commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation. This syndrome occurs in Alzheimer’s disease, in cerebrovascular disease, and in other conditions primarily or secondarily affecting the brain.’<sup>23</sup>

Now, whilst non-cognitive features of dementia (loss of emotional control, social behaviour and motivation) are mentioned in this definition, the emphasis seems to be on cognitive function. Psychotic features (delusions and hallucinations) do not form part of the core syndrome of dementia in ICD-10, but may be added to it, as may depression.

---

21 Hope *et al.* (1999).

22 cf. McShane *et al.* (1998).

23 World Health Organization (1992) p. 45. Further information on the syndrome of dementia is contained in Burns and Hope (1997).



The 'diagnostic guidelines' in ICD-10 show a much clearer emphasis on cognitive impairment. Impaired 'activities of daily living' are clearly placed as secondary to 'a decline in both memory and thinking'.<sup>24</sup> The remaining criteria are all cognitive.

Similarly, in the McKhann criteria for 'probable' AD,<sup>25</sup> which are widely used and known to have high diagnostic sensitivity,<sup>26</sup> the main diagnostic features are again entirely cognitive, with 'impaired activities of daily living and altered patterns of behaviour' being merely (non-essential) supportive features of the diagnosis. Psychotic features are 'consistent' with the diagnosis, but other aetiologies must then be excluded. So, the "cognitive paradigm" still seemingly holds sway.<sup>27</sup>

### *Intentional psychological phenomena and concepts*

Before moving on, it is worth pausing to note, first, that I have spoken of *certain sorts* of psychological phenomena, without being more specific. The sort of phenomena I shall be concerned with are those listed in ICD-10: 'memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement'.<sup>28</sup> There are other psychological phenomena, such as the capacity to perceive redness or pain, that do not concern me. A person with dementia does not lose the capacity to perceive redness, although they might lose their capacity to name something as red; they do not lose the sensation of pain, although they might not be able to describe it. Nor am I interested in the phenomenon of being conscious, which we share with animals. Clouding of consciousness tends to exclude the diagnosis of dementia, although it is a feature of dementia with Lewy bodies.<sup>29</sup> What is important about the psychological phenomena under consideration is that they all suggest a certain sort of involvement with the world.

---

<sup>24</sup> *ibid.* p. 46.

<sup>25</sup> McKhann *et al.* (1984).

<sup>26</sup> Burns *et al.* (1990) found a sensitivity of 88%.

<sup>27</sup> In this context 'cognitive paradigm' refers to the primacy of cognitive impairment as a way of characterizing dementia noted in the historical sketch. It does not refer to the sort of cognitive neuropsychology model used to explain dementia, which I discuss in Chapter 4, although it may have encouraged the development of such models.

<sup>28</sup> WHO *op. cit.*

<sup>29</sup> McKeith *et al.* (1996).



These psychological phenomena are interesting philosophically because they demonstrate intentionality. That is, they demonstrate 'aboutness'. I do not just remember, my memories are about (or of) something. Similarly, I am orientated with respect to something, my judgements and speech are about something. Nor do I simply comprehend, calculate or learn, but I comprehend, calculate and learn something. Other phenomena too - reading, writing, copying, attending and concentrating (amongst others) - can all be construed in intentional terms. Whilst avoiding the complexities involved in a discussion of intentionality, in the next chapter I shall concentrate on the point demonstrated by Wittgenstein, namely that these psychological states exhibit normativity. The result of *this* calculation (say) is already prescribed at this moment, even before it is completed. Normativity makes a particular link between the possessing of such and such an intentional mental state and the world. The connection is made through rules, which govern the use of intentional psychological concepts (since normativity is akin to rule-following), and which are instantiated in worldly, embedded practices. Noting the normativity of intentional psychological states is to see them as part of the world, rather than as something separate. This is to anticipate and to summarize. The point is that non-intentional psychological states are simply not interesting in the same way. There is no similar normative connection to be made with the world; even though, of course, it remains true for all concepts (such as 'chair') that they are bound by normative rules of usage.<sup>30</sup> What is unique about intentional psychological states is that when I am in this particular state, for this state to be satisfied, something in the world is prescribed.<sup>31</sup>

Secondly, before continuing, I should also note a point of method. I am interested in psychological phenomena. But this philosophical study will proceed by conceptual analysis. Therefore, I might speak of psychological phenomena *or* of psychological concepts. What is being considered will be the same. Again, there are philosophical concerns here that I must pass by, but it was certainly Wittgenstein's later view that an

---

<sup>30</sup> I shall clarify the connection between intentional mental states, word-meaning and rule-following in Chapter 2. For further comment on non-intentional mental states, cf. p. 31 below (footnote 8).

<sup>31</sup> To save confusion I shall normally specify that I mean *intentional* mental phenomena.

understanding of psychological phenomena would be achieved through an analysis of concepts. For, according to Wittgenstein, 'It shews a fundamental misunderstanding, if I am inclined to study the headache I have now in order to get clear about the philosophical problem of sensation'.<sup>32</sup> Of course I can study the pathophysiology of headaches. The *philosophical* problem, however, (e.g. about the nature of thought) is, in Wittgenstein's view, a conceptual one.<sup>33</sup> What is at issue is Wittgenstein's whole conception of philosophy, which is beyond my remit, but which moved finally towards an emphasis on anthropological description of ordinary language and concept use.<sup>34</sup> From this perspective, the distinction between phenomena and concepts makes little odds. As Wittgenstein says in the following quotation, we are still talking about the same thing; but, as he also says, the notion of a psychological *phenomenon* might lead us to think in terms of some *thing*:

'One ought to ask, not what images are or what happens when one imagines anything, but how the word "imagination" is used. But that does not mean that I want to talk only about words. For the question as to the nature of the imagination is as much about the word "imagination" as my question is. And I am only saying that this question is not to be decided - neither for the person who does the imagining, nor for anyone else - by pointing; nor yet by a description of any process. The first question also asks for a word to be explained; but it makes us expect a wrong kind of answer.'<sup>35</sup>

Interestingly, Schulte discusses the move in Wittgenstein's manuscripts at the end of 1947 from talk of psychological *phenomena* to talk of psychological *concepts*.<sup>36</sup>

---

32 PI § 314.

33 cf. PI p. 212, where Wittgenstein discusses what happens when a physiological explanation of seeing is offered: 'The psychological concept hangs out of reach of this explanation'.

34 For a fuller discussion of Wittgenstein on the nature of philosophy see, for example, Lazerowitz (1967), Kenny (1982), Fogelin (1996) and Hacker (1996). An unsympathetic account of Wittgenstein's method is offered by Grayling (1991). There is, of course, an extensive literature on Wittgenstein and language. I have mostly referred to: Linsky (1967), McGinn (1984), Gaita (1991), Stern (1995) and Garver (1996).

35 PI § 370.

36 Schulte (1993) pp. 24-27. The quotations from Wittgenstein's manuscripts which follow (MS 134, 2.4.47 and MS 135, 14.12.47 respectively) are given in these pages by Schulte.

Initially Wittgenstein discussed wishing to have a ‘perspicuous way of looking’ at psychological *phenomena*, but shortly afterwards he wrote about ‘a genealogical tree of psychological *concepts* ... an order in which one ought to discuss them and explain their connections’ (emphasis added). Schulte suggests Wittgenstein’s talk of “phenomena” indicates ‘he is not yet sufficiently clear about those factors which are *constitutive of our concepts*’ (emphasis added).<sup>37</sup> Having clarified the type of psychological concepts I shall be discussing (intentional ones) and the fact that understanding phenomena is a matter (on a Wittgensteinian approach) of understanding concepts, I shall now pick up Schulte’s point by focussing on the need to give a *constitutive* account.

### *Constitutive versus causal accounts*

From the case vignette, the historical survey and the definition of dementia, I wish to draw two points that will lead me to consider the type of account I shall give. First, there are good reasons for asserting that the answer to the question ‘How are we to understand dementia?’ must be broad. It is certainly broader than the “cognitive paradigm”, since the syndrome of dementia has always included non-cognitive features. Moreover, *how* we understand dementia will vary depending on our perspective. The perspective of a spousal carer, such as Mrs. Z, will be quite different from that of a neuroscientist.<sup>38</sup> Mrs. Z is certainly not only concerned by loss of memory, but also by the change of personality and difficult behaviour exhibited by her husband. In trying to understand dementia, the answer I shall give will aim to be broad enough to include all such perspectives.<sup>39</sup>

---

<sup>37</sup> *ibid.* p. 25.

<sup>38</sup> Mrs. Z might, of course, have been a neuroscientist. Even then, her engagement with her husband would give her a different perspective to the one she would have in her laboratory. My question is intended to encompass all perspectives.

<sup>39</sup> In this I can claim an alignment with Fulford (1989), whose ‘reverse view’ emphasizes action failure and illness, rather than dysfunction and disease. In the account I am suggesting, the ‘cognitive paradigm’ would be supplanted by a broader view, which would encompass the whole disintegration that characterizes dementia. As in Fulford’s analysis (cf. pp. 262-263), the experience of dementia (illness rather than disease) becomes centre stage.



Secondly, even though dementia involves more than the “cognitive paradigm” suggests, it is nevertheless reasonable to answer the question about understanding dementia by turning to an analysis of intentional psychological states. Focussing on such states is plausible if, in the end, the account given is itself broad and able to accommodate more than is suggested by the narrow understanding of the “cognitive paradigm”. This is a promissory note. Suffice it to say (for now) that the account I shall give will be externalist, by which I intend, broadly, ‘that what is thought or said (content) depends in part on factors external to the mind of the thinker or speaker.’<sup>40</sup> Furthermore, whilst recognizing the importance of the non-cognitive aspects of dementia, it is none the less true that the loss of psychological capacities is the feature, both popularly and (as we have seen) in modern definitions and diagnostic criteria, perceived to be central to dementia. Thinking about how we are to understand intentional psychological phenomena, therefore, seems a reasonable starting point.

So, if I must give a broad answer to the question about understanding dementia and if I am yet going to proceed by focussing on intentional psychological phenomena, I cannot now give a causal account. I can justify this assertion by considering what a causal account of intentional psychological phenomena would involve and what this might mean to Mrs. Z. Memory failure, for instance, might have several *causes*. These might be physical, psychological or social. Even if, however, these causes were fully specified, it is not clear how this would provide the sort of understanding Mrs. Z requires. That understanding will be rooted in Mr. and Mrs. Z’s shared lives. In this context, however useful the causal explanations, Mr. Z’s failure to recognize Mrs. Z as his wife is also a matter of deep personal meaning. Understanding the meaning of cognitive deficits in dementia will require something other than causal explanations. But ‘understanding dementia’ will require such understanding of meaning, otherwise it will not offer the broad answer required by my question.

Over against the *causal* account, I shall offer a *constitutive* account of intentional

---

<sup>40</sup> Davidson (1995).

psychological phenomena. This involves saying what it actually *is* to remember or to forget. A constitutive account will flesh out the phenomena. I might forget who my wife is for various (causal) reasons, but *what it is* to forget my wife is only understood in a particular historical, cultural, value-laden and personally meaningful context. By pursuing a constitutive account I can discuss intentional psychological phenomena and yet not forget the non-cognitive aspects of dementia. If a constitutive account brings into play context and meaning, then not only ‘cognitive failure’, but also ‘chronic behavioural dislocation and psychosocial incompetence’<sup>41</sup> are in view. A constitutive account will, moreover, allow room for a causal account, because understanding what constitutes memory failure does not preclude a discussion of causes. What it *does* preclude is both a *narrow* discussion of causes and a discussion that *only* looks at causes and not at the phenomenon itself as something of meaning and significance in a person’s life.<sup>42</sup>

The distinction I am drawing between causal and constitutive accounts parallels the distinction found in Jaspers between *Erklären* (the explanation of natural sciences) and *Verstehen* (the understanding of human sciences).<sup>43</sup> According to this distinction, explanation (typical of the sciences) helps us to see causal connections, whereas understanding (which relies on empathy) helps us to perceive meaning. Not everyone agrees that there is a distinction here to be made,<sup>44</sup> but whether or not the distinction is philosophically robust, there is certainly a difference between the understanding Mrs. Z (qua wife) has of her husband’s state and the understanding of a neuroscientist (even if this turns out to be Mrs. Z too). I shall suggest a broad answer to the question about understanding dementia that will allow causal (scientific) explanations, but will involve a

---

<sup>41</sup> Berrios op. cit.

<sup>42</sup> In praising the notion of a constitutive account, over against a causal one, I should signal that a constitutive account will not always be the solution. There will come a point in the analysis at which a further constitutive account just cannot be given. Having seen, for instance, that mental states are constitutively normative, it will not then do to ask what constitutes normativity. This is the point for Wittgensteinian quietism, where no more explanations can be given. I shall discuss this further in Chapter 2.

<sup>43</sup> Jaspers (1923) p. 27.

<sup>44</sup> Bolton and Hill (1996), for instance, wish to argue that causal explanations are meaningful and the distinction between explanation and understanding is undermined by the commitment of cognitive psychology to meaningful states (cf. pp. 32-34). I discuss this view in Chapter 4.

constitutive account of intentional psychological phenomena, one that brings in context and meaning.

### *Summary*

One way to understand dementia - under the influence of the historically rooted “cognitive paradigm”, which in turn is enshrined in modern definitions of dementia - when faced with the reality of a case such as Mr Z’s, is to offer causal explanations of the symptoms. The cognitive symptoms have generally been the easiest to explain (as I shall demonstrate in Chapters 3 and 4) in causal terms. This fails, however, to offer the sort of understanding required by Mrs. Z. Her perspective is rooted in a meaningful context. What is required, to give what I am calling a *broad* view, is a constitutive account. Although it might seem counter-intuitive to focus, for this broad view, on just the cognitive phenomena that encourage the narrower causal account, a conceptual analysis of intentional psychological phenomena (in chapter 2) will lead me to a (broader) constitutive account of such concepts and phenomena. Providing such an account, in order to understand dementia, is the main plot of the thesis. It is a plot that will be worked out by considering, in Chapters 3, 4 and 5, the implications for various models of dementia.

### **1.2 The sub-plot: dementia and persons**

For now, however, I turn to the sub-plot: an account of how we understand the person in the light of our understanding of dementia. I shall, first, sketch a view of the person suggested by the writings of Locke and Parfit. This will be contrasted, secondly, with the situated-embodied-agent view of the person. These views will necessarily be described briefly, although I shall say more about the situated-embodied-agent view in the final chapter. Thirdly, I shall show the importance of these different views by discussing issues from the medical ethics literature relating to dementia. These ethical issues show the practical importance of the view taken of the person. I shall contend that



the situated-embodied-agent view of the person is supported by the constitutive account of intentional psychological concepts. In turn, if the argument presented here is correct, the practical implication is that people with severe dementia, in contradistinction to arguments that derive from the Locke-Parfit view, retain personhood. The argument of the main plot, therefore, has an impact on our view of the person and, consequently, on our view of the person with dementia.

### *The Locke-Parfit view*<sup>45</sup>

Locke describes the person thus:

‘a thinking intelligent being, that has reason and reflection, and can consider itself as itself, the same thinking thing, in different times and places; which it does only by that consciousness which is inseparable from thinking, and ... essential to it’.<sup>46</sup>

The person is the being with thoughts, intelligence, reason, reflection and consciousness. My ‘thinking conscious self’ is bound up with my body, but - as Locke makes clear by considering what happens if a person’s hand is cut off<sup>47</sup> - it is the conscious self that is the person: ‘without consciousness there is no person’.<sup>48</sup> Locke makes an important distinction between “man”, on the one hand, and “person” on the other. “Man” refers to the living human body, whilst “person” is tightly tied to consciousness.<sup>49</sup> But “consciousness” for Locke is ‘inseparable from thinking, and ... essential to it’.<sup>50</sup> As these quotations make clear, according to Locke, to be a person is to be a being with these psychological attributes.

---

<sup>45</sup> The views of Locke and Parfit on the person are not exactly the same, so it might seem unfair to lump them together as the “Locke-Parfit view”; but Parfit talks of his view as if it were a revision of Locke’s view. Hence, it seems licit to join the two names in this way. cf. Parfit (1984) pp. 205-206.

<sup>46</sup> Locke (1690) (II. xxvii. 9) p. 211.

<sup>47</sup> *ibid.* (II. xxvii. 11) p. 213.

<sup>48</sup> *ibid.* (II. xxvii. 23) p. 218.

<sup>49</sup> *ibid.* E.g. (II. xxvii. 20) p. 217.

<sup>50</sup> *ibid.* note 2.

This Lockean view of the person stands behind the views expressed by Parfit.<sup>51</sup> For instance, Locke writes: 'as far as this consciousness can be extended backwards to any past action or thought, so far reaches the identity of that person'.<sup>52</sup> Parfit, like Locke, feels that a person's identity is maintained by the links which join that person's former state with his or her present state. In Parfit's terminology, what is meant by personal identity is covered by 'psychological continuity', which involves 'psychological connectedness'.<sup>53</sup> Just as Locke suggested, my personal identity now is linked to my personal identity last week by psychological continuity between the two. Psychological continuity is maintained by memories, but also by beliefs, desires and by intentions which are later enacted.<sup>54</sup> The consequence of these views is that personal identity is not what matters for Parfit, but psychological connectedness and/or continuity.<sup>55</sup>

Elsewhere Parfit admits to being a "Bundle Theorist", according to whom:

'we can't explain either the unity of consciousness at any time, or the unity of a whole life, by referring to a person. Instead we must claim that there are long series of different mental states and events - thoughts, sensations, and the like - each series is unified by various kinds of causal relation, such as the relations that hold between experiences and later memories of them.'<sup>56</sup>

Bundle Theorists, according to Parfit, are all those who have not believed, as "Ego Theorists" have, that the person is some separately existing thing, 'distinct from our brains and bodies, and the various kinds of mental states and events'.<sup>57</sup> Hume, as a successor of Locke, would be counted as a Bundle Theorist. He wrote that when he attempted to find *himself*, he found 'nothing but a bundle or collection of different

---

51 Parfit (1984) cf. pp. 205-207.

52 Locke op. cit. (II. xxvii. 9) p. 212.

53 Parfit op. cit. p. 206: '*Psychological connectedness* is the holding of particular direct connections. *Psychological continuity* is the holding of overlapping chains of *strong* connectedness.'

54 *ibid.* p. 205.

55 *ibid.* p. 262. This is called by Parfit '*Relation R*'. It is this that matters, but the psychological connectedness and/or continuity in *Relation R* must have 'the right kind of cause'.

56 Parfit (1987).

57 *ibid.*



perceptions'.<sup>58</sup> Later Hume wrote:

'Had we no memory, we never should have any notion of causation, nor consequently of that chain of causes and effects, which constitute our self or person.'<sup>59</sup>

It is clear, therefore, that for Parfit, no less than for Locke (or Hume), to be a person is just to have certain psychological states. For Parfit it is the connections between these states that amount to the person; or, rather, there is (strictly speaking) no person, there are just bundles of connected memories, intentions, thoughts, sensations, beliefs and desires which achieve continuity. When we speak of persons we speak of no more than these continuing and connected psychological states.

### *The situated-embodied-agent view*

The alternative view, which I shall advocate at greater length in the final chapter, is the situated-embodied-agent view of the person. According to this view in its most general form, psychological phenomena are properly understood only in a contextually embedded manner: they cannot be characterized independently of the situated context. This marks a major distinction between this view and the Locke-Parfit view. According to the Locke-Parfit view, a person is constituted *solely* by psychological phenomena. So this view is reductive of the notion of the person. Given the situated-embodied-agent view of the person, it is not possible to characterize psychological phenomena independently of an embedding context. So psychological phenomena are given a broad construal and the notion of the person is not reduced, but enlarged. As I shall show, such intentional mental states involve factors that might otherwise seem external to the psychological phenomena themselves. To anticipate, we are partly situated as human beings by our bodies, which place us in a historical context of time and place. So, in contradistinction to Locke, the concept of the person *constitutively* involves what Anscombe called the

---

<sup>58</sup> Hume (1739) (I. iv. section vi) p. 302.

<sup>59</sup> *ibid.* p. 311.

'living human body'.<sup>60</sup> In addition, the situated context involves human agency, itself pervaded by psychological phenomena, because we act and interact with our surroundings in a way that can be interpreted humanly. According to Toulmin, having 'goals, purposes, and interests of their own', makes human beings 'agents', and gives them a certain moral status.<sup>61</sup> That agency is manifest in bodily action and used in historical and cultural human contexts. Although more needs to be said about this view, it is clear that the situated-embodied-agent view of the person is predicated on a broad (externalist<sup>62</sup>) view of psychological phenomena.

Gillett points to this sort of conception of the person too:

'The understanding of mental predicates is tied to our experience of identifiable and reidentifiable persons. ...To know that I am a person is to know that I fit, in a reciprocating way, into those forms of life where interpersonal discourse occurs.'<sup>63</sup>

For Gillett it is true both that our conception of persons is closely tied to psychological phenomena and that to be a person is to be situated in a certain form of life. Gillett later derives some support for his view from clinical practice:

'A pertinent empirical fact is that a person with dementia retains a sense of self and the ability to make simple verbal and conceptual judgements longer than other cognitive abilities and well after spatio-temporal orientation is lost. ...self-identification and self-awareness go hand in hand with making judgements.'<sup>64</sup>

He argues that making judgements conceptually entails 'I' thoughts. It seems right to notice that even the severely demented, in showing mastery of some concepts, can

---

<sup>60</sup> It is worth giving the full quotation: '... when I use the word "person" here, I use it in the sense in which it occurs in "offences against the person". At this point people will betray how deeply they are infected by dualism, they will say: "You are using 'person' in the sense of 'body' " --and what they mean by "body" is something that is still there when someone is dead. But that is to misunderstand "offences against the person". None such can be committed against a corpse. "The person" is a living human body.' (Anscombe (1975) pp. 60-61.)

<sup>61</sup> Toulmin (1980).

<sup>62</sup> See Davidson (1995) op. cit.

<sup>63</sup> Gillett (1992) pp. 38-39.

<sup>64</sup> *ibid.* p. 45.

thereby be reaffirming a sense of self. Gillett goes on to say:

‘...the ‘I’ who is a subject of conceptual thought is not only the “subject of these conscious states”, but also an objectively identifiable and engaged member of a set of conceptual practices, or, as Strawson puts it, “a person among others”’.<sup>65</sup>

Now this sort of conception of the person is in contrast to the Locke-Parfit view, which takes no account of other persons, or the context in which a person is embedded. Indeed, an externalist account argues, contrary to the Locke-Parfit view, that a person’s mental states are to a large degree constituted by his or her environment. Again, the distinction between a causal and constitutive account must be kept in view. Locke and Parfit would not deny the importance of the environment as the causal source of our mental states. They would not regard, however, those mental states as being in any way constituted by external factors. I shall argue that intentional psychological concepts have to be understood constitutively as potentially involving others on account of their normative nature. Whether this means that other people must actually be involved will need to be discussed. This need not be the case if the normativity is regarded as transcendental. As I shall suggest, our mental states at least require the potential involvement of other people and the world. But if it is correct to argue that intentional psychological concepts can be understood constitutively as culturally and historically embedded, then the situated view of the person is supported. A causal account is still relevant, none the less, to the person’s embodied nature. The agentic nature of persons is relevant in that, to be an agent acting in a context, the person requires a body. If persons are regarded as agents, therefore, then personhood cannot simply be conceived as consciousness, for consciousness must be embodied in order to act. So the causal account comes into play in the constitutive account, but the constitutive account I shall give involves an externalist stance.

Having briefly presented two views of the person, I shall now note that the view taken of the person has practical and ethical implications in dementia. So getting our views right

---

<sup>65</sup> *ibid.* p. 39. The reference to Strawson is to his (1959), p. 103.

is a matter of some imperative.

*Different perspectives on ethical issues*

Both of the views just sketched of the person have implications for dementia. To take the Locke-Parfit view first, it seems that if a person's thoughts at one time are disconnected from his or her thoughts at another, for instance because of problems of memory, Locke and Parfit would claim that the person is, properly speaking, not one, but two. As Glover puts it:

'The psychological unity of a life is not all-or-none. Memories or intentions can fade or disappear. I can be linked psychologically to other stages of my life to a greater or lesser degree. If I am hit in old age by senile dementia, perhaps nearly all my present self will have faded out.'<sup>66</sup>

Locke said quite explicitly, comparing the "mad man" to the "sober man",

'...if it be possible for the same man to have distinct incommunicable consciousness at different times, it is past doubt the same man would at different times make different persons'.<sup>67</sup>

Parfit has suggested that as psychological connections are reduced,

'when there has been any marked change of character or style of life, or any marked loss of memory', someone might say 'It was not I who did that, but an earlier self'.<sup>68</sup>

And such thoughts have practical relevance, as is seen in discussions of advance directives in dementia.<sup>69</sup> The problem is to decide how much psychological continuity is necessary to ascribe any sense to personal identity. With these thoughts in mind, for instance, Hope accepts (with reluctance) the thought that a man before and after dementia

---

66 Glover (1988) p. 102.

67 Locke op. cit. (II. xxvii. 20) p. 217.

68 Parfit (1971).

69 Dresser (1995).



is in fact a different person.<sup>70</sup> Similarly, but going one step further, Buchanan suggests (whilst discussing disputes about advanced directives) that the being with severe dementia, lacking the appropriate Locke-Parfit psychological continuities, is not a person at all.<sup>71</sup> Clearly, such a view will have implications for other end-of-life decisions.

Thus, Parfit writes:

‘ ... a person can gradually cease to exist some time before his heart stops beating. This will be so if the distinctive features of a person’s mental life gradually disappear. This often happens. We can plausibly claim that, if the person has ceased to exist, we have no moral reason to help his heart go on beating, or to refrain from preventing this.’<sup>72</sup>

Just as the Locke-Parfit view has ethical implications for dementia, so too with the situated-embodied-agent view of the person. There are some ideas that cannot be encompassed by the Locke-Parfit view of the person. For instance, Dworkin considers the notion of autonomy in connection with dementia.<sup>73</sup> Dworkin accepts an ‘integrity-based theory of autonomy’, which

‘focuses not on individual decisions one by one, but the place of each decision in a general program or picture of life the agent is creating and constructing, a conception of character and achievement that must be allowed its own distinctive integrity’.<sup>74</sup>

On the basis of this theory, Dworkin suggests that we should respect ‘precedent autonomy’: if we cannot respect a demented person’s autonomy now, we can respect (if made clearly) the autonomous decisions arrived at before the dementia.

The general philosophical point is that precedent autonomy is predicated on the view, distinctly acknowledged and accepted by Dworkin, that personal identity survives serious

---

70 Hope (1994a).

71 Buchanan (1988).

72 Parfit (1984) p. 323.

73 Dworkin (1986).

74 *ibid.*

dementia.<sup>75</sup> If this were not the case, then the integrity view would lose its purchase in the case of dementia. But the suggestion that personal identity survives serious dementia is not one compatible with the Locke-Parfit view of the person since, according to this view, the demented self is not the same as the earlier non-demented self. What I wish to bring out is that the view of the person is crucial to discussions of ethical issues relating to dementia. The integrity view of autonomy, in keeping with the situated-embodied-agent view of the person, stresses the importance of a person's agency and history (in which the person is situated).<sup>76</sup>

Sticking to the same theme, Agich claims that "autonomy" cannot be precisely defined and raises for psychiatry 'conceptual and theoretical questions such as the nature of the self or consciousness'.<sup>77</sup> Elsewhere he commends the idea that 'human beings attain autonomy only through human relationships'.<sup>78</sup> Even if this could be interpreted as a causal claim, that human relationships cause autonomy, persons are best understood, according to Agich, in terms of a shared social world which,

'gives form and substance to the individual's actions and also provides a way to understand persons as concrete agents who exhibit complex experiential relations with the world and others'.<sup>79</sup>

This sounds more like a constitutive claim, in that it suggests the 'shared social world' provides 'a way to understand persons', as if part of what it is to be a person is to be embedded in the shared world. Although Agich's account lays all the emphasis on 'the social' - which would be in keeping with the social constructionist model that I criticize in Chapter 5 - it is the situated-embodied-agent view of the person, rather than the Locke-Parfit view, which squares more readily with Agich's account of autonomy in dementia.

---

<sup>75</sup> Dworkin (1993) p. 237.

<sup>76</sup> Exactly what will count in the characterization of the view of the person I am commending will largely depend on the characterization of psychological phenomena, which I shall pursue in Chapter 2. Any suggestions about what will count in my characterization of psychological phenomena are merely illustrative at present.

<sup>77</sup> Agich (1994).

<sup>78</sup> Agich (1993) p. 46.

<sup>79</sup> *ibid.* p. 153.

So, again, the view of the person is crucial for ethical issues relating to dementia.

If autonomy is affected, so too is consent. On the Locke-Parfit view, it would seem that the possibility of someone like Mr. Z ever giving consent (say, to a brain scan) is ruled out. This is not because of ordinary problems to do with the criteria for valid consent (which mainly concern autonomy), but because Mr. Z is never the same person for very long, and may not be a person at all. On the situated-embodied-agent view of the person, it would be possible to argue that other things in Mr. Z's life would incline one to think that he would consent to the brain scan (e.g. he was technically-minded and scientifically inquisitive and, when competent, always agreed to investigations). In addition, if part of the view of his personhood (by virtue of the implied embeddedness) included his relationship with his wife, there could (arguably) be reasons for taking her consent as sufficient (although this is not accepted in English law). A general point might be that the interests of family carers, who are integral to the contextual situation of the person with dementia, should be given sufficient weight in clinical decisions.<sup>80</sup> Such a view is more easily squared with an account of persons that brings into play external features, as does the situated-embodied-agent view, rather than the Locke-Parfit view, which confines itself to a narrow understanding of psychological phenomena. Without further argument, it seems to me that other issues relating to dementia, such as the limits of confidentiality, the need for long-term care and end-of-life decisions, might all be decided differently precisely because of differing views of the person.<sup>81</sup>

### *The connection between the main plot and the sub-plot*

Having presented two views of the person and noted that the view taken actually makes a practical (ethical) difference, I now wish to tie this sub-plot into the main plot. For, as I shall argue more fully in Chapter 6, the main plot supports the situated-embodied-agent view of the person. What will emerge, in the discussion in Chapter 2, is the way in

---

<sup>80</sup> Hughes (in press).

<sup>81</sup> See, e.g., Roth (1996) who discusses the treatment or non-treatment of people with severe dementia, along with the possibility of euthanasia, and the relevance of the personality.

which intentional psychological states constrain the world normatively. If I correctly remember, something must be the case. The Wittgensteinian analysis shows how normativity makes this link between intentional psychological concepts or phenomena and the world, through their embedding in worldly practices.

So, if intentional psychological phenomena have to be understood as embedded in the cultural and historical world of meaning, then, since persons are conceived as psychological beings, they must be understood in this situated context, in which they act and interact as bodily agents. Hence, the main plot supports the situated-embodied-agent view of the person. And note, it supports this view of the person even if we start by focusing on the psychological status of the person. In other words, even if we start with the Locke-Parfit view - that persons are constituted solely by their psychological states - the Wittgensteinian analysis of the main argument broadens our understanding of psychological states in a way that supports the situated-embodied-agent view. I shall leave further discussion of this point until Chapter 6.

## **Conclusion**

In this chapter I have introduced the notion of dementia. I have, more substantively, introduced the two arguments of the thesis, which concern, first, an analysis of intentional psychological states as a way of understanding dementia; and, secondly, an account of how we should understand the person in the light of our understanding of dementia.

I have, in addition, advertized two arguments in the course of this chapter. First, the account of intentional psychological states that I shall give, in order to understand the reality of Mr. Z's dementia, must be a constitutive account. Thus, part of the point of the thesis is to demonstrate the possibility that there is another account to be given, in addition to the causal account. The understanding derived will be broader, but, as I have suggested, a constitutive account can accommodate a causal explanation. Secondly,



through the analysis of psychological phenomena that is the business of the main argument and, in particular, through the understanding of the normative nature of intentional psychological states that I shall present, it turns out that the main argument is consistent with the view of the person as a situated embodied agent. It does this by expanding the constitutive account of intentional psychological states, otherwise offered by the Locke-Parfit view, to involve the historical and cultural context of the world in which such concepts are embedded.

## Chapter 2.

### Rule-following and intentional psychological states

#### Introduction

The aim of this chapter is to derive from Wittgenstein's rule-following discussion an account of intentional psychological states. This is a continuation of the main plot, which concerns an analysis of such states in order to understand dementia. The chapter gains its point from Wittgenstein's observation that concept-use and rule-following have something in common, especially as regards *intentional* psychological states. I shall derive a Wittgensteinian account of intentional psychological states, which can be used as a critique of models of dementia. This account will be central to the main aim of the thesis: a broad understanding of dementia. In addition, the Wittgensteinian account will affect our understanding of what it is to be a person, which is the concern of the sub-plot.

The chapter concentrates on Wittgenstein's discussion of rule-following.<sup>1</sup> This will involve a certain amount of exegesis. I should emphasize that the point of the exegesis is the practical need to understand dementia. Thus, having decided that dementia is best understood by considering intentional psychological states, it is imperative to understand such states. The insight I derive from Wittgenstein's rule-following considerations is that these states are normative, which is best understood in terms of their being rule-governed. Of course, it is possible to take a thoroughly sceptical approach towards rules. This route is blocked by rules being considered as practices, but this only works if these practices are embedded in the world. In outline, then, the overall stages of the argument are as follows:

- Intentional psychological states show normativity;
- Normativity is a matter of being rule-governed;
- Rules and rule-following involve practices and customs;
- Practices and customs are embedded in the world.

---

<sup>1</sup> PI §§ 138-242.

There are five further sections to the chapter, which expand the above outline, before the conclusion:

1. I need to establish that intentional psychological states are normative; and, in addition, normativity is a matter of rule-following. Thus, here I present the first two stages of the argument above as the basis upon which the rest of the chapter stands. The question then is, what actually constitutes rule-following?

2. Wittgenstein dismisses various suggestions about what might constitute rule-following. It is not a matter of metaphysical tracks leading us. Neither is it a matter of causal processes, nor of internal mental processes. Each of these possibilities can be thought of as supporting a different view of intentional psychological states and, therefore, different ways of understanding dementia.

3. Another possibility, advocated famously by Kripke, is that a thoroughly sceptical view of rule-following can be adopted. Kripke interprets Wittgenstein as saying that no account can be given to justify our insistence on the reality of rules. In this section I establish the strength of the sceptical challenge. Scepticism is erroneous (we are, after all, able to distinguish cognitive impairment from its absence) but, none the less, its challenge has philosophical force.

4. Kripke's sceptical challenge is met by emphasizing the role of practices and customs. Here I shall consider the community view (of Kripke and Malcolm) and constructivism (advocated by Wright) as two possible accounts of what this emphasis on practices amounts to. I shall, however, level arguments against both accounts.

5. Instead, I shall commend the notion that these practices must be understood as embedded in the human world. This embeddedness amounts to a transcendental account of normativity, as suggested by Luntley. It suggests externalism with respect to intentional mental content. It is in keeping with McDowell's quietist interpretation of Wittgenstein's comments on intentional mental states. The relevance of this literature to my thesis is that it provides an interpretation of Wittgenstein, which suggests normativity has to be understood as constitutive of intentional psychological phenomena, as well as being irreducible and transcendental.

This chapter will show that the normativity of intentional psychological states is a matter of worldly embedded practices. Normativity, as a fact about the world, is related to other features of the world, but cannot be further explained in terms of such facts. It is a given in the human world of practices. I shall then use the Wittgensteinian account of intentional psychological states as a critique of the various models of dementia, which I consider in subsequent chapters.

## 2.1 Psychological states, rules and normativity

In this section I shall set out two of the premisses that motivate the rest of the discussion. The first needs some explanation; the second is more like an analytical truth. They are:

- Intentional psychological states are normative;
- Normativity is a matter of being rule-following.

### *Psychological states and normativity*

As a preliminary to the discussion of rules, Wittgenstein points out that the experience of understanding is something that can occur ‘in a flash’, but this seems contrary to the notion of meaning as use, which implies a process in time.<sup>2</sup> He amplifies this by asking, ‘can the whole *use* of the word come before my mind, when I understand it...?’<sup>3</sup> This central question concerns the problem of intentionality as it relates to understanding. The problem is that understanding is *about* something and it seems, therefore, as if the something should ‘come before my mind’ when I have understood. Furthermore, if in the present I say, ‘Now I understand’, I am committed to certain things in the future. So how does the thing before my mind *now* constrain the future?

Given that ‘the meaning of a word is its use in the language’<sup>4</sup> Wittgenstein’s question is:

---

<sup>2</sup> PI § 138.

<sup>3</sup> PI § 139.

<sup>4</sup> PI § 43.

how can all the future uses come before my mind when I understand the meaning of a word or phrase? But when it is said that I have understood, say, the meaning of the word “chair”, it is implied that I shall call a chair “a chair” and not “a table”, not just today, but tomorrow and for the foreseeable future. This *just is what it is* to understand the word “chair”. In which case, it might seem (‘in a *queer* way’<sup>5</sup>) that I must have the potential uses of “chair” already in mind, otherwise it will not be the case that I understand its meaning. All of this follows from the intentional nature of the concept of “understanding”, but also from the supposition that understanding involves something coming ‘before my mind’.

For the sake of clarity, I should observe that there is a trivial sense in which all concept-use is normative. It is trivially true that the concept “chair” refers to some things and not others. Similarly, a word such as “understand” must retain its meaning. But intentional psychological states, such as “my understanding that *p*”, seem to involve a further commitment. For when I say ‘I understand the Cyrillic alphabet’ the mental state of understanding at once determines something in the world, namely what must be the case when I am presented with a text written in the Cyrillic alphabet. What is true of understanding is also true of intending and remembering. The unique aspect of intentional psychological states is the way in which they make contact with and constrain the actual instances that justify my saying I understand, intend or mean something, even when these instantiations are not yet in existence. The normativity thus demonstrated is absent, however, in a starkly contrasting way when I consider the *physical* state of being a chair. There is nothing more to being a chair than being a chair! But an *intentional psychological* state constitutively and normatively involves something else being the case.

Often what is constrained will be in the future. But the temporal relationship is not crucial. Rather, the point is that being in a mental state normatively constrains the

---

<sup>5</sup> PI § 195.



world.<sup>6</sup> All intentional psychological states, that is, raise the question that motivates Wittgenstein's discussion of rule-following: how can it be that something that happens 'in a flash' (the meaning of a word occurring to me, i.e. a mental state) fits something extended over time (namely, my actual use of the word, i.e. something that features in the world)?<sup>7</sup>

There is the potential for confusion since the normativity that governs the usage of *any* word is ultimately a matter of meaning; and meaning something involves an intentional psychological state. So, when I say 'That's a chair', the meaning of the phrase is constrained intentionally because it is a way of connecting a mental state (viz. meaning "chair") to a state of the world. It can be argued that, in itself, the mental state involved in seeing and naming a chair (aside from the intentionality of meaning) is similar to other non-intentional psychological phenomena, such as experiencing redness. If I say 'I see a red patch', the mental state in itself does not constrain the world. If anything, on this view, matters are the reverse: redness in the world constrains my mental state. In intentional mental states, the mental states constrain the world.<sup>8</sup>

When Wittgenstein starts to consider understanding, the notion of normativity immediately comes into view. My understanding of the meaning of "chair" determines (for me) how I should use the word "chair" and this is determined for as long as I am able to use this language. Wittgenstein notices that, rather than this sort of fact being shocking, it is expected and accepted in our everyday use of language. In normal cases

---

<sup>6</sup> Nevertheless, the constraining of the future is the alerting and striking feature of these states. In the case of remembering, when I say 'I remember...', I constrain the future inasmuch as I cannot then act in a way that does not conform to that which I said I remembered. But, additionally, the state of remembering (unlike the state of being a chair) normatively involves something's having been the case in the world.  
<sup>7</sup> PI §§ 138-139.

<sup>8</sup> More needs to be said about non-intentional states and normativity. McDowell (1991) argues that the relevant non-intentional concepts cannot be understood simply from the subject's point of view. The concepts set up normative links both with the mental states and with the 'publicly accessible circumstances' (p. 160) in which the normal expression of the concepts takes place. Whilst I am leaving aside the complication of *non*-intentional mental states, which I should have to discuss further if my main focus were on the mind-brain problem, I discuss this passage again between pp. 188-190.

‘the use of a word is clearly prescribed’,<sup>9</sup> and people generally ‘apply *this* picture like *this*’.<sup>10</sup> We expect, as we do when we weigh things, constancy and predictability.<sup>11</sup>

Normativity is, at least, expected in *normal* cases. But if normality did not hold,

‘if rule became exception and exception rule ... this would make our normal language-games lose their point’.<sup>12</sup>

Wittgenstein immediately sets about considering a language-game in which signs are used in accordance with a rule in response to orders. This takes the discussion into the main body of the rule-following considerations.

In passing, however, it is worth noting that I have raised a difficult issue regarding the connection between normativity and the normal. Later in the chapter I shall discuss whether normativity, through its connection to practice, might either be a matter of the normal practice of the community, or a reflection of the normal unfolding of human propensities and conventions. I shall prefer the stance that takes normativity not to be a matter of (e.g.) normal dispositions, although there is a connection between what we normally do and normativity. The normal and abnormal use of words is the stuff of normativity. But this refers to the normativity that governs *all* word usage, rather than the normativity of intentional mental content. The view I shall endorse, however, takes the normativity of intentional psychological phenomena to be a transcendental matter; that is, a matter of the preconditions for normal usage.<sup>13</sup>

What needs to be kept in mind is that the normativity relevant to intentional psychological states is constitutive. It is not something that is optional: I cannot allow that my pupil has understood how to ‘add 2’ when he or she continues the series by saying ‘1004’ after

---

9 PI §142.

10 PI §141.

11 PI § 142.

12 *ibid.*

13 Some important questions about the relationship of the normal to the normative are well teased out by Eldridge (1986). His answer emphasizes naturalness: ‘our selves are partially determined by the practices we find natural’. This sounds almost trivially true. Since he does not draw out a transcendental account of normativity I prefer not to pursue his argument.

'1000'. The meaning of 'add 2' is powerfully constraining. It is *powerfully* constraining because it is constitutive of 'add 2' that only by adding 2 have I acted in accord with the meaning of 'add 2'. Luntley puts the point thus:

'The normativity of content means that understanding the meaning of an expression requires that you grasp certain patterns of use. These are patterns of use that you have to grasp if you understand the concept. ... Understanding the concept places certain obligations upon the speaker to use the concept in a patterned manner.'<sup>14</sup>

Intentional psychological states involve normativity as a constitutive feature. This particular mental state (e.g. understanding, intending or remembering) that I now experience involves the norms that govern whether or not the mental state can be assessed as true or false, even if those norms will be realized in the future.

### *The rule-governed nature of normativity*

The claim that intentional psychological states are constitutively normative depends partly upon the analogy between rules and intentional psychological states. It clearly is constitutive of rules that they should constrain, that they should lay down norms. The point that Wittgenstein employs is that we can similarly think of psychological phenomena. In the example of completing an arithmetical series, indeed, the two things coincide: understanding how to complete the series (a psychological phenomenon) is the ability to apply the arithmetical rule. In Wittgenstein's discussion of reading, it is the way in which the written words ineluctably (or normatively) guide the reader that is crucially puzzling. Wittgenstein describes this in various ways: it is the experience,

'of being influenced, of causal connexion, of being guided ... I as it were feel the movement of the lever which connects seeing the letters with speaking.'<sup>15</sup>

Or, I might describe it by saying that,

'the written word *intimates* the sound to me. § Or again, ... letter and sound form

---

<sup>14</sup> Luntley (1999) p. 16.

<sup>15</sup> PI § 170.

a *unity* - as it were an alloy.’<sup>16</sup>

Wittgenstein adds:

‘In the same way e.g. the faces of famous men and the sound of their names are fused together. This name strikes me as the only right one for this face.’<sup>17</sup>

The normative relation between the face and the name, or (in the case of reading) between the word and its sound, can be discussed in terms of rules. It is worth noting, in passing, that failure to recognize familiar faces is a symptom in dementia which I shall discuss in Chapter 3. Understanding what constitutes face-recognition, therefore, is important for our constitutive understanding of dementia.

It is the normativity of intentional psychological states, such as understanding and reading, that interested Wittgenstein. Recognizing that this normativity is a matter of intentional psychological states (and not just concepts) being rule-governed gives point to the rule-following considerations.<sup>18</sup> Thus it is natural for Wittgenstein to link an account of understanding to an account of what it is to follow a rule, as in an arithmetical series, for example.<sup>19</sup> Moreover, normativity is a feature of intentional psychological phenomena that is generalizable:

‘A wish seems already to know what will or would satisfy it; a proposition, a thought, what makes it true - even when that thing is not there at all! Whence this *determining* of what is not yet there? This despotic demand?’<sup>20</sup>

In this section I have established the basis of the argument that follows. Intentional psychological states are normative. This is a constitutive feature: they constrain how the world will be. What is special about intentional psychological concepts is that they involve, constitutively, a link being made between a particular mental state and something

---

16 PI § 171.

17 *ibid.*

18 Hence, for instance, the point of the discussion about A giving B an order that has to be written down according to a rule (e.g. PI §§ 143-147).

19 PI §§ 151 -154.

20 PI § 437.



constrained in the world to satisfy the mental state. This constraining works in the way that rules work. What is at issue, therefore, is the nature of rule-following.

## 2.2 The negative conclusions

Normativity is the crucial, but puzzling, feature of intentional psychological states. The rule-following discussion is largely concerned with the negative task of undermining a number of possible explanations of the normativity of understanding. How it is that something we 'grasp in a flash' can constrain the future might be explained by underlying metaphysical, mental or causal processes, but the rule-following discussion shows that such explanations are deficient. In the rest of this section I shall briefly consider the negative arguments used by Wittgenstein to show what does *not* constitute rule-following.<sup>21</sup> On the way, I shall advertize some possible implications of the discarded theories for our understanding of dementia. This is a move, therefore, in the direction of the main argument, which will require the rule-following considerations to furnish a more positive account.

### *Rules and Platonism*

Platonism makes normativity a metaphysical notion. It postulates fixed rails of correct usage. The rails are laid out in advance and somehow guide the intentions implicit in my use of concepts. The idea that there is some ideal (a fixed track) to which concepts conform has, at least, some intuitive appeal in mathematics. Wittgenstein considers the idea (only to reject it) in his discussion of rule-following in connection with the giving of the order to 'add 2'.<sup>22</sup> The suggestion is that, having given this order, it is somehow predetermined that when the pupil reaches 1000, the next number will be 1002, and not 1004, even if this possibility has not actually occurred to the teacher. Wittgenstein's description of the Platonist's thought is as follows:

---

<sup>21</sup> See Thornton (1998) pp. 30-48.

<sup>22</sup> cf. PI §§ 185-187.

'your idea was that that act of meaning the order had in its own way already traversed all those steps: that when you meant it your mind as it were flew ahead and took all the steps before you physically arrived at this or that one. Thus you were inclined to use such expressions as: "the steps are *really* already taken, even before I take them in writing or orally or in thought." And it seemed as if they were in some *unique* way predetermined, anticipated - as only the act of meaning can anticipate reality.'<sup>23</sup>

Before indicating what is wrong with this view, it is illuminating to consider the implications for our understanding of dementia. Say that following a rule is a matter of adhering to metaphysical tracks, then intentional psychological phenomena would have to be accounted for constitutively in such terms. Therefore, when I calculate something I am (in some sense) steered as I make the calculation towards the solution. I might take a wrong turning, because I have not latched on to the rails sufficiently. But there is a metaphysical sense in which, once I have the track in view, I can be sure that my calculation is correct. Because others will have access to the same metaphysical rails, they will agree. What makes a calculation correct is not the agreement, but the Platonic ideal to which we all conform. In which case the person with dementia, who used to be able to calculate but can no longer, must be - in some sense - derailed. He or she has lost track and dementia amounts to a metaphysical loss of mind.

Although the thought that normativity is present as some sort of 'superlative fact'<sup>24</sup> is tempting as a way of accounting for its force, it is problematic. The main problem is that, even if there were a Platonist realm containing the standards to which we had to conform to follow a series or use a word with meaning, there would be within that realm another standard according to which, having reached 1000, the pupil ought to say '1004' rather than '1002'. The question then becomes how will we know which standard to choose? That is, the Platonic realm, which is supposed to supply normativity, requires some

---

23 PI § 188.

24 PI § 192.

normatively-constrained means of choosing within it. It just is not possible to track a metaphysical standard without already having some notion of what is and is not correct, but this is the account of normativity that the metaphysical standard is intended to supply.<sup>25</sup>

Pears takes an approach which emphasizes that speaking a language is a practice:

‘Wittgenstein’s objection to [Platonism] is that it removes the basis of the distinction between obeying and disobeying a linguistic rule. Speaking a language is a practice and it is an essential feat of any practice that its followers cannot slavishly conform to any fixed paradigm, even a metaphysical one. What they actually do necessarily makes some contribution to determining what counts as what they ought to do.’<sup>26</sup>

The underlying point is the same. It will be,

‘completely mysterious how the one-off attachment of a word to a thing puts it in a position to pick up all and only the possibilities inherent in the thing.’<sup>27</sup>

Rather than pursue Wittgenstein’s thoughts about Platonism further, I simply wish to note that, despite its intuitive appeal as a way of describing the phenomenological experience of normativity,<sup>28</sup> Platonism cannot provide a coherent account of normativity. So intentional psychological states are not a matter of a metaphysical attachment and, however appealing as figurative speech, dementia is not some sort of metaphysical derailment.

### *Rules and mental processes*

What, then, of the possibility that rule-following is a matter of an internal mental process?

---

<sup>25</sup> cf. Thornton op. cit. p. 42.

<sup>26</sup> Pears (1988) p. 363. For a fuller account, Pears devotes two chapters to the rule-following considerations, the second of which (pp. 460-501) specifically concerns the rejection of the Platonic Theory in PI.

<sup>27</sup> *ibid.* p. 364.

<sup>28</sup> cf. PI §§ 218-221.

A comparison can be made between following a rule and understanding a series.

Wittgenstein points out various ways in which a pupil might go wrong when asked to write down a series of numbers. He suggests (ironically) the impossibility of stating for certain when the series has been mastered.<sup>29</sup> Understanding how to go on in a series may lead to an exclamation: "Now I can go on!",<sup>30</sup> as if the understanding appeared in a flash, but it is not the case that just *one* thing may have happened in this flash. It may be that a formula has occurred to the person, or it may be that the pupil simply realised that he knew the series (say he had seen it before, but did not recall it until this instant).

Thus, "He understands" must have more in it than: the formula occurs to him'.<sup>31</sup>

Wittgenstein suggests, ironically, that what we do is try 'to get hold of the mental process of understanding which seems to be hidden' behind more readily apparent accompaniments.<sup>32</sup> Even if we found, however, some one thing that happened in all the specific examples of understanding, why should *that* be the understanding? Wittgenstein points out, too, that the talk of understanding being *hidden* is odd, since I can say that I have understood when I have understood!

I might find *particular circumstances* which justify my saying "Now I can go on". I learn the meaning of a word under particular circumstances.<sup>33</sup> Hence,

'Try not to think of understanding as a "mental process" at all. - For *that* is the expression which confuses you. ... In the sense in which there are processes (including mental processes) which are characteristic of understanding, understanding is not a mental process.'<sup>34</sup>

It is important to notice that Wittgenstein does not here *deny* mental processes. He denies that there is a *particular* mental process meant by understanding. There may be various

---

29 PI §145.

30 PI §151.

31 PI §152.

32 PI §153.

33 Z §§114-116.

34 PI §154.



mental processes occurring during an act of understanding, but none constitutes understanding.

What it is to remember, therefore, is not fully given by reference to inner processes. Wittgenstein argues rather that remembering is something that takes place in particular circumstances and, moreover, that these external circumstances give us grounds for ascribing mental capabilities. It would follow that an account of dementia that concentrates on internal, mental processes as a way of explaining intentional psychological phenomena would be too narrow. Understanding dementia also requires reference to be made to circumstances and to the world. I shall return to discuss problems surrounding inner processes during my discussion, in Chapter 4, of cognitive neuropsychology.

### *Rules and causal processes*

Similar thoughts are relevant to the suggestion that rule-following is a matter of causal processes. Such a view suggests that the normativity of intentional psychological phenomena is just a matter of certain things being caused. For instance it can be argued, as in the disease model of chapter 3, that my being able to recognize someone is a matter of particular physical processes going on in my brain.<sup>35</sup> These neurons cause me to remember a face and their absence means I forget. If intentional psychological phenomena are constituted by causal processes, a narrow conception of the disease model of dementia would be true. Wittgenstein's discussion, however, suggests that causal processes provide an inadequate construal of rule-following.

Wittgenstein discusses the topic of reading at some length, perhaps because it allows him to consider the possibility of a reading *machine*.<sup>36</sup> Such a machine will work along

---

<sup>35</sup> In the case of reading, which I discuss below, Wittgenstein considers the possibility that all we really need to be certain whether or not someone is reading is a better acquaintance with the nervous system. See PI § 158.

<sup>36</sup> PI § 157.

causal lines and it can be compared to the mechanistic processes that might go on in human readers. Written words can be regarded as imposing a rule on the reader. The beginner and the experienced reader may sound the same and they may even be conscious of the same things as they read particular words. Yet they are clearly radically different, which might tempt us to hypothesize a different mechanism at work in each case and, indeed, there is *something* different going on. But then, 'these mechanisms are only hypotheses, models designed to explain, to sum-up, what you observe.'<sup>37</sup> Comparing the beginner to the competent reader allows the possibility that the underlying mechanism of reading might be identified: it could be the experience of the beginner speeded up, but only if there is some such causal mechanism at work in both cases.

Wittgenstein considers the possibility that 'you *derive* the reproduction from the original'.<sup>38</sup> The notion of "deriving" might help us to explain the psychological mechanism that constitutes being compelled by a rule, in this case the rule that causes us to move from printed letters to particular sounds. As with understanding, it appears we are looking for the essence of what it is to derive - something hidden - whereas the meaning of "derive" is plain in its use. Still, deriving turns out not to get us any further than reading itself. There will be different circumstances in which we shall say that someone can read.<sup>39</sup> Wittgenstein puts to himself the objection that 'reading is a quite particular process'.<sup>40</sup> But he is unable then to identify any *particular* process, although it is clear that various different things occur when we read, as is shown by the difference between reading ordinary print and reading capitals. There is not one essential feature which occurs in all cases of reading.<sup>41</sup>

For both reading and understanding, the story is the same, as summarized by Anscombe thus:

---

37 PI § 156 - a comment pertinent to Chapters 3 and 4.

38 PI § 162.

39 PI § 164.

40 PI § 165.

41 PI § 168.

'there are experiences connected with reading, but 'reading' is not the name of any of them. Similarly there is a variety of experiences connected with an occasion of understanding, but 'understanding' is not the name of any of them.'<sup>42</sup>

Following a rule, as exemplified either by reading or understanding, is not a particular experience and is defined neither by some characteristic mental accompaniment (it is not a mental process), nor by a set, causal sequence of events (it is not a particular causal process).

A sense of normative constraint is in evidence again when Wittgenstein discusses copying doodles on a piece of paper and the feeling that one is guided in so doing. We might say 'I did it *because* ...' and that 'because' seems to have a special force; in other words, there was no other way. Wittgenstein called this experiencing the '*because*'.<sup>43</sup> He wishes to say 'I experience the because',<sup>44</sup> but he does not want to call any *phenomenon* the 'experience of the because'.<sup>45</sup> There is no *thing* in the external world, nor in my internal world, requiring that *that* line or stroke should produce from me *this* line or utterance. However, it remains true that I felt I had to do it this way. I wish to say 'I experience the because', when I reflect on what I experience, since, 'I look at it through the medium of the concept "because" (or "influence" or "cause" or "connexion")'.<sup>46</sup> The notion of "the medium" emphasizes the causal power that is being described. There is a hypothetical mechanism acting through the "because", which thereby acquires the substantial status of a medium, to cause whatever it is that is caused (a copied doodle, or a spoken from a written word).

We can gain a better purchase on Wittgenstein's point by making a comparison with Hume. Their arguments share certain features, but are importantly different. The similarities include Hume saying that in single instances of mental or physical activity

---

42 Anscombe (1991) p. 7.

43 PI § 176.

44 PI § 177.

45 PI § 176.

46 PI § 177.

‘there is nothing that produces any impression ... of power or necessary connexion’.<sup>47</sup>

Both philosophers state that there is no phenomenon in the world to cause the feeling of compulsion. McGinn makes a similar comparison by suggesting that both philosophers demonstrate ‘epistemological naturalism’, in that they both note the importance of training, customs and practices in their attempts to understand (e.g.) causation.<sup>48</sup>

On the other hand, there are important differences, in that Hume makes matters highly empirical: you just always have seen billiard balls react in this way; whereas Wittgenstein’s point emphasizes language. Hence, for instance, his wishing to say that I look at the experience of ‘the because’ ‘through the medium of the concept “because”’.<sup>49</sup> Wittgenstein wishes to lead us back to ordinary language in which we use such concepts thus and so. For Wittgenstein, this use is a normative matter: our use of concepts is constrained and constraining. Hume, on the other hand, merely makes a descriptive epistemological point about regularly observed connections coming to be habitually expected. The contrast here is between the contingency of the epistemological point and the normativity of the conceptual point. In Hume’s epistemology things might have been different, but in Wittgenstein’s metaphysics, these concepts being thus and so, their use is constrained and constraining. This is not a contingent matter, but a constitutive one. Hume leads towards scepticism concerning causality, whereas Wittgenstein’s discussion accepts causality but places it in a broader constitutive field. What is key for Wittgenstein is the thought that normativity is a constitutive feature of certain sorts of human practices, whereas Hume’s account fails to sustain the normativity that a positive account of rule-following requires. If causal processes are also relevant, they cannot constitute everything that needs to be understood about intentional psychological states.

---

47 Hume (1772) p. 78.

48 McGinn (1984) pp. 40-41.

49 PI § 177.



## *Summary*

In this section I have considered some of Wittgenstein's negative arguments about rule-following. His arguments demonstrate that rule-following is not adequately described by a metaphysical account, nor by inner or causal processes. Models of dementia that depend on such construals of intentional psychological phenomena will, accordingly, run into problems too: dementia is not metaphysical derailment; nor can it be understood solely by reference to inner abnormal processes, in isolation from the external circumstances of the world; nor should dementia be considered merely in terms of an interruption to causal processes. Meanwhile, is it even possible to give an account of what constitutes rule-following, given the negative flavour of Wittgenstein's discussion? Is it possible that the negative arguments might prove overwhelming and lead to total scepticism concerning rule-following? On this view, intentional psychological states simply cannot constrain reality, since what has one meaning one day might have a different meaning the next. But this is problematic for dementia. For what was a sign of cognitive impairment yesterday, might today be normal. It is to this sceptical interpretation that I now turn.

### **2.3 The sceptical challenge**

Given the reality of dementia, and the fact that we *do* operate in a normatively constrained world, the sceptical challenge must be met. As I shall come on to discuss, one response to such scepticism has been to appeal to the community as a way of securing normativity. On such a view, the norms that allow a diagnosis of dementia to be made inhere in the community. It is a short step, then, to consider the possibility, which I discuss in Chapter 5, that dementia is a social construction. It is the sceptical challenge that motivates the community view, so here I shall demonstrate its power.

The charge that no constitutive account can be given of rule-following (negative

conclusion<sup>50</sup>) is made in connection with §198 of the *Philosophical Investigations*. That section starts by asking how a rule can show a person what to do at a particular point. Wittgenstein's interlocutor suggests that, on some interpretation, whatever I do is in accord with the rule. Wittgenstein prefers to say that interpretations of rules can be various, but hang in the air since, 'Interpretations by themselves do not determine meaning'.<sup>51</sup> Elsewhere Wittgenstein comments that the statement, 'Any sentence still stands in need of an interpretation', would have to mean, 'no sentence can be understood without a rider'.<sup>52</sup> This line of reasoning threatens to make language and communication impossible, because every statement would require an interpretation, *ad infinitum*.

The negative conclusion, with its suggestion of an infinite regression, lay behind Kripke's now famous sceptical interpretation of Wittgenstein. Kripke argues that, whilst we suppose our language expresses concepts in such a way that, once grasped, all future applications of the concept are determined, in fact (whatever is in my mind), I remain free to interpret concepts differently.<sup>53</sup> This follows directly from Kripke's consideration of Wittgenstein stating: 'this was our paradox: no course of action could be determined by a rule, because every course of action can be made to accord with the rule'.<sup>54</sup> Kripke maintains: '[T]here is no fact about me that distinguishes between my meaning a definite function by '+'... and my meaning nothing at all.'<sup>55</sup> Kripke's is a radically sceptical interpretation of Wittgenstein.<sup>56</sup>

Since Kripke's sceptical challenge itself legitimizes recourse to the community view (and since that view has such influence) it is worth testing the strength of the scepticism. For

---

<sup>50</sup> Budd (1989) pp. 36-37.

<sup>51</sup> PI 198.

<sup>52</sup> PG § 47.

<sup>53</sup> Kripke (1982).

<sup>54</sup> PI § 201.

<sup>55</sup> Kripke op. cit. p. 21.

<sup>56</sup> Which many have criticised. E.g. Baker & Hacker (1984), McGinn op. cit., Goldfarb (1985), Pears (1988) pp. 456-458, 479-480 & 499-500, Boghossian (1989), Stern op. cit. pp. 178-179, Stroud (1996) pp. 306-307, Thornton (1998) pp. 70-79. Nevertheless, few would doubt the usefulness of Kripke's account in stimulating thought.

instance, an exchange between Pettit and Summerfield demonstrates the thoroughgoing nature of Kripke's scepticism. In opposition to Kripke, Pettit offers a non-sceptical conception of rules and rule-following according to which, he feels, the 'phenomenology of rule-following' could be saved.<sup>57</sup> He argues that under appropriate circumstances an individual might develop an inclination to follow the correct determinate rule. A compelling response comes, however, from Summerfield, who states: 'various interpretations of a linguistic sign are *always* possible'.<sup>58</sup> Pettit fails on her view because: first, he ignores the sceptical point that we cannot say 'what determines *which* rule is *the* relevant rule?'; secondly, because he thinks an inclination or disposition might determine *which* rule is *the* relevant rule, ignoring that such inclinations themselves may be signs that can logically be interpreted in various ways.<sup>59</sup> Thus:

'...if rules are to guide our actions, and so on, the linguistic expressions by which we represent them to ourselves need to be interpreted, and we cannot fix the interpretation merely by producing more linguistic signs that themselves require interpretation, or we launch the regress.'<sup>60</sup>

This seems to me more cogent than the multiplicity of rules, which will yet be free (according to Pettit) of problems of interpretation.<sup>61</sup>

As Kripke realized, talk of inclinations (as used by Pettit) does not capture the sort of normativity that inheres in psychological concepts. Another thought, however, is that it might actually be *right* to say that the correct response to a demand for a constitutive account of rule-following is solely to point to examples of rule-governed practices. In other words, perhaps there *is* nothing to say constitutively about rules and normativity. But, over against Kripke, adverting to practices (as I shall discuss below) is by no means to be thoroughly sceptical, especially if it yields a normative account.<sup>62</sup> The whole point

---

<sup>57</sup> Pettit (1990a).

<sup>58</sup> Summerfield (1990).

<sup>59</sup> *ibid.*

<sup>60</sup> *ibid.*

<sup>61</sup> Pettit (1990b).

<sup>62</sup> The quietist or minimalist interpretation of rule-following, which comes to the fore later, is what I have in mind in these sentences.

of Kripke's critique is that there is nothing to ensure normativity. This thought led Kripke to his form of the community view. Before considering communitarian views, I shall first consider the positive interpretation provided by an emphasis on practices.

#### **2.4 Positive interpretations: accounts of practice**

The way to avoid the sceptical trap is to focus on rule-following as practice. This needs to be fleshed out. But there are then different ways of taking practices. In this section, I shall consider two accounts: first, the community view, which implies that practices are a matter of community agreement; secondly, constructivism, which suggests that practices are a matter of people deciding as they go along. Just to relate this back to dementia, if intentional psychological states really do demonstrate normativity (which scepticism denies), then our understanding of dementia must similarly encompass a normative account of such mental states. A test which might be applied, therefore, to models of dementia, is this: does this model of dementia allow an account of intentional psychological phenomena that shows normativity? Now, if normativity is akin to rule-following and rule-following is a matter of practice, in seeking to characterize normativity further, I need to consider how practices help at all.

##### *Rule-following and practices*

Wittgenstein uses the example of a pupil exclaiming 'Now I can go on' when trying to grasp an arithmetical series. He points out that this exclamation is not short for a description of all the circumstances which might surround such an utterance.<sup>63</sup> My understanding and (say) a formula occurring to me are two different things.<sup>64</sup> It might be, for instance, that I can carry on the series without really understanding it, but just - as it were - by applying some rule. As so often, Wittgenstein points to the variety of things that might occur: there is no one essential thing, except that I can actually go on. Another

---

63 PI § 179.

64 PI § 154.



tactic, already discussed, is to point to some sort of inner mental process. But Wittgenstein is more interested in '*the circumstances* under which' a person having such an experience is justified 'in saying ... that he understands, that he knows how to go on'.<sup>65</sup> Concerning the exclamation, 'Now I can go on', Wittgenstein emphasizes: '*This is how these words are used*'.<sup>66</sup> The exclamation is not a description of a mental state, nor a matter of noting a regular occurrence, which has now become habitual (as Hume might have suggested). It is a fallible expression indicating that one has mastered the norms, or normative patterns of use, that govern the practice of continuing the series and supply meaning to the notion of understanding. What is needed, as an antidote to the picture of the mental processes and states as merely internal goings-on, is an understanding of the role such expressions play in language.<sup>67</sup>

It is in worldly contexts that judgements are made about whether or not someone has really read or truly understood. Wittgenstein's remarks are intended to fracture the links, which seem to form habitually, between intentional mental states and the inner world and to forge instead links between intentional mental states and the outer world; that is, he wishes to draw our attention to the ways in which inner and outer are enmeshed. Hence the importance of looking, not just inwards, but at the *circumstances*. For me to claim that I can read the Cyrillic alphabet or understand how to play chess is, therefore, importantly linked (whatever "inner" things may or may not be happening) to external circumstances or contexts. It implies that I shall do certain things in the world under certain circumstances, not as a way of providing evidence that certain inner things are also occurring, but rather as a constitutive matter: this is simply what it is to read Cyrillic or understand chess.

The rule-following considerations focus on the intentionality of psychological verbs, the way in which 'the act of meaning can anticipate reality'.<sup>68</sup> Again, this is a recognition of

---

65 PI §§ 154-155.

66 PI § 180.

67 PI § 182.

68 PI § 188.

the normativity of such concepts. Wittgenstein goes on to ask:

‘...what kind of super-strong connexion exists between the act of intending and the thing intended? --Where is the connexion effected between the sense of the expression “Let’s play a game of chess” and all the rules of the game?’<sup>69</sup>

His response is: ‘Well, in the list of rules of the game, in the teaching of it, in the day-to-day practice of playing’.<sup>70</sup> This suggests that the understanding implicit in intending to play chess involves an acquaintance with the whole enterprise of chess-playing. The point is that we should look to the full context of chess-playing to locate the connection between intending to play and actual playing, which involves the use of rules. This does not specifically answer the putative problem of intentionality, but it shows where the answer is to be found, namely within the day-to-day practices surrounding our use of psychological concepts. And this again makes the point that the answer does not lie in a metaphysical realm, nor in causal or inner processes.

Understanding the meaning of a word involves understanding its use. But another way to put this is to say that, as in the example of playing chess, to understand meaning is to take part in a practice. Part of what it is to understand is precisely to be able to take part in the practice; this is constitutive of the understanding. Again this is a reflection of the normative nature of understanding, which ensures that only certain things will count as true understanding and other things will not. As Wittgenstein puts it towards the end of the rule-following discussion: ‘there is a way of grasping a rule which ... is exhibited in what we call “obeying the rule” and “going against it” in actual cases.’<sup>71</sup>

Thus, to be able to follow a rule and, more to the point, to understand something, are matters of grasping practices. But practices have a history and context. Intentional psychological phenomena, therefore, to be fully understood, require an external context. If anything is going to prevent the slide to scepticism it is likely to be found in the account

---

<sup>69</sup> PI § 197.

<sup>70</sup> *ibid.*

<sup>71</sup> PI § 201.

of practices. Whether we are speaking of rule-following or the normativity that surrounds remembering, what makes the rule or the intentional mental state determinate is the constitutive practice of which the rule or the intentional mental state are instances. Practices involve external circumstances and contexts and these at least hold out the possibility of being more resistant to scepticism than inner processes and the like. What is needed, however, is a fuller account of such practices.

Kripke's sceptical interpretation of Wittgenstein (which emphasizes the start of § 201) is undercut by the appeal to 'actual cases' (also made in § 201) and by the realization that "obeying a rule" is a practice'.<sup>72</sup> Nevertheless, however wrongheadedly, the sceptical challenge might persist and the appeal to practice might require further unpacking. I shall now consider the community view and constructivism as ways of unpacking "practice". What is at issue for me remains our understanding of dementia. Could it be that, as social constructionism suggests, dementia rests on judgements about intentional psychological states which amount to no more than social constructs?<sup>73</sup> Or should we accept the constructivist view that what is normatively constrained is, as it were, made-up in an unfolding process of decisions? Or is there, perhaps, an alternative view?

### *The community view*

Kripke's 'sceptical solution' to the 'sceptical paradox' is a version of communitarianism.<sup>74</sup> It is not just that individuals must interpret signs themselves, a communal practice sets a standard of rightness. So, here, the practice in which rule-following or normativity inhere is the practice of the community. My linguistic community sets checks on my use of concepts. Several responses to this view are possible. For instance, one can accept the sceptical point that nothing connects the meaning of a word to its correct use, but then be sceptical about the community, and

---

<sup>72</sup> PI § 202.

<sup>73</sup> cf. Chapter 5.

<sup>74</sup> Kripke op. cit.

stress the ability of the individual to assign standards of correctness.<sup>75</sup> The key thing is that 'rules are anchored in practice'.<sup>76</sup> Alternatively, it can be argued that there is nothing in Wittgenstein's argument involving a commitment to a 'multiplicity of *agents*'.<sup>77</sup>

Baker and Hacker state:

'What is here crucial for Wittgenstein's account of the concept of following a rule is recurrent action in appropriate contexts, action which *counts as* following the rule. Whether others are involved is a further question.'<sup>78</sup>

Wittgenstein might say that the grammar of 'rule-following' entails that a practice of rule-following must be in *principle* public, but this involves (according to Baker and Hacker) no commitment to a social context.

Kripke is not alone in his recourse to the community view. Whilst not sharing Kripke's scepticism (non-factualism) about meaning,<sup>79</sup> Malcolm similarly writes that 'for Wittgenstein the concept of a rule presupposes a community within which a common agreement in actions fixes the meaning of a rule'.<sup>80</sup> In a response to the Baker and Hacker view (a view shared by McGinn<sup>81</sup>) that it might be possible for a solitary person to follow a rule,<sup>82</sup> Malcolm emphasizes Wittgenstein's repeated insistence that there can be rules 'only within a framework of overwhelming agreement'.<sup>83</sup> The tenor of Malcolm's argument is captured by these quotations:

'A rule can exist only in a human practice, or in what is analogous to it. And what a rule requires and what following it is, presupposes the background of a social setting in which there is quiet agreement as to what 'going on in the same

---

75 Blackburn (1984).

76 *ibid.*

77 Baker & Hacker (1984) pp. 20.

78 *ibid.* pp. 20-21.

79 Boghossian (1989) refers to Kripke's 'non-factualist conception of meaning' according to which there is nothing that a person could mean by a word or sign.

80 Malcolm (1986) p. 175.

81 McGinn *op. cit.* e.g. pp. 198-200 where he states that rule-following is individualistic.

82 Malcolm (1989).

83 *ibid.*



way' is';<sup>84</sup>

similarly,

'Wittgenstein always puts emphasis on the fact that the words of language have meaning only because they are enmeshed in common patterns of human life'.<sup>85</sup>

The issue, for my purposes, is whether it is the case that normativity depends on some sort of community agreement. The general problem with Kripke's line is that if nothing connects a rule or the meaning of a word to its correct application, then all judgements lack factual truth.<sup>86</sup> In addition, there can be no such thing as the sort of normativity that the rule-following discussion picks out as being constitutive of such notions as understanding or reading. There is nothing to stop the sceptical turn once it has gained a purchase. In which case, as Blackburn suggests,<sup>87</sup> one can similarly be sceptical about the community. This means that one will have to be sceptical about any form of normativity whatsoever. Normativity, on this view, need not be normative, since rules are objectively indeterminate. The community merely dignifies something as a case of rule-following. This amounts to no more than 'a projectivist account of an ersatz version of normativity'.<sup>88</sup>

Turning to the account given by Malcolm, where a word has meaning by virtue of its use by a community over time, whilst this does not fall foul of the incoherence suggested by Kripke's non-factualism, it nevertheless does mean that normativity inheres in the practices of the community. There is something laudable about the emphasis in Malcolm's account on enmeshment 'in common patterns of human life', a background social setting and 'human practice'. The emphasis on the *human* context is important, since it is this context that is intended to supply the possibility of going wrong (however the individual may judge matters).

---

84 *ibid.*

85 *ibid.*

86 See e.g. Thornton (1998) pp. 76-79.

87 Blackburn *op. cit.*

88 Thornton *op. cit.* p. 74.

Malcolm's communitarian account of normativity, however, veers away from the normativity of the Wittgensteinian account that I am commending. The possibility of going wrong implies that there is something external to the individual (*pace* Blackburn) and, therefore, something which is potentially public. But the public (the community) does not provide, contrary to Malcolm's view, criteria for what it is to go wrong.

Rather, the possibility of public scrutiny *results from* the normativity that constitutes what it is to follow (or go against) a rule. It remains true that rules (and the normativity of intentional psychological phenomena) are enmeshed in (and only properly understood within the context of) common patterns of human practice.<sup>89</sup>

Before moving on, it is worth relating this to the main theme surrounding dementia. If I wish to understand dementia, I must understand the normative nature of intentional psychological states. Normativity is a matter of being enmeshed in the practices of the community. On the communitarian reading, this suggests my model of dementia should regard the loss of psychological capacities as a matter decided, at some level, by the community. It is not just that the community is in a position to say Mr. Z has lost his memory, but Mr. Z's loss of memory is, or (at any rate) amounts to, a decision made by the community. Put this way, it sounds as if the community might have decided otherwise; and that sounds as if the loss of memory (indeed, the illness itself) is a community construct. I shall consider social constructionsim further in chapter 5.

I have suggested that both sceptical (non-factualist) and non-sceptical appeals to the community can only provide an ersatz notion of normativity. The normativity of intentional psychological states is *constitutive*. The community view makes it seem as if normativity is simply a *consequence* of public opinion.

---

<sup>89</sup> For further discussion see Chapter 5.

*Constructivism and practices*

I shall now provide another account (suggested by Wright) of practices. This is another way of understanding how practices counter the sceptical challenge and, therefore, another way of understanding the normativity of intentional psychological phenomena. If true, this furnishes us with an alternative account of how we might understand dementia and the loss of cognitive capacities which characterizes dementia. According to this view, practices - which are constitutive of understanding, reading and remembering - are a matter of people deciding as they go along. This gives us a different picture of normativity as akin to a disposition. Wright says:

‘All that I can effectively intend to do is to apply “green” only when it *seems* to me that things are relevantly similar; but that is not a commitment to any regularity - it is merely an undertaking to apply “green” only when I am disposed to apply “green”.’<sup>90</sup>

We simply have sincere dispositions, but there is no guarantee that we succeed in always applying the word in the same way. Elsewhere, Wright suggests that the rule-following discussion in Wittgenstein has ‘objectivity of meaning as its general target’<sup>91</sup> and he labels this view ‘constructivism’,<sup>92</sup> according to which we are ‘the perennial creators of our concepts, not in the style of conscious architects but just by doing what comes naturally’.<sup>93</sup>

Wright has not been alone in stressing natural dispositions. Budd puts emphasis, in his

---

<sup>90</sup> Wright (1981) p. 37.

<sup>91</sup> Wright (1986).

<sup>92</sup> The suggestion that Wittgenstein is a constructivist has a significant lineage. For instance: ‘Intuitionists speak of mathematics in a highly anti-realist (anti-platonic) way: for them it is we who construct mathematics; it is not already there waiting for us to discover. An extreme form of such constructivism is found in Wittgenstein’s *Remarks on the Foundations of Mathematics*’ (Dummett (1958-9)). Constructivism is certainly a thread which can be discerned in Wittgenstein. For instance, Hacker, in discussing the putative effect on Wittgenstein of the main proponent of the intuitionist philosophy of mathematics, L.E.J. Brouwer, whom Wittgenstein heard lecture in Vienna in 1928, described Wittgenstein subsequently as moving from ‘realism in semantics to constructivism’ (See Hacker (1972) p. 104.).

<sup>93</sup> Wright (1986) p. 294.

discussion of the positive conclusion of the rule-following considerations, on a person's having a capacity or disposition to respond to a sign in a particular way.<sup>94</sup> Pettit attempts to counter Kripke's scepticism by appealing to inclinations in particular circumstances.<sup>95</sup> McGinn, too, writes:

'What has to be recognised is that at some level meaning is fixed by our nature: meaning something is not an achievement of a transcendent mind divorced from our 'form of life'. The basis of the normative is the natural.'<sup>96</sup>

Similarly, Bloor suggests that 'we create meaning as we move from case to case.'<sup>97</sup> He continues:

'The real sources of constraint preventing our going anywhere and everywhere, as we move from case to case, are the social circumstances impinging upon us: our instincts, our biological nature, our sense experience, our interactions with other people, our immediate purposes, our training, our anticipation of and response to sanctions, and so on through the gamut of causes, starting with the psychological and ending with the sociological.'<sup>98</sup>

Now, it is not that these authors agree in their interpretations of Wittgenstein. Indeed, McGinn prefers to talk of a *capacity* to mean something rather than a disposition;<sup>99</sup> and Wright has been severe on McGinn's views.<sup>100</sup> But McGinn also describes Wittgenstein's fundamental thesis as being 'that meaning rests ultimately upon the bedrock of *our natural propensities*' (my emphasis).<sup>101</sup> And Wright interprets Wittgenstein as saying that 'the requirements of rules exist only within the framework of institutional activities which depend upon *basic human propensities* to agree in

---

94 Budd op. cit. p. 38.

95 Pettit (1990a and b) discussed above.

96 *ibid.* p. 86.

97 Bloor (1997) p. 19. I shall discuss Bloor further in Chapter 5.

98 *ibid.* p. 20.

99 *ibid.* p. 174.

100 Wright (1989).

101 McGinn op. cit. p. 138.



judgement' (my emphasis).<sup>102</sup> So, in these various authors we find a common recourse to natural dispositions, propensities or inclinations, with a greater or lesser emphasis on the social manifestations of such dispositions, as a way of explaining how it is that meaning-normativity is maintained. In other words, I am normatively constrained by my nature.

There is something reasonable about the appeal to natural dispositions, in the sense that this is how things actually appear to be. I use words with meaning, I intend things, I understand and in doing so I do not feel constrained by the invisible rails of platonism, over against which constructivism stands. I have freedom to be inventive in my use of words, so that new meanings might (naturally) emerge. But it is not so clear that normativity itself can simply be a matter of my doing what comes naturally. Normativity must provide a way to discriminate between what *is* right and what *seems* right. Of course, I naturally use words in a way that seems right and when I understand the arithmetical series, it naturally seems to me that 1004 should follow 1002. But what guarantees that these things *are* right and are *normatively* constrained?

Wright recognizes that there is more to normativity than is supplied simply by an appeal to human nature. Hence he notes that Wittgenstein reminds us that,

'the requirements of rules ... are also, in any particular case, independent of our judgements, supplying standards in terms of which it may be right to regard those judgements, even if they enjoy consensus, as incorrect'.<sup>103</sup>

As this makes plain, it is not just a matter of our deciding in each particular case how we should be constrained, otherwise normativity would be lost. McDowell certainly contends that Wright's view, relying on dispositions or reactions, abolishes normativity.<sup>104</sup> The point about normativity (exploited by Kripke) is precisely that inclinations and dispositions cannot capture normativity since that concerns how I *ought*

---

<sup>102</sup> Wright (1989).

<sup>103</sup> *ibid.*

<sup>104</sup> McDowell (1984); and see Thornton (1997a).

to behave, rather than just how I am inclined or disposed to behave. Wittgenstein's approach, on Wright's view, was 'analytical quietism' according to which 'the phenomenon of actual, widespread human agreement in judgement' is simply noted. The question remains: is there more to normativity than human nature?

Criticism of Wright by McDowell pays attention to his anti-realism, according to which meaning is ratified by my on-going use of words. The ratification is dependent upon my use and hence the focus on my natural dispositions. But McDowell alleges that,

'the denial of ratification-independence, by Wright's own insistence, yields a picture of the relation between the communal language and the world in which norms are obliterated.'<sup>105</sup>

For McDowell, it is important to retain the picture, 'in which the openness of an individual to correction by his fellows means that he is subject to norms',<sup>106</sup> but since this requires that we have norms in the first place, rather than that the norms are merely a function of the disposition of a particular fellow, it seems to be an argument (and a transcendental one, according to McDowell) against anti-realism. On McDowell's view (which was intended to steer between anti-realism and Platonism),

'Understanding is grasp of patterns that extend to new cases independently of our ratification, as required for meaning to be other than an illusion ...; but the constraints imposed by our concepts do not have the Platonistic autonomy with which they are credited ... .'<sup>107</sup>

The community view makes normativity a consequence of practice and constructivism makes it a matter of on-going practice constrained by human nature. Both accounts link normativity to practice, but a problem remains: from how we actually *do* act, it may seem that we cannot derive how we *ought* to act. From the fact that, when I say I understand the formula, I intend 1004 to follow 1002, it does not follow that this *must* be so for me

---

105 McDowell op. cit.

106 *ibid.*

107 *ibid.*

the next time, nor for someone else who understands the formula. Practice *in itself* does not provide the forceful account of normativity required to understand intentional psychological states. Something more is required to make practice sufficiently robust to carry the normative commitments of intentional psychological phenomena.

Understanding normativity will provide support to the broader understanding of dementia, which I commend. This *broad* understanding locates dementia not only in the biological, psychological and social realms, but also in the realm of norms. When Mr. Z cannot understand something, his failure to understand is a loss of intentional abilities too. So dementia involves normative concerns. And in our understanding of normativity the role of practices is - from my perspective - crucially important, because it leads to an understanding of what it is to be a person with dementia, the theme of the sub-plot to which I shall return in Chapter 6.



## 2.5 The embedding of practices

I have been pursuing the normativity of intentional psychological states. In order to avoid utter scepticism about normativity (and, therefore, meaning) I have been led to the importance of practices. Neither the communitarian, nor the constructivist, reliance on practice can, however, provide the transcendental account of normativity that is required. To the notion of practice I shall here add the idea of embedding. Embedded practices provide the requisite account of normativity and suggest an externalist construal of intentional mental content. I shall make the point that normativity, once understood in terms of embedded practice, has to be regarded as transcendental. That is, pointing to the embedding of practices is pointing to the way in which practices - and therefore normativity - are part of the world. As I shall suggest, this way of describing the normativity of intentional mental states amounts to quietism or minimalism and it accommodates, with caveats, talk of internal relations between mental states and the world.

*The transcendental account*

In this section, I shall make a connection between a transcendental account of normativity and embedded practices. The connection is this: in order for practices to be normative, in order for them to be impervious even to a thoroughgoing scepticism, they just have to be a part of the world. These practices (which show normativity) are as worldly as rocks and rainbows. So, I want to say, the embedding of the practices that constitute intentional psychological states makes them simply a feature of the world. For the human world *to be* the human world it requires that the normativity which is shown in practices is already in place, as a transcendental and embedded feature.

In Wittgenstein's discussion, the spectre of the sceptical infinite regression of interpretations, which (given the actual existence of languages used unproblematically day to day) acts as a *reductio ad absurdum*, is dismissed by the positive conclusion of § 201:<sup>108</sup>

'... there is a way of grasping a rule which is *not* an *interpretation*, but which is exhibited in what we call "obeying the rule" and "going against it" in actual cases.'<sup>109</sup>

Wittgenstein argues that 'following a rule' is a possible description of my behaviour under certain conditions precisely because there are norms embedded in practices and customs. Hence, interpretations are not needed and the danger of absurdity is avoided. Earlier, having suggested that interpretations do not determine meaning,<sup>110</sup> Wittgenstein talks about being trained to follow a sign-post in a certain way. To the objection that this is simply a causal connection, he says: 'a person goes by a sign-post only in so far as there exists a regular use of sign-posts, a custom'.<sup>111</sup> He returns to this thought in § 201 when he speaks of a way of grasping a rule which is not an interpretation.

---

<sup>108</sup> Budd *op. cit.* p. 37.

<sup>109</sup> PI § 201.

<sup>110</sup> PI § 198.

<sup>111</sup> *ibid.*



Although § 201 links the normativity of intentional psychological states, through their rule-governed nature, to particular practices and customs, it is not clear how these practices and customs resist a sceptical challenge. However, the last step of the argument, which is that practices and customs are embedded in the world, provides a defence. Wittgenstein considers an analogy between following a rule and obeying an order.<sup>112</sup> If two people with the same training react differently to the order, who is right? Wittgenstein immediately switches to consider an explorer in an unknown country and asks in what circumstances it could be said that orders were being given or acted upon. He then says: 'The common behaviour of mankind is the system of reference by means of which we interpret an unknown language.'<sup>113</sup> The thought here is that, faced by different practices, it would not be possible to say which practice was right and which wrong. Once, however, practices are embedded in a context - and the human context is the human world - then what we should call 'obeying the rule' and 'going against it' becomes clearer. In some circumstances (say when I am afraid of the person giving the order), 'I act quickly, with perfect certainty, and the lack of reasons does not trouble me.'<sup>114</sup> That is, the circumstances mean that the question of interpretation does not arise. It is the external embedding of the practices which obviates the need for interpretation.

Kripke's scepticism questioned the basis of the justification of claims to normativity and it might be said that mere contingent circumstances do not provide the sort of certainty that is required to underpin meaning. Practices embedded in the world, however, are not simply practices. The embedding means that they are normatively constrained: this is part and parcel of being embedded. By "being embedded", I mean that the practices are part of the world. But that world is multifarious. It occupies physical space and involves both biology and chemistry, but also geography; it involves history, cultural and spiritual traditions; it is the human world of ethical concerns and artistic endeavours.

---

112 PI § 206.

113 *ibid.*

114 PI § 212.

Now, to dig deeper than bedrock is futile.<sup>115</sup> For I cannot get below what is fundamental and these practices are fundamental features of the world. Given that the world is this way, I simply obey the rule. When I understand the series and continue it, 'I do not choose. I obey the rule *blindly*.'<sup>116</sup> To someone who wishes still to be sceptical, about the world being this way, it is not clear that there could be any further argument, other than to show that the position was nonsensical. It would be nonsensical to adopt such a radical scepticism if it denies the possibility of meaningful language (which it would do, given that for language to be meaningful it must follow rules). The fact that practices are not just, as it were, free-standing, but are part and parcel of a world, means that they have a history, that they have a significance on account of their place in the world. Moreover, the more deeply embedded a practice, the more difficult for it to be any other way. Blue things just are blue.<sup>117</sup> Mathematical rules just are as they are: 'That is part of the framework on which the working of our language is based.'<sup>118</sup>

One way to put this, following Luntley, is to say that up to the step that stresses the embedding of practices in the world, the argument could be regarded as 'contractualist'.<sup>119</sup> The linking of rules to practices could be seen as no more than a contract, which could be questioned. We would then have to resort to an infinity of contracts. The effect of embedding practices in the world is that no contract is required. Normativity is not built-in through a contract, it is already a constitutive feature of the world. The role of practices in the argument is just that they are the way in which normativity shows itself. The key is that they are embedded practices, themselves already constituting part of the human world and already (as part of the world) normative.

According to Luntley, the rule-following considerations can 'be thought of as offering a

---

115 PI § 217.

116 PI § 219.

117 PI § 238.

118 PI § 240.

119 Luntley (1991).

transcendental argument for the existence of non-contractual norms'.<sup>120</sup> Luntley goes on to press the thought that,

'without the norms that constitutively shape our experience it would not be an experience of hearing someone say 'add 2'. The norms must already be present in the experience. And the 'must' here is a transcendental must, for unless we can say that such norms and obligations are already a part of that experience we will fail to describe it as an experience with content.'<sup>121</sup>

The embedding of practices amounts to the recommendation of a non-contractual account of normativity. It can also be conceived as resulting from a transcendental argument. For, if normativity is to have the force that it requires to support meaning and the very possibility of language, it must pre-conditionally be a part of the human world, not something that may or may not be added on. In this sense it is a transcendental requirement. The embedding of the practices that constitute the rule-governed normativity of intentional psychological states is itself a transcendental requirement if those states are to play the roles that they do in the world.

In Chapter 1, I referred to the externalist account of mental content, which now emerges. Externalism about content suggests that 'content is not characterizable independently of that (the environment) which it represents'.<sup>122</sup> Externalism follows from the fact that, according to the transcendental account of normativity, which makes normativity a constitutive feature of embedded practices, intentional psychological phenomena cannot be conceived from a purely "psychological", or internal, perspective. If they are part and parcel of the world, involving normatively constrained, embedded practices, intentional psychological states cannot be regarded as simply "inner". Instead, understanding is linked to the criteria in the world which allow one to say that one has understood. My understanding something, therefore, is a matter open to public scrutiny. This is not to suggest that it is the public who decide whether or not I have understood. But whether or

---

<sup>120</sup> *ibid.* p. 171.

<sup>121</sup> *ibid.* p. 176.

<sup>122</sup> Luntley (1999) p. 9. According to Thornton (1998), 'Externalism ... claims that mental (and linguistic) content depends upon, or is constituted by, states of the non-mental world.' (p. 123.)

not I have understood is not something that can only be judged privately. The externalism of intentional psychological states is a consequence of their normativity, because that normativity places them in practices embedded in the world.<sup>123</sup> Hence, there is no gap to be found between a psychological state and its instantiation, between my understanding something and the application of that understanding, between my ability to read and my actual reading. What is normatively constrained by the intentional psychological state (that is, what is involved in my claiming to understand or to be able to read) is realized in the entailed practice (that is, actual acts of understanding and reading).

This link between the psychological state and the world has been described as an ‘internal relation’, reflecting the internal relation between a rule and its application.<sup>124</sup> The notion of an internal relation has also been used to explain the agreement between thought and reality, or between an expectation and its fulfilment.<sup>125</sup> The problem is that an emphasis is typically placed on the grammatical status of this internal relationship. This might divert attention from the external circumstances, the context in which practices are embedded. It might seem as if we can understand the relationship between a word and its meaning, a rule and its application, without a grasp of reality, but purely in terms of the intra-grammatical logic. However, this is not sufficient to account for the relationship between, say, thought and reality. It is true that Wittgenstein wrote: ‘Like everything metaphysical the harmony between thought and reality is to be found in the grammar of the language’.<sup>126</sup> But if it were *just* a matter of grammar, it would appear to suggest something like linguistic idealism, according to which the realization of my thought would depend upon the articulation of the thought in language.<sup>127</sup> What such an interpretation misses, however, is the crucial worldly background of practices, of what I actually do.

---

<sup>123</sup> For a careful account of Wittgenstein’s externalism see Thornton (1998) pp. 123-137.

<sup>124</sup> See Hacker (1996) p. 128.

<sup>125</sup> Arrington (1991).

<sup>126</sup> Z § 55; PG § 162.

<sup>127</sup> I discuss linguistic idealism further in Chapter 5.



Consider, for instance, McDowell:

‘But suppose I form the intention to type a period. If that is my intention, it is settled that only my typing a period will count as executing it. Of course I am capable of forming that intention only because I am party to the practices that are constitutive of the relevant concepts. But if that is indeed the intention which - thus empowered - I form, nothing more than the intention itself is needed to determine what counts as conformity to it. ... So there is something for my intention to type a period ... to be: namely, precisely, my intention to type a period.’<sup>128</sup>

It is true that (in one sense) there is an internal relation between the intention and its fulfilment. That intention is realized in the actual practice of typing periods. Once that background (the human practice of typing periods) is in place, however, then the intention becomes (on its own, not in relation to anything else) contentful. There is a link, then, between intentional mental content and practices that is, essentially and constitutively, normative. The harmony between thought and reality is a grammatical matter. But linguistic content (to have meaning) is a matter of embedded practice. The internal relationship involves an external context, in which the normativity of intentional psychological states is embedded.

In short, the embedding of intentional psychological concepts as practices means, therefore, that such concepts just are part of the world. And the normativity of the intentional psychological states is a transcendental feature of that world, which is the human world of embedded practices. Hence McDowell’s talk of a shared command of language, in which we ‘hear someone else’s meaning in his words.’<sup>129</sup> The meaning is not something different, it is part of the language, and,

‘ ... a linguistic community is conceived as bound together ... by a capacity for a meeting of minds. ... The essential point is the way in which one person can

---

<sup>128</sup> McDowell (1991).

<sup>129</sup> *ibid.*

know another's meaning without interpretation.'<sup>130</sup>

Whilst rejecting the notion of communal dispositions as a way of maintaining normativity, McDowell still appeals to 'communal practices' as a way of providing a framework in which 'to situate our conception of meaning and understanding'.<sup>131</sup> The notion of practice is crucial, but to save the day it must be *situated* or *embedded* practice. In the final chapter I shall discuss the relevance of this to the person with dementia. It should already be apparent, however, that what it is to be a being with intentional psychological states is to be situated. Being part of the linguistic community is to share in this particular type of being-in-the-world. And I shall suggest that part of what it is to be a person is just to be situated in this context.

### *The quietist approach to the world*

One final point is that there might still be the temptation to ask what constitutes transcendental normativity. The answer to this question would then seem to be relevant to what it is to be the type of being that has intentional psychological states. But this temptation represents a failure to recognize the extent to which the account of a transcendental normativity is a quietist account. Quietism is suggested by: 'What we cannot speak about we must pass over in silence';<sup>132</sup> as it is, too, by the thought that the solution to a philosophical problem is 'something that looks as if it were only a preliminary to it ...'.<sup>133</sup> As Wittgenstein went on to say, the difficulty is 'to stop'.<sup>134</sup> Quietism (or minimalism) is the notion that no philosophical explanation is possible, that the only correct response is to accept and describe what is given. So, for instance, Thornton suggests:

'The moral of the rule following considerations is precisely that no substantial answer can be given to the question [how can something I grasp in a flash

---

<sup>130</sup> *ibid.*

<sup>131</sup> *ibid.*

<sup>132</sup> TLP § 7.

<sup>133</sup> Z § 314.

<sup>134</sup> *ibid.*

determine future events?] and that the phenomenon must simply be presupposed and described'.<sup>135</sup>

According to Thornton's account of minimalism, there is nothing that acts as an intermediary, say, between my understanding how to continue the series and my actually doing so.<sup>136</sup> Similarly,

'When one comes to understand the meaning of a word, one acquires an ability to use it correctly which cannot be further explained. One simply masters a practice or technique. ... Understanding a meaning is a piece of 'know-how', a practical ability. One way of putting this is to say that meanings and rules are individuated by practices and that understanding a meaning or a rule is thus individuated by the practice over which one has mastery.'<sup>137</sup>

Quietism, or minimalism, suggests that there can be no substantive explanation of normativity. It simply is a feature of the world and of intentional psychological concepts. So, for instance, although Luntley feels there is still a good deal to be said about the metaphysics of thought, he accepts as true:

'the fact that the norms of meaning exist is something about which no more can be said. That there is such a thing as meaning is a claim that properly falls within the province of silence. We cannot expect to explain the existence of meaning and its norms on the basis of anything more basic.'<sup>138</sup>

One reason for accepting this as a positive conclusion is that nothing else remains after the destructive effects of the rule-following considerations. In order to understand what it is to follow a rule (following Wittgenstein's critique), no appeal can be made to internal things (neither to mental processes, nor to dispositions, whether those of individuals or those of communities), nor to metaphysical standards. Normativity, therefore, is a given in the world.

---

135 Thornton (1997a).

136 Thornton (1998) pp. 88-99.

137 *ibid.* p. 90.

138 Luntley (1991).

The question I posed above was how it was possible to move from an account of what I do (the practices in which I engage) to an account of what I *ought* to do (the norms I am constrained by)? How do we justify saying that *this* way is the correct way to follow the rule? It was at this point in the rule-following discussion that Wittgenstein wrote:

‘If I have exhausted the justifications I have reached bedrock, and my spade is turned. Then I am inclined to say: “This is simply what I do.”’<sup>139</sup>

One of the charges made by McDowell is that anti-realism tries to get below bedrock.<sup>140</sup> The thought to which McDowell objected was that it could be possible for a consensus to be reached *without norms* on whether or not to call a newly encountered object ‘yellow’. This consensus would be based upon ‘resemblances in behaviour and phenomenology’.<sup>141</sup> A reliance on dispositions is sub-bedrock because it does not seek normative justifications, it is only concerned with what people actually do. In response to this, McDowell mobilized a number of quotations from Wittgenstein to support the idea that norms still operate at bedrock, for example: ‘To use a word without a justification does not mean to use it without right’;<sup>142</sup> and, ‘Following according to the rule is FUNDAMENTAL to our language-game’.<sup>143</sup> The counter-thought, then, is simply that there is no getting away from normativity: it goes all the way down to bedrock (it is deeply embedded) and talk of a community somehow being beyond this is unrealistic:

‘if we respect Wittgenstein’s injunction not to dig below the ground, we must say that the community ‘goes right or wrong’ ... according to whether the object in question is, or is not, *yellow*; and nothing can make its being yellow, or not, dependent on our ratification of the judgement that that is how things are.’<sup>144</sup>

---

139 PI § 217.

140 McDowell (1984).

141 *ibid.*

142 PI § 289.

143 RFM VI-28.

144 McDowell *op. cit.*



## *Summary*

Having arrived at the importance of the notion of practice as a way of understanding normativity, it looked as if practices were only a matter of human agreement or human disposition. The problem was that normativity seemed, according to these accounts, to be either contingent upon practices or a consequence of them. The embedding of practices is a further move to flesh out the positive thought, derived from Wittgenstein, that rules are clarified by thinking about external features of the world and not just of internal mental states. The way the world is involves normativity as a transcendental feature in order for there to be the possibility of meaning and understanding. This is not to say, however, that normativity is explained by other (physical, chemical, historical, cultural or spiritual etc.) features of the world; it simply is another fundamental feature of our world. Normativity is constitutive of intentional psychological phenomena on account of their being embedded as practices in the world. But normativity is also irreducible, in that there is no further account to be given, having noted it to be transcendental and constitutive. Quietism concerning intentional psychological states involves recognition of their transcendental, constitutive and irreducible normativity. The upshot of this is that any account of dementia must allow this sort of characterization of intentional psychological phenomena. These phenomena show normativity and that has to be recognized as transcendental, constitutive and irreducible. Any attempt to provide or to seek an account of normativity beyond such terms will be erroneous.

## **Conclusion**

In this chapter, I have derived a normative account of intentional psychological phenomena from Wittgenstein's rule-following discussion. This suggests that:

- Intentional psychological states are normative;
- Normativity is a matter of being rule-governed;
- Rules and rule-following involve practices and customs;
- Practices and customs are embedded in the world.

I have then proceeded to discuss normativity and accepted a quietist interpretation of the rule-following considerations that stresses the givenness of normativity within an embedding human world. Normativity is seen as constitutive, transcendental and irreducible. The normativity of intentional psychological states involves an externalist construal of such states. In the chapters that follow, I shall apply this normative account of intentional psychological concepts to different models of dementia. Meanwhile, we have already glimpsed the extent to which an account of dementia, which furnishes a sufficiently broad view, must have implications for our understanding of the person with dementia. The embedded nature of intentional mental states gestures in the direction of the situated, human-worldly context of persons.

### **Chapter 3.**

#### **The disease model of dementia: normativity and the mind-brain.**

##### **Introduction**

My concern is to understand dementia. The disease model, which is the subject of this chapter, offers an initially convincing account. Having described the disease model, I shall pursue my main argument, which is an analysis of intentional psychological phenomena. In Chapter 2, I argued that intentional psychological states involve a constitutive, irreducible and transcendental normativity. This conception of normativity suggests that intentional psychological phenomena have to be understood in terms of worldly, embedded practices and customs. The task in this chapter is to see how (and whether) the disease model accommodates such an analysis of intentional psychological states.

The disease model suggests a physicalist construal of such states. That is, the disease model is predicated on the thought that there must be a physical (pathological) basis to a disease. As I shall show, the evidence for a physical basis to dementia is very impressive. There are, however, different interpretations of what this physicalism amounts to. These interpretations suggest different conceptions of psychological phenomena which will, in turn, have implications for the understanding of dementia. The disease model, therefore, is compatible with various physicalist solutions to the mind-brain problem and in this chapter, whilst avoiding a full-blown discussion, I shall subject different theories to the critique derived from Wittgenstein. I shall then sketch a position in keeping with the Wittgensteinian analysis of intentional psychological phenomena. The contention towards which I am moving is that the Wittgensteinian account of intentional psychological states offers a better understanding of dementia. In this chapter I show that our understanding of the disease model is enhanced by the broadening, Wittgensteinian perspective.

There are three further sections to this chapter.

1. I shall discuss the disease model of dementia. I shall use Alzheimer's disease (AD) as my paradigm, since it is so extensively studied. I shall argue that, given the amount of knowledge concerning its pathogenesis, diagnosis and treatment, it deserves to be called a disease.

2. I shall subject the disease model to a critique based on the analysis of intentional psychological phenomena derived from Wittgenstein in the last chapter. This will involve a discussion of various positions concerning physicalism and the mind-brain problem. In type-type identity theory, as suggested by Armstrong and (more extremely) by the Churchlands, AD amounts to *just* a physical disease. In Davidson's token-token theory, it is still *just* a disease, although there is an (albeit inadequate) account of normativity. Finally, I shall suggest an interpretation of Wittgenstein's stance towards the mind and the brain which allows that AD is a physical disease, but suggests an understanding of this that involves not only causal explanations, but constitutive understanding too. Whilst there are grounds for calling each of these positions physicalist, I move in this section from an extreme account of physicalism that eliminates the normative, to the view that physicalism can only be understood within the context of a normative realm.

3. In conclusion, I shall discuss the standing of the disease model of dementia. The practical usefulness of the disease model reflects its context in the world. Within this context, however, the disease model accommodates the broad construal of intentional psychological states as being constitutively, transcendently and irreducibly normative.



### 3.1 The disease model of Alzheimer's dementia.

#### *Preliminary points*

In this section, I shall present a picture of the disease model of dementia. Although any type of dementia could readily be construed as a disease, I shall take AD as a paradigm. AD is extensively researched and a compelling (if incomplete) story can be presented from its genetics through to its treatment. I wish to present the strongest possible case in favour of this model being both cogent and useful.<sup>1</sup> There are two further preliminary points.

First, I have deliberately used the notion of a "disease" model, rather than spoken of a "medical" model.<sup>2</sup> The notion of a "medical" model is often used in a pejorative sense and it is unclear whether or not clinicians, in general, actually use such a model.<sup>3</sup> On the other hand, clinicians will often think of conditions *as* diseases (and use the different components of a "disease" model). In short, I believe there is more face validity to the notion of a "disease" model than there is to that of a "medical" model.

Secondly, the disease model fits Fulford's description of the conventional (or science-based) view of the conceptual structure of medicine.<sup>4</sup> According to this view, dysfunction is the logical root notion. This gives rise to disease concepts and hence to our notions of illness. The reverse (ethics-based)<sup>5</sup> view is that illness - itself derived from 'action failure' - is conceptually prior to disease concepts. The thought is that "illness" links more readily to evaluative notions, including to notions concerning the

---

<sup>1</sup> In this and the subsequent two chapters I shall spend some time describing the models which I am considering. First, it seems important that the models under discussion should be presented as clearly convincing; secondly, the models must be presented in a way which emphasizes their usefulness.

<sup>2</sup> I follow Tyrer and Steinberg (1993); cf. p. 5.

<sup>3</sup> An (unusually) careful characterization of the "medical" model is presented by Veatch (1973).

<sup>4</sup> Fulford (1989) pp. 262-266.

<sup>5</sup> For Fulford's comparison of the science-based and ethics-based views of medicine, see *ibid.* pp. 266-267.

person. It may seem, then, that by taking the conventional disease model as my paradigm, I have set up a straw-man for my philosophical analysis, since - according to Fulford's account - the notion of disease is conceptually misplaced in the conventional view.

Whilst, however, the conclusions I reach will be similar to Fulford's in effect, the route I have taken is different. Instead of an analysis of concepts such as "illness" and "disease", my focus is on psychological concepts. I confine myself to dementia, which - to the extent that it is correct to epitomize it as a cognitive problem - was closer (in Fulford's view) to the physical illness paradigm than other mental illnesses.<sup>6</sup> On this view, dementia is less likely to show the sort of evaluative aspects seen more obviously as central to other mental illnesses. My strategy is complimentary to Fulford's. For I shall argue, from my analysis of intentional psychological concepts, that dementia must be understood within a broad context. This places it, even as a physical disease, in a field of evaluative concerns. It is noteworthy that both of our approaches have implications for the notion of a person.<sup>7</sup>

Tyrer and Steinberg have suggested that a disease model describes four elements: clearly recognizable symptoms and signs of the disease; a scientific account of the putative aetiology; an established course and prognosis; and pathological evidence of the disease.<sup>8</sup> To these can be added a fifth element: an established treatment which modifies the disease process in a scientifically understandable way.<sup>9</sup> Using these five characteristics, I shall now describe how AD conforms to this model.

---

<sup>6</sup> *ibid.* pp. 80-81. Actually, as I have suggested in Chapter 1, regarding dementia as essentially a cognitive problem is mistaken.

<sup>7</sup> *cf. ibid.* p. 252.

<sup>8</sup> Tyrer and Steinberg *op. cit.* p. 8.

<sup>9</sup> Of course, some diseases are scarcely treatable in this sense.

*Five characteristics of a disease*

The first characteristic of a disease is that there should be clearly recognizable symptoms and signs. This is certainly the case in dementia once it is beyond the mildest stages. The symptoms and signs do not always differentiate one form of dementia from another and diagnoses remain 'probable' until a post-mortem. Nevertheless, although mistakes occur,<sup>10</sup> certain patterns of symptoms and signs, in the absence of other features, can lead to a diagnosis with considerable certainty. For instance, using standardized criteria,<sup>11</sup> a diagnosis of 'probable' or 'possible' AD was confirmed at autopsy in 87% of cases in one study.<sup>12</sup> Even if precise diagnosis is sometimes difficult,<sup>13</sup> it remains the case that there are clearly recognizable symptoms and signs of dementia.

The second characteristic of a disease is that there should be an account of its putative aetiology which makes scientific sense. In the case of AD the evidence in favour of a genetic contribution to the aetiology is impressive. In an early family study a fourfold increase in the likelihood of a first-degree relative of someone with senile dementia developing the disease was found.<sup>14</sup> More recent family studies have consistently shown the risk for first-degree relatives to be about 50%.<sup>15</sup> Twin studies are starting to produce suggestive evidence of a genetic component.<sup>16</sup>

The most exciting developments have come from studies at the molecular level. The neuropathology of dementia has as its most characteristic finding senile plaques. These are deposits outside the cells in the brain largely made up of amyloid protein. According to the 'amyloid cascade hypothesis', it is the incorrect deposition of amyloid which leads

---

10 Homer *et al.* (1988).

11 McKhann *et al.* (1984).

12 Joachim *et al.* (1988).

13 Holmes *et al.* (1999).

14 Larsson *et al.* (1963).

15 McGuffin (1994) pp. 195-196.

16 *ibid.* pp. 196-197.

to plaques, cell death and hence dementia.<sup>17</sup>

Amyloid results from the degradation of the amyloid precursor protein (APP). A much higher than expected incidence of dementia exists amongst Down's Syndrome individuals who have an abnormality (trisomy) on chromosome 21.<sup>18</sup> In 1987, a link was established between AD and several markers on chromosome 21,<sup>19</sup> and the gene coding for APP was found to occupy roughly the same location on its long arm.<sup>20</sup>

Subsequently, a number of variants of an early-onset autosomal dominant familial type of AD have been described at a molecular level in association with chromosome 21.<sup>21</sup> However, these findings relate to the uncommon familial cases of AD and account for a very small proportion of such cases (perhaps less than a quarter).

Another linkage was found to chromosome 14.<sup>22</sup> It is now thought that this chromosome (the gene being known as *presenilin-1*) probably accounts for about 70% of the familial (early-onset) cases.<sup>23</sup> The hypothesis prevails that the route of action is via the amyloid cascade.<sup>24</sup> A gene which is thought to have a similar action has also been found, in a group of Americans of Volga German descent, on Chromosome 1 and is known as *presenilin-2*.<sup>25</sup>

Such findings among familial cases (accounting for less than 1%) of AD do not, however, provide the cause of the vast majority of cases which, although still running in families, is more clearly related to age, becoming increasingly frequent over the age of

---

17 Hardy (1992).

18 Oliver and Holland (1986).

19 St George-Hyslop *et al.* (1987).

18 McGuffin *op. cit.* p. 199.

21 Lovestone (1997a).

22 Schellenberg *et al.* (1992).

23 St Clair (1994).

24 Harrison P. (1993).

25 Levy-Lahad *et al.* (1995). More recent evidence suggests that the presenilins may be involved in the splicing of APP.



sixty-five. In recent years a link between a protein which carries cholesterol and triglycerides in the blood (apolipoprotein E or APOE) and AD with chromosome 19 has been established.<sup>26</sup> It has further been established that the higher the dose of a particular type of this protein (coded for by the  $\epsilon 4$  allele) the greater the chances of developing dementia in late life. For instance, in families having several members affected by AD, having two alleles on chromosome 19 coding for the protein (being  $\epsilon 4/\epsilon 4$  homozygotes), led to over 90% of the individuals developing the disorder by the age of 80.<sup>27</sup> The way in which APOE relates to AD is not straightforward.<sup>28</sup> For instance, a recent study using Magnetic Resonance Imaging (MRI) suggested that the  $\epsilon 4$  allele might modify the risk for acquiring dementia, but not influence the pathological processes thereafter.<sup>29</sup> Nevertheless, APOE might still have a direct role in the amyloid cascade hypothesis.<sup>30</sup> The important point is that there seems to be suggestive evidence of a genetic basis to late-onset, non-dominantly inherited AD.<sup>31</sup> Research into the genetics of AD is complex and controversial,<sup>32</sup> but - whilst environmental factors must contribute to the aetiology - the strength of the genetic contribution to AD seems enough to satisfy the second characteristic of the disease model.<sup>33</sup>

The third characteristic of the disease model was that it should have an established course and prognosis. In dementia, a steady deterioration in cognitive abilities, as shown by cognitive function tests, can be predicted. Generally, changes in behaviour in AD show great individual variation, but some changes can show a recognizable sequence.<sup>34</sup>

---

26 Pericak-Vance *et al.* (1991).

27 Corder *et al.* (1993).

28 Owen *et al.* (1994).

29 Barber *et al.* (1999a).

30 Lovestone *op. cit.* p. 132.

31 *ibid.* p. 136.

32 Edwardson and Morris (1998).

33 A recent review of the genetics of AD is contained in Blennow and Skoog (1999).

34 Hope *et al.* (1999).

Jobst and colleagues have assessed the value of computerized X-ray tomography (CT) scanning and single photon emission computed tomography (SPECT) in patients with AD. Detailed physical and psychometric examinations have been combined with repeated scans and histopathological diagnoses. Using controls, serial testing and post-mortems, they have suggested a means of testing for AD.<sup>35</sup> Whilst these studies are not beyond criticism,<sup>36</sup> they have yielded exciting results. They suggest, for instance, that the combination of CT and SPECT can yield a sensitivity of 90% and specificity of 97%, which will enhance diagnostic accuracy.<sup>37</sup> These researchers demonstrated, too, that the rate of atrophy in the dementia subjects was ten times that of age-matched controls.<sup>38</sup> They have also demonstrated that the neurofibrillary tangle density (where tangles are the other pathological hallmark of AD) in the hippocampus (which is the area in the medial temporal lobe associated with 'short-term' memory) correlates both with the extent of atrophy seen on CT scans and with the degree of memory impairment. Thus the CT scan makes a link between the mental manifestations of the condition, as shown by cognitive testing, and the brain pathology, as revealed post-mortem.<sup>39</sup> Even if it turns out that medial temporal lobe atrophy is a feature of dementia generally, rather than being specific to AD,<sup>40</sup> these studies, coupled with assessments of cognitive function, support the contention that AD can appropriately be described as a disease, because it is amenable to mapping of its course and prognosis.

The fourth characteristic identified by the disease model was the need for a pathological lesion. The pathology of AD was first described by Alois Alzheimer.<sup>41</sup> The characteristic features of AD are: numerous senile plaques in the cerebral cortex, the hippocampus and subcortical structures; neurofibrillary tangles in similar locations;

---

35 Jobst *et al.* (1992).

36 Philpot and Burns (1993).

37 Jobst *et al.* (1994).

38 Smith and Jobst (1996).

39 For an up to date review of neuroimaging and dementia see O'Brien and Barber (2000).

40 Barber *et al.* (1999b).

41 Alzheimer (1907).

amyloid deposits in blood vessels; and frequent granulovacuolar degeneration and Hirano bodies in the hippocampus. Along with these changes goes a substantial loss of nerve cells. Pathological studies have been able to demonstrate differences between the brains of patients with dementia and those without, but only in those with severe pathology.<sup>42</sup> Many 'normal' aged brains also contain features typical of dementia and there is no pathological change that is pathognomonic. Hence,

'The pathology of AD defies precise definition at present. ... The key distinction between changes that can be dismissed as normal ageing and those of AD is that the changes are all more numerous and, for some of them, more widely distributed in AD than in normal ageing.'<sup>43</sup>

Despite a degree of variation and lack of definition even at the level of histopathology, it remains true that there are pathological lesions in the brain which are associated with AD. Hence, it seems credible to designate AD a disease.<sup>44</sup>

The final characteristic of the disease model was the possibility of treatment. In AD it is now possible to point to medications that can alleviate symptoms.<sup>45</sup> Such drugs, which enhance the activity of a neurotransmitter (acetylcholine) that is otherwise depleted in AD, work in a scientifically understandable way.<sup>46</sup> Furthermore, there is the possibility that newer drugs will act against the amyloid depositions which are central to the pathogenesis of the condition.<sup>47</sup>

Alzheimer's disease, therefore, satisfies the five characteristics of the disease model. The model does not preclude the possibility of environmental factors contributing to the disease process; in fact, some such factors can easily be incorporated within the disease

---

42 Tomlinson *et al.* (1970).

43 Esiri (1997).

44 Nevertheless, the lack of certainty at the histopathological level (the only level at which a definite diagnosis of AD can be made) is grist to Fulford's (1989) mill, since it shows the importance of evaluative judgements even in the scientific realm.

45 Burns, Russell and Page (1999).

46 cf. Lovestone (1997b).

47 Berger (1998).

model. Dementia can be analysed ‘in biological rather than ethical terms’ and it leads to abnormalities of function ‘typically performed within members of the species.’<sup>48</sup> It satisfies several intuitively correct disease criteria.<sup>49</sup> Furthermore, regarding dementia from the perspective of the disease model has proven to be clinically and scientifically useful.<sup>50</sup>

### **3.2 Causal and constitutive accounts of intentional psychological phenomena**

In this section I shall consider the account of psychological concepts suggested by the disease model. The construal of intentional psychological states presented by the disease model is physicalist. I shall be asking what this suggests for our understanding of dementia. I shall make a distinction between causal and constitutive accounts of intentional psychological phenomena. I shall consider a number of ways of fleshing out the physicalism of the disease model. The point of this is to place the disease model in the correct conceptual context, one that provides an appropriately broad understanding of dementia. My concern, as I shall explain, is that the disease model might tend towards a more limited view. Recognizing that the disease model (in itself) only offers a causal account of intentional psychological concepts, whilst the Wittgensteinian critique requires a constitutive account, allows the broader perspective. This will be seen more clearly by considering several alternatives within the mind-brain debate.

Before embarking on the main argument of this chapter, I shall indicate some of the concerns that motivate it. The disease model of dementia is, after all, so well described and so useful clinically that it might not be clear that it raises any real conceptual problems. Given its sureness of foot, is it possible that it will slip into philosophical

---

48 Boorse (1975).

49 See also Lishman (1998) p. 430.

50 I should acknowledge that Kitwood (1997) has argued that AD does not meet key criteria for a “classical” disease. Space does not allow me to deal with this point fully. Suffice it to say that Kitwood’s analysis - which includes at least one factual error (regarding Homer *et al. op. cit.*) - would similarly deny asymptomatic prostate cancer, cardiac disease and other medical conditions the status of disease, because his criterion for a disease is wrong.



quagmires and, indeed, if it sticks to its path of describing the pathological basis of disease, is it obvious that there will be any philosophical snares to be avoided?

It certainly seems to be the case that most of the literature relating to the aetiology, pathology, diagnosis and treatment of dementia avoids discussion of philosophical (or even ethical) issues. There are, however, several reasons why the philosophical issues need to be raised.

- First, neuropathology proceeds within a context which involves values and norms. The upshot, for instance, of a neuropathological diagnosis is not value-free. Moreover, there are legitimate philosophical questions about the whole context within which science operates. One of my aims is to place the disease model in a broader context.

- Secondly, neuroscientists *do* make philosophical claims, as in the case of Smythies who opined that science and not philosophy would solve the problem of how the mind and brain relate.<sup>51</sup> Similarly, Hacker has found it necessary (on Wittgensteinian grounds) to castigate prominent neuroscientists for ascribing mental predicates to the brain.<sup>52</sup>

- Thirdly, in the literature concerning the concepts of disease and illness, there is a tendency to equate disease with bodily dysfunction. Szasz, for instance, holds that disease or illnesses, strictly speaking, can only affect the body (and, hence, mental illness is a myth).<sup>53</sup> For Boorse, “disease” is best understood in functional terms.<sup>54</sup> Wakefield argues, similarly, that a disorder is a ‘harmful dysfunction’.<sup>55</sup> He takes “dysfunction” to be a scientific term referring to the failure of a mental mechanism to perform a natural function for which it was designed by evolution. Although, according to his view,

---

51 Smythies (1992).

52 E.g. Hacker (1987) and (1993) pp. 69-72.

53 Szasz (1960). Presumably Szasz would accept that dementia is an illness, but not a mental one. I need not engage in the dispute about the concept of mental illness, but I can observe that a different conception of what constitutes an illness such as dementia might solve some of the difficulties. For if the characterization of an illness must include intentional psychological states, then the analysis I am commending applies: such illnesses must be viewed as broadly inclusive of causal and normative realms.

54 Boorse op. cit..

55 Wakefield (1992).

disorder combines both value and scientific components, it is a point of contention whether or not “dysfunction” itself can be expressed in value-free terms.<sup>56</sup> Those who lay emphasis on bodily dysfunction, particularly if they think this can be described in value-free terms, inevitably encourage a biological view in keeping with the disease model of dementia. I shall suggest, alternatively, that dementia, understood in the light of the Wittgensteinian analysis, involves a rational and normative realm as well as the realm of biological dysfunction.<sup>57</sup>

- Fourthly, some neuroscientists working in the field of dementia do, in fact, draw philosophical conclusions. For example, based on work using positron emission tomography (PET), Rapoport concluded that the human mind could be reduced to the human brain:

‘many aspects of higher cognitive function in humans can be reduced to (mapped to and related to algorithms of) the local structure and integrity of brain networks. These results are consistent with the neurophilosophical contention (Churchland 1986; ...) that critical parameters of mind can be reduced to the structure and function of the brain. They also demonstrate that the relations between mind and brain are disrupted in the course of AD.’<sup>58</sup>

This suggestion legitimizes a philosophical discussion of the disease model in the context of thought about dementia.

- Fifthly, attempts have been made to give psychiatry itself a philosophical basis. For example, Kandel asserts:

‘All mental processes, even the most complex psychological processes, derive from operations of the brain. The central tenet of this view is that what we commonly call mind is a range of functions carried out by the brain. The actions of the brain underlie not only relatively simple motor behaviors, such as walking and eating, but all of the complex cognitive actions, conscious and unconscious, that we associate with specifically human behavior ... As a corollary, behavioral disorders that characterize psychiatric illness are disturbances of brain function,

---

<sup>56</sup> See Sadler and Agich (1995) and Wakefield (1995).

<sup>57</sup> Again, my aim is to steer clear of the debate about “disease” and “illness”.

<sup>58</sup> Rapoport (1992).

even in those cases where the causes of the disturbances are clearly environmental in origin.’<sup>59</sup>

Part of the aim of this chapter is to clarify exactly in what sense it is true that the mind and brain are to be equated. The ambiguities involved in Kandel’s assertion need clarification.<sup>60</sup>

• Finally, given the persuasive nature of the evidence supporting the disease model, it is natural to start to think of dementia in very physical terms. To some extent this is beneficial: it can be useful to carers, clinicians and neuroscientists. But my contention, from Chapter 1, is that understanding dementia needs to be from the broadest possible view. Although the disease model provides a significant part of the picture, it does not provide the whole picture. If carers, clinicians or neuroscientists were to mistake the disease model for the whole picture, the effect would be clinically, socially and ethically disastrous.<sup>61</sup> The motivation behind the conceptual argument of this chapter, then, is the need to accommodate the physicalism of the disease model within the broadest possible understanding of dementia.

### *The disease model and intentional psychological states*

The disease model construes intentional psychological states in physical terms. It is, in this way, a physicalist doctrine concerning the relationship of the mind to the brain. The disease model rests on the supposition that there is a physical (pathological) basis to disease. The consequence is that, if you believe in the disease model, you must believe

---

<sup>59</sup> Kandel (1998).

<sup>60</sup> See Radden (1999).

<sup>61</sup> This statement needs some support. *Pace* extreme materialism, however thoroughly the disease model might explain it, being disturbed at night is a social matter and how best to deal with it brings into play ethical questions. Ignoring extreme physicalism, there might yet be a tendency towards accepting, too uncritically, the physicalism of the disease model. Robertson (1983), for instance, reaches conclusions concerning ethical dilemmas in dementia that seem to be predicated on his view of dementia as ‘brain failure’. This chapter is intended to counteract the tendency to accept a narrow physicalism too uncritically.



that cognitive impairments are (in some sense) physical defects.<sup>62</sup> Thus, for instance,

‘Degenerative changes in the cholinergic circuits of the hippocampus and in its projections from the substantia innominata are believed to be responsible for the loss of memory in Alzheimer’s disease.’<sup>63</sup>

Here, an intentional psychological phenomenon, namely memory, is construed in terms of brain circuitry. Furthermore, drug manipulation of such brain pathways can restore these psychological abilities and affect functioning generally.<sup>64</sup> Indeed, the scientific literature on dementia takes it for granted that the link between brain function and psychological functioning is well established:

‘A convincing body of evidence that abnormalities of the basal forebrain system are related to memory loss and other symptoms of dementia, such as hallucinations, has been derived from neurochemical, neuropathological, pharmacological and behavioural sources spanning nearly two decades of research.’<sup>65</sup>

Not only is the physical basis of psychological abilities taken for granted, as a matter of explanation, it is also seen as the way to push forward in therapeutics.<sup>66</sup> Psychological phenomena are explained mechanically and there is a physical way to modify them.

Dementia is based, therefore, on a *physical* construal of intentional psychological concepts, because there is a *physical*, pathological basis to any disease. This is the fundamental stipulation of the disease model. There remain various ways in which the physicalist construal of dementia might be fleshed out, which I shall shortly pursue. It is worth noting, however, that the evidence concerning the physical causes of dementia precisely concern *causes*. I shall pursue this discussion using the specific example of

---

<sup>62</sup> An alternative view, by way of contrast, would be that certain cognitive failures result from malignant social processes. This is the sort of view I shall discuss in Chapter 5. I shall defend a view which accepts that there is a physical basis to cognitive impairment, but does not accept that this is the whole story.

<sup>63</sup> Butler (1993) p. 38.

<sup>64</sup> Rösler *et al.* (1999).

<sup>65</sup> Perry (1994) p. 143. Similarly, Damasio and Damasio (1992) p. 111.

<sup>66</sup> Mellow and Aronson (1995). p. 210.



face recognition.

Prosopagnosia is an inability to recognize familiar faces. It can occur in dementia,<sup>67</sup> as well as in other forms of brain damage. An analysis of postmortem and CT scan data implies that bilateral lesions of the central visual system, situated specifically in the medial occipitotemporal region, are critical for the development of prosopagnosia.<sup>68</sup> More recent research has encouraged a return to the older view that prosopagnosia is predominantly associated with right hemisphere lesions.<sup>69</sup> Either way, by inference, the ability to recognize faces (an intentional psychological phenomenon) is maintained by the integrity of functioning in a particular part of the brain. The brain areas involved might be even more finely dissected by considering different forms of recognition.<sup>70</sup>

As the case of prosopagnosia shows, the disease model construes intentional psychological phenomena in physical terms. I shall go on to argue that there is more to face recognition than simply right hemisphere or bilateral medial occipitotemporal damage. But this is not to argue that the way in which the disease model accounts for prosopagnosia is wrong. The disease model provides a perfectly acceptable (causal) account of what must be in place for face recognition to occur. The integrity of the medial occipitotemporal lobes *is* a precondition for face recognition. These brain areas, in turn, must connect appropriately to other body parts in order for the person to see the face and confirm that it is recognized. So when someone cannot recognize a familiar face (in the absence of other peripheral - as opposed to “central” brain - causes) there must be damage to these brain areas, either in terms of structure or of functioning; and this can be confirmed by the appropriate sort of scan, or at post-mortem. That is, damage to the medial occipitotemporal lobes (bilaterally or unilaterally) *causes* prosopagnosia.

I have now emphasized the physicalist nature of the disease model and the fact that it

---

<sup>67</sup> Mendez *et al.* (1992).

<sup>68</sup> Damasio *et al.* (1982).

<sup>69</sup> De Renzi *et al.* (1994).

<sup>70</sup> Warrington and James (1967).

presents an essentially causal account. Is it possible, then, for the physicalism of the disease model to lead to an account that is not just causal? This suggests the possibility of other ways of understanding physicalism and, therefore, other ways of taking the disease model.

*Extreme materialism and the place of normativity*

In response to the question I have just set, I shall initially pursue the possibility that physicalism can *only* provide a causal account of intentional psychological phenomena and, therefore, only a causal account of dementia. That is, the causal account *is* the constitutive account. This amounts to a type-type identity theory of the mind and brain. Face recognition, as a type of mental event, is identical with a certain type of brain event, such as the activation of neurons in the medial occipitotemporal lobes. The strict identity implied by such a theory means that *anything* involved in face recognition can be accounted for in terms of brain states. Therefore, the account to be given of intentional psychological states must be causal. To demonstrate this further I shall consider Armstrong's 'Central-state theory'<sup>71</sup> and the 'eliminative materialism' of the Churchlands.<sup>72</sup>

According to Armstrong's formulation of materialism, mental states are to be identified with purely physical states of the central nervous system. As he says:

'If the mind is thought of as 'that which has mental states', then we can say that ... the mind is simply the central nervous system.'<sup>73</sup>

This is a reaction, not only to dualism, but also to behaviourism. It accepts that inner mental states exist, 'they are physical states of the brain';<sup>74</sup> and it gets rid of the problem of explaining how the mind and the brain interact, since they are one and the same thing. Mental causation exists, because it is, in a real sense, physical causation. Everything that

---

71 Armstrong (1968).

72 See Churchland (1984).

73 Armstrong op. cit. p. 73.

74 *ibid.* p. 75.

is mental, therefore, on this view, is contingently identical with states of the central nervous system.<sup>75</sup> Armstrong argued that,

‘... mental states are states of the person defined solely in terms of causal relations, of a more or less complex sort, to the objects or situations that bring the mental states about and the physical behaviour that constitutes their ‘expression’.’<sup>76</sup>

The point to notice is that the account is causal. Mental states (which turn out on empirical (contingent) grounds to be brain states) are caused by objects or situations and, in turn, cause behaviour. So, the mental state of recognizing Churchill’s face is brought about by seeing a picture of Churchill, and this mental state leads me to say: ‘The finest British war-time Prime Minister’. And that mental state, as it happens, which stands in these causal relations, is a state of my brain, its medial occipitotemporal lobes, caused to be in this state by the picture and, in turn, causing a vocal response. Moreover, not only is the account causal, but it is constitutive too. The theory asserts that what it is to have a mental state of this type is simply to have a brain state of this type. There is nothing else to a mental state. Leaving Armstrong’s identity theory hanging without further comment for a moment, I shall now consider the eliminative materialism of the Churchlands in order to draw out some similarities.<sup>77</sup>

In a book notionally to do with AD, the Churchlands considered the objection to eliminative materialism that,

‘what constitutes a human consciousness is not just the intrinsic character of the creature itself, but also the rich matrix of relations it bears to other humans,

---

<sup>75</sup> See *ibid.* pp. 90-91, where Armstrong makes it plain that he considers there are two steps to his analysis. In the first, which he coins the ‘causal analysis’, there is a logical analysis of mental concepts. The second step identifies mental states with physico-chemical states of the brain, which he describes as ‘a contingent or scientific identification’. There could, logically, be something other than the brain doing what the brain is doing, but Armstrong accepts the mind-brain identity theory of ‘Central-state materialism’.

<sup>76</sup> *ibid.* p. 356.

<sup>77</sup> There are differences too. Armstrong (*op. cit.* p. 78) referred to the eliminativism (although the term was not used) suggested by Feyerabend as ‘desperate indeed’. Nevertheless, how substantial the differences really are could be disputed.

practices, and institutions of its embedding culture. A reductionistic account ... cannot hope to capture more than a small part of what is explanatorily important.<sup>78</sup>

Neuroscientists, they respond, should embrace the objection:

‘any adequate neuro-computational account of human consciousness must take into account the manner in which a brain comes to represent, not just the gross features of the physical world, but also the character of the other cognitive creatures with which it interacts, and the details of the social, moral, and political world in which they all live .... We confront no problem in principle here. Only a major challenge.’<sup>79</sup>

So, according to eliminativists, every aspect of human life will finally be accounted for in neuro-computational terms and, furthermore, the folksy modes of description will be eliminated in favour of neuroscientific terms.

Now the point I wish to draw out is not the eliminativism, but the extreme *materialism* upon which the theory is based. As in the case of Armstrong’s materialism, the account is causal and, moreover, it is presumed that it will also be constitutive. There will be nothing left over to say about mental states once the physical description is given. That description is both physical and causal, as the following account of face recognition makes plain:

‘Suppose, to make it simple, that one neuron is sensitive to size of eyes, another to shape of eyes, another to distance between eyes, another to nose length, another to mouth width, and so on. There may be several hundred dimensions to this facial phase space, and a given face will therefore occupy a specific point in the phase space. More likely, the system wants less precision, and two presentations of the same face may have only approximately the same point in phase space. The response patterns of the input neurons will determine where in the phase space the face is, and hence a face is represented when a given response

---

<sup>78</sup> Churchland and Churchland (1992) p. 26.

<sup>79</sup> *ibid.* pp. 26-27.



pattern obtains. Notice that this view precisely does *not* say there is a “grandmother neuron,” but says rather that there is a *response pattern* of a whole set of neurons that, within limits, covaries with the presentation of Grandmother.’<sup>80</sup>

According to this view, failure to recognize a face will be solely a matter of there not being a certain response pattern in a set of neurons. This causal account, which is entirely physicalist, is the common ground between the extreme materialism of both Armstrong and the Churchlands. It suggests that the causal account is all that there is to say about the intentional mental state of face recognition. I shall now put forward the Wittgensteinian critique of this extreme form of physicalism.

Over against the sort of type-type identity theory represented by Armstrong and the Churchlands, the Wittgensteinian analysis of intentional psychological concepts suggests that there is also a *constitutive* account, which is broader than (so not identical with) the causal explanations suggested by the extreme (type-type) interpretation of the physicalism of the disease model. The thrust of my objection to extreme materialism is that it ignores or underestimates the normative features of intentional psychological states by which the states of affairs that would satisfy them are prescribed. Once attention is paid to these normative features, as described in Chapter 2, a much broader canvas, involving the embedding of customs and practices within the human world, comes into view. Then it is clearer that the causal account, all right in itself, is but a part of what it is to recognize a familiar face. The constitutive account is broader, involving, *inter alia*, a person’s history and social context.

I shall recap some of the argument to make this plainer. I cannot (veridically) recognize a face I have not seen before and if I recognize the face of Winston Churchill, it must be the face of Winston Churchill, or I am mistaken. The point about normativity, which I wish to emphasize, is not that recognition requires truth conditions. It is, nevertheless, a point

---

<sup>80</sup> Churchland (1986) pp. 452-453.

about meaning, since the concept of recognizing - as a matter of grammar - entails that certain things are the case. Thus, it is constitutive of the concept of recognizing that if I correctly recognize *X* as Churchill, then *X* is Churchill. But the point is not about the correspondence between my recognizing *X* as Churchill and *X*'s being Churchill. The point about normativity is that it inheres transcendentally, as a prerequisite for such concepts having the meanings that they do whether or not there are actual correspondences in the world between word and object. It is this transcendental conception of normativity, already described in Chapter 2, that must be accommodated by the disease model.

According to extreme materialism, recognizing (or failing to recognize) just is a matter of certain parts of the brain working or not working. But if all we have here is brain activity, if recognizing Grandmother is just a certain neuronal response pattern, how can normativity be incorporated? The cells in the medial occipitotemporal regions of my brain react causally to certain inputs and have an output, so how they function is certainly constrained. This, however, merely - in effect - repeats the disease model account: these cells are causally involved in the recognition of familiar faces. The question remains: where is the normativity of recognizing Churchill in this account? The disease model, as interpreted in the light of extreme materialism, can only present us with accounts of neurons firing.

Of course, we have already had the Churchlands' answer to this problem. This notion of normativity, which seems so important to us, will itself - albeit with difficulty (but that is part of the challenge) - turn out, according to the Churchlands, to be explicable in biomechanical, neurological, terms. The fact that I am normatively constrained, having recognized the man's familiar face, to call him "Churchill", which involves (normatively) this being the man who said, 'Some chicken; some neck', might all be explained by certain neuronal configurations in my brain. If it is a given in the world that recognizing *X* commits me to *Y*, then it might be suggested that the place in which this is given is in the brain. My feeling constrained to call him 'Churchill' inevitably involves my brain

being configured in a certain functional state. This, it might be argued, is what constitutes normativity.

In a similar way, Armstrong felt that central-state materialism could provide an adequate account of intentionality. For instance, in discussing the intentionality of purposes he said:

‘The ‘intentional objective’ of a purpose is simply that state of affairs towards which the mental cause drives the organism. The fact that the ‘intentional object’ may not exist is simply the fact that the mental cause is not *always* sufficient to bring the objective to pass.’<sup>81</sup>

The mind (which is, as it happens, just the brain) is a cause apt for bringing about whatever is aimed at intentionally by the intentional psychological state. If I form the intention to strike someone,

‘My mind is in a certain state, a state that I can only describe by introspection in terms of the effect it is apt for bringing about: my striking that person.

...Whatever its nature, it is simply a contingent fact that that sort of thing is apt for bringing about the striking of the other person. ...my direct awareness of this mental cause is simply an awareness of the sort of effect it is apt for bringing about.’<sup>82</sup>

Just as the Churchlands think that eventually neuroscience will explain everything that is constitutive of the mental, including therefore the normativity of intentional psychological states, so too, Armstrong believes that the normativity of mental states could be described solely in terms of the power of the mind to bring about that which it aims at. That power is nothing other than the power of the brain. When I recognize Churchill, I make contact with a large part of recent British history. This history is involved in my recognition of Churchill as Churchill. But that just means, on Armstrong’s view, that my brain is apt for producing verbally all sorts of other pieces of information about Churchill. Similarly,

---

<sup>81</sup> Armstrong op. cit. p. 144.

<sup>82</sup> *ibid.* pp. 134-135.

for the Churchlands, it just means that the medial occipitotemporal lobes are connected, for instance, to other parts of the brain that are involved in the recall of historical information.

Against this sort of extreme materialism I assert that, even if it were true that normativity is a consequence of brain activity, in the sense that my brain *is* in a particular state as I recognize Churchill, the normativity is not constitutive of the brain state, but of the recognition. The fact that my brain works in just this way is a matter of causal explanation, but not a matter of norms. It might be countered that having norms, adhering to them, is just a matter of people being in this and that physical brain state. But again, it will then have to be explained where the norms *are* in such a physical state. That is, the description of any physical state, as it were abstracted from its embedding context (if such a thing were possible), would merely be a physical description. Normativity only comes in when the embedding context returns. But that is precisely because the normativity is constitutive of the recognition, not of the brain state, and recognition is something that happens in the world, not in the brain.

A separate, but related argument, from the transcendental nature of normativity, leads to the same conclusion. As I suggested in Chapter 2, if there is to be meaning in the world - and it is hard to see how this can be argued against without some form of contradiction (because the argument against meaning in the world must be conceived as an argument with meaning) - it must be constitutively normative, which is a matter of meaning being held in place by the world being as it is. Meaning needs to be set in a way that is not conditional (this is what it *means* to say that it is normative) if it is to allow communication. Face recognition must be similarly normative, whatever its underlying causal mechanism. For what it is to recognize a face, what constitutes face recognition, is set in the world in which face recognition plays a role. The brain might explain face recognition causally, but the concept of recognition is understood in the human world of meaning and normativity.



In this sense Patricia Churchland was right to acknowledge that eliminative materialism involves a change of meanings.<sup>83</sup> Unfortunately, the sort of reduction involved in extreme materialism is also a matter of *destroying* meaning. The transcendental nature of the normativity of intentional psychological phenomena is not undercut by eliminativism, but rather contradicts the possibility of eliminativism. For the Wittgensteinian critique suggests that the world of folk psychology is the embedded human world of normativity and meaning. To eliminate these meanings is not conceivable, because it would be to eliminate the human world as it is known. If this is a logical possibility, it is not one to which it is possible to ascribe sense. It is, therefore, quite literally a nonsensical world.

In this section I have argued against extreme materialism, by which I mean those sort of type-type identity theories that conflate the causal with the constitutive accounts of intentional psychological phenomena, suggesting there is nothing more to mental states than brain states. If the physicalism of the disease model were understood in this way, there would be no room for normativity in the account that would be given of intentional psychological states. The consequence of this, however, is that there would be no room for meaning. Whilst eliminativism embraces this possibility, it is a possibility that can only be regarded as nonsensical in a world of meanings, where face recognition, for example, and failure of face recognition, involve significance and concern for those involved. There is, therefore, more to face recognition than the causal preconditions that explain it. So the physicalism of the disease model must be viewed in a broader context.

In the next section I consider Davidson, because in his 'anomalous monism' we see just such a broadening of the context. By this I mean that the need for physicalism to accommodate the normative realm of psychological predicates is perceived. I shall suggest that Davidson's account is problematic, but the broadening move is laudable. I have already argued, in Chapter 1, that we need to have a broad view of dementia. This is the perspective that accommodates the understanding of the neuroscientist as well as the understanding of Mrs. Z. There is undoubtedly a sense in which, depending on a

---

<sup>83</sup> Churchland PS (1986) p. 274.

person's perspective, dementia is understood differently. But an aim of this thesis is to show that there *is* a unifying view. This depends on understanding intentional psychological states as embedded in the world, as part of the furniture of the world, so that normativity and meaning are perceived to be as real as rocks and rainbows. From this broad perspective - which brings into play history, culture and values, as well as biology, psychology and the social aspects of the world - the dysfunctional biology of dementia sits *alongside* the breakdown in the normative realm, which constitutes dementia too. But then, this broader context turns out to be, not a matter of physicalism accommodating normativity, but rather a matter of physicalism being accommodated within a broader perspective of the world: one which involves transcendental normativity, in which intentional mental states are not solely a matter of internal mechanisms or processes, but in which they enmesh with the external circumstances of the world.

*Davidson's anomalous monism: physicalism with normativity?*

What extreme physicalism fails to provide is an account of intentional psychological states that is not just causal. In failing to provide a constitutive account of such states, extreme physicalism ignores their normativity. In this section I shall consider an alternative version of physicalism (provided by Davidson) that seems, at first blush, to allow room for a broader account of intentional psychological phenomena. If this succeeds, then the disease model can be accommodated within a perspective that acknowledges the physical causes of dementia, but allows that a fuller understanding of dementia must include recognition of the broader, personal, social and ethical context of the disease.

It is worthwhile reinforcing this broader context by recalling Mr. Z, discussed in Chapter 1. Mr. Z now fails to recognize his wife. This means that he sometimes becomes aggressive, seeming not to understand why she lives with him. His failure to recognize her seems involved in his desire to leave home, which would place him at risk. For Mrs. Z, not being recognized is difficult to bear after so many years of marriage. It also places

her in embarrassing situations when people come to visit, some of whom Mr. Z similarly fails to recognize. Gradually they tend not to visit. Moreover, she is now under pressure from her family to have Mr. Z placed in a home, on the grounds that he does not recognize her anyway and he might pose a danger to her or himself. For Mrs. Z, however, her marriage vows and her love for her husband mean that a residential or nursing home is out of the question. Whatever the account we give, based on the disease model, of the physical causes of Mr. Z's behaviour, that account must accommodate the fuller picture of Mr. Z's dementia. Having rejected the extreme materialist line, I turn now to the more moderate materialism of Davidson.

Davidson accepts that 'all events [including mental events] are physical'.<sup>84</sup> He holds this view in an attempt to account for the causal role that mental events have in the physical world.<sup>85</sup> He states: 'Psychological events and intentional actions are causally related to physical events'.<sup>86</sup> Whilst his monistic stance rejects dualism (and is, therefore, to this extent, in step with extreme materialism), he regards mental events as 'anomalous' in that they 'resist capture in the nomological net of physical theory'.<sup>87</sup>

Davidson's 'anomalous monism' is anomalous, 'because it insists that events do not fall under strict laws when described in psychological terms.'<sup>88</sup> More bluntly, there are no precise psychophysical laws. His arguments for this are predicated on his views about mental autonomy and holism.<sup>89</sup> Thus,

'Mental events as a class cannot be explained by physical science; particular mental events can when we know particular identities. But the explanations of mental events in which we are typically interested relate them to other mental events and conditions. We explain a man's free actions, for example, by appeal

---

84 Davidson (1980) p. 214.

85 *ibid.* p. 207.

86 *ibid.* p. 231.

87 *ibid.* p. 207.

88 *ibid.* p. 231.

89 *ibid.* p. 217.



to his desires, habits, knowledge and perceptions.’<sup>90</sup>

That is, whilst for other reasons Davidson accepts that mental events are physical events, he also recognizes the radical difference which exists between the language of the physical sciences and the language of the mental. There are differences between mental and physical predicates which stem from their different degrees of law-likeness. Not only will physical predicates never give rise in a law-like manner to terms which can capture the full extensional meaning of mental predicates, but there is also a radical difference between the closed system of a physical science and the generalizations of mental predicates.<sup>91</sup> Because of their differing roles, the physical and the mental cannot be tightly bound together, as would be required by strict psychophysical laws. This allows the freedom which is entailed by the notion of rationality. So,

‘When we attribute a belief, a desire, a goal, an intention or a meaning to an agent, we necessarily operate within a system of concepts in part determined by the structure of beliefs and desires of the agent himself. Short of changing the subject, we cannot escape this feature of the psychological; but this feature has no counterpart in the world of physics.’<sup>92</sup>

Davidson is most unequivocal about his physicalism. In this he aligns himself with the scientific account of brain failure in dementia. He seems unequivocal about the realm of the mental too. Here other desires and beliefs come into play, along with habits, knowledge, rationality and perceptions. This is less law-like. It allows a fuller account of intentional psychological states. On the one hand, it does not deny the physical preconditions for such states, but the mental states themselves are seen to enmesh with other concerns and beliefs. Davidson is interested, therefore, in what it is to desire or intend something. He recognizes that what is constitutive here is more important, at least as regards the mental realm, than what is causal. This allows room for normativity.

What it is for someone to recognize or fail to recognize a friend is not simply accounted for in causal terms, but involves their other beliefs, memories, knowledge and general

---

<sup>90</sup> *ibid.* p. 225.

<sup>91</sup> *ibid.* p. 211.

<sup>92</sup> *ibid.* p. 230.



understanding.

Unfortunately, however, Davidson must *both* locate mental states within a realm of rational and normative connections *and* maintain (token-token) links to physical and causal events in the brain in order for the theory to remain monist.<sup>93</sup> Trying to maintain an anti-dualist position, whilst marking out separate realms for physical and mental predicates is, however, difficult. For, on the one hand, there is the commitment to the link between the mental and the physical (a token link); whilst, on the other hand, there can be no psychophysical laws. Nevertheless (and this is the difficulty for Davidson), for any description of a mental state there is, according to anomalous monism, a particular physical state which must, in some way, specify the normative relations of the mental state to other states without which it would not be the mental state that it is. This is not possible, however, if there are no psychophysical laws.

The obvious response is that this has missed the point of the *token* identity theory proposed by Davidson. But there are grounds for arguing that the token theory just cannot get around the need to establish some sort of harmony between the physical and the mental once that dichotomy has been allowed to appear. Albeit there are limitless ways in which a mental state could be realized physically in the token relationship, the brain state which does in fact realize the mental state will have particular physical properties. Meanwhile, the mental state will also be particular (recognizing Winston Churchill say), which will mean that this mental state will have particular (normative) relations to other mental states (remembering the cavalry charge at Omdurman). But, as Thornton has observed,

‘this places constraints on its physical properties which will have to be such that its causal role fits its rational role such that it is causally related to other token states that realise those other mental abilities and states. The normative relations

---

<sup>93</sup> The other issue, which I shall not pursue, concerns whether reasons are causes. See Bolton and Hill (1997) and Thornton (1997b) for a fuller discussion.

constitutive of content impose general constraints on the physical level.’<sup>94</sup>

These sorts of problems have led Kim to make the suggestion that Davidson should be characterized as a dualist:

‘... in spite of his anomalous monism, dualism in the form of a commitment to the mental as an autonomous domain is a nonnegotiable premise of Davidson’s overall position in “Mental Events”.’<sup>95</sup>

Davidson has attempted to avoid this dualism by linking the non-relational mental states to non-relational physical descriptions. But he has also tried to allow room for human rationality (and anomalousness) by making another link between non-relational mental states and relational mental descriptions. The problem is that the mental *state* of recognizing Churchill’s face is itself relational, not just the *description* of recognizing Churchill.

So, although Davidson makes a distinction between the homonomic (strict) laws of physics and the heteronomic laws governing mental predicates (which are relational and subject to human rationality and the context of customs and practices), this is at odds with his insistence that mental events are physical events. Something has to succumb: either mental events are physical (and susceptible to causal explanations as free-standing, non-relational items) or mental events are anomalous (and subject to understanding within the relational context of human rationality). Hence, anomalous monism cannot form the basis of our understanding of the physicalist construal of psychological concepts in the disease model of dementia. What Davidson demonstrates is a tension between the causal understanding of Mr. Z’s prosopagnosia and a constitutive understanding of what the failure to be recognized means to Mrs. Z. Davidson fails to deliver physicalism with normativity, which leaves the disease model in peril. I shall now show how the Wittgensteinian analysis of intentional psychological phenomena provides physicalism with normativity, that is, both a causal and constitutive account.

---

<sup>94</sup> Thornton (1998) pp. 200 -201. The chapter ‘Content and causality’ (pp. 176-204) compares more extensively Davidson and Wittgenstein on the mind-brain debate.

<sup>95</sup> Kim (1985) p. 385.

### *Wittgenstein on face recognition*

Face recognition carries normative commitments. In Chapter 2, I characterized this normativity as being constitutive of intentional psychological states, irreducible and transcendental. The transcendental nature of normativity means that it cannot be further analysed. It is a precondition; otherwise the concept of recognition would not have the meaning it does. To recognize a familiar face *just is* a matter of these normative commitments holding sway. As I have suggested, normativity amounts to the practice concerned being embedded in the world. Even if quietism is appropriate with respect to what further constitutes normativity, we can say more about what constitutes these practices qua practices embedded in the world. So, we can say that recognizing someone might carry social and ethical commitments. If recognition, normatively constrained, is embedded in the world, it is apt to involve those things that go to make up the world. We can say, therefore, that face recognition is, from one point of view, a physical matter. It is, of course, also a psychological matter. Likewise, from a different perspective, it is a social phenomenon. Hence, failure to recognize someone, in the way that Mr. Z no longer recognizes his neighbour or his wife, is similarly a physical, psychological and social matter.<sup>96</sup>

The constitutive account of face recognition, therefore, incorporates the causal account and a whole lot more besides. This follows directly from the Wittgensteinian analysis of face recognition as an intentional psychological phenomenon. For that analysis, with its emphasis on normativity, brings into play the reality of face recognition as an embedded practice in the world. This involves the physicalism of the disease model, *as well as* psychological and social aspects. These different aspects, moreover, are not different

---

<sup>96</sup> It might be contended that a fractured leg also involves physical, psychological and social implications. These features, it could be said, as part and parcel of what a fracture means, are constitutive of a fracture too. But in the case of a fractured *mind*, which is what I am considering, when we are concerned with intentional mental states, these external circumstances come into play (according to the Wittgensteinian analysis) constitutively in the sense that they are involved in our very understanding (transcendentally) of what it is, say, to remember. Having a non-fractured leg does not similarly entail normative commitments.



realities, but different aspects of the same reality, which is the reality of face recognition as a practice in the human world. So, if I am asked to say what constitutes face recognition, I must mention what it means to Mrs. Z, *as well as* what occurs neuropsychologically in Mr. Z, *as well as* the physical basis of recognition in the brain (which will be a causal account), *as well as* the ethical and legal implications, *and so on*. The causal account is one aspect of the broader reality; and the broader reality (the constitutive account) tells us more about what dementia *is*.

In saying this, I have merely applied the analysis of intentional psychological phenomena to the disease model of dementia. What this analysis suggests is that Wittgenstein would both have accepted folksy ways of talking of mental states, whilst at the same time similarly accepting the physicalist description of the world. The emphasis on the embeddedness of intentional psychological phenomena *in the world* means that the dichotomy suggested by the mind-brain debate, at least as regards these phenomena, should seem chimerical.<sup>97</sup> Hence Schulte's suggestion that, for Wittgenstein, 'many of the questions that have arisen in the context of discussions of the mind-brain problem are just confused or, at best, unanswerable'.<sup>98</sup> So, inasmuch as we find statements relevant to the mind-brain problem in Wittgenstein, they cut this way and that.<sup>99</sup> Indeed, commentators have accused Wittgenstein both of being a dualist<sup>100</sup> and a physicalist.<sup>101</sup>

But before I glibly allow that Wittgenstein can be taken as accepting a certain interpretation of physicalism, in keeping with the disease model, I need to account for a number of his statements which appear profoundly inimical to physicalism:

---

<sup>97</sup> Some suggest a problem concerning non-intentional mental states, e.g. simple qualia. But see ref. 8 in Ch 2 (p. 31). Since I am not attempting to solve the mind-brain problem, I shall not pursue the point. As far as intentional psychological states are concerned, however, the Wittgensteinian analysis offers a solution to the mind-brain problem.

<sup>98</sup> Schulte (1993) p. 166.

<sup>99</sup> E.g. PI §§ 36, 339, 422, 454; Z §§ 20, 211, 611; LW ii pp. 63 and 84.

<sup>100</sup> Hacking (1982).

<sup>101</sup> Hopkins (1975).



‘One of the most dangerous of ideas for a philosopher is ... that we think with our heads or in our heads’;<sup>102</sup>

‘No supposition seems to me more natural than that there is no process in the brain correlated with associating or with thinking; so that it would be impossible to read off thought-processes from brain-processes. ...So an organism might come into being even out of something quite amorphous, as it were causelessly, and there is no reason why this should not really hold for our thoughts, and hence for our talking and writing’;<sup>103</sup>

‘It is thus perfectly possible that certain psychological phenomena *cannot* be investigated physiologically, because physiologically nothing corresponds to them. ... Why should there not be a psychological regularity to which *no* physiological regularity corresponds?’.<sup>104</sup>

One apologia here would be to highlight the important insight concerning the difference between talk of thinking and talk of neurophysiological processes. Another defence would be to stress the need to take careful note of Wittgenstein’s exact words. It is, for instance, a dangerous idea *for philosophers* to think that we think with our heads. Perhaps the point here is that philosophical confusion might follow from this idea even though it is an empirically useful notion. Or it could be suggested that the correlation of brain-processes and mind-processes is not a *natural* supposition, but a highly sophisticated one; and our thoughts *do* seem to appear causelessly. So too, it is (*logically*) perfectly possible for there to be no physiological underpinning to psychological states. Elsewhere he talks of brain mechanisms, which he thus clearly allows as a possibility, as being ‘not our concern’.<sup>105</sup>

---

102 Z § 605.

103 Z § 608.

104 Z §§ 609-610.

105 Z § 304. For similar points, see Thornton (1998) pp. 203-204.

An alternative defence of these passages is to argue that they could be developed into the position adopted by Davidson. After all, Davidson's stricture that there are no psychophysical laws was anticipated by Wittgenstein's remark: 'Why should there not be a psychological lawlikeness to which *no* physiological lawlikeness corresponds?'.<sup>106</sup> If Wittgenstein is to be assimilated to Davidson, however, he would face similar problems: the lack of lawlikeness in the psychological realm would have to be grafted somehow onto the strict lawlikeness in the physiological sphere. But I think that the *Zettel* passages do *not* need to be interpreted with Davidson in mind. It is fairer to Wittgenstein to make an interpretation in the light of his other writings. Interestingly, this can still be done using the example of face recognition.

In *Zettel* § 610 Wittgenstein wrote:

'I saw this man years ago: now I have seen him again, I recognize him, I remember his name. And why does there have to be a cause of this remembering in my nervous system? Why must something or other, whatever it may be, be stored up there *in any form*? Why *must* a trace have been left behind?'

Having asked why there needs to be a correspondence between psychological and physiological reality, Wittgenstein added, 'If this upsets our concepts of causality then it is high time they were upset.'<sup>107</sup>

Now, it would be natural to interpret this passage in the light of the remarks that surround it. For instance, Wittgenstein suggests that no process in the brain correlates with thinking. To illustrate this he considers the example of a seed and plant. He says: '*nothing* in the seed corresponds to the plant which comes from it',<sup>108</sup> and he adds that the properties and structure of the plant cannot be inferred from those of the seed, but '- this can only be done from the *history* of the seed.'<sup>109</sup> With these comments in mind, it might be suggested that, just as Wittgenstein did not know that the structure of DNA in

---

106 RPP i § 905.

107 Z § 610.

108 Z § 608.

109 *ibid.*

the seed determines the structure of the plant, so he did not know that the workings of the medial occipitotemporal lobes control face recognition.

What should make this interpretation suspicious is the fact that it fastens onto a solely causal account of the phenomena being considered. Part of my argument has been that Wittgenstein's analysis of intentional psychological concepts draws us to the constitutive, not the causal. Elsewhere there are enough comments by Wittgenstein to suggest that he was not primarily concerned with the scientific explanation of the problems he was considering.<sup>110</sup> For instance, he wrote in connection with the study of psychology:

‘The existence of the experimental method makes us think we have the means of solving the problems which trouble us; though problem and method pass one another by.’<sup>111</sup>

My suggestion, therefore, is that Wittgenstein was talking conceptually when he considered the seed and the lack of correspondence between recognizing someone and what might be going on in the brain.

Wittgenstein mentions face recognition elsewhere. As I noted,<sup>112</sup> in the midst of the rule-following considerations, he discusses how the experience of reading is as if the letters and sounds form an alloy or unity. He goes on:

‘In the same way e.g. the faces of famous men and the sound of their names are fused together. This name strikes me as the only right one for this face.’<sup>113</sup>

He then criticizes this account as an account of what constitutes the process of reading. For reading cannot be defined in terms of some essential aspect or process. As I suggested in Chapter 2, what constitutes reading has to be understood in terms of reading as an embedded, worldly custom and practice. The normativity, which involves *this* word meaning *this* and *that* face being *Churchill's*, cannot be further analyzed in terms of

---

<sup>110</sup> Cf. BB p. 18 (quoted later); and CV: ‘I may find scientific questions interesting, but they never really grip me. Only conceptual and aesthetic questions do that. At bottom I am indifferent to the solution of scientific problems; but not the other sort.’ (p. 79).

<sup>111</sup> PI p. 232.

<sup>112</sup> In Chapter 2, p. 34.

<sup>113</sup> PI § 171.

what constitutes *it*. But this irreducible normativity is constitutive of the phenomenon of reading and is transcendental, since without it there would be no such thing as reading. The same holds for face recognition.

This takes me back to the passage in *Zettel*. Does my recognizing someone have to have a cause in my nervous system? Wittgenstein's concern in these paragraphs is with the intentional psychological phenomena of recognizing, remembering and thinking. If we take it that his concern was typically with the constitutive nature of such phenomena, not with their causal preconditions, then his comments no longer seem naïve or maverick. What it is to think, or recognize, or remember, is not straightforwardly explicable in causal terms if we are considering the phenomena themselves. My recognition of someone and recall of his name does seem, in terms of these phenomena, to come from 'something quite amorphous'.<sup>114</sup> The face and the name are fused *in a sense*, but what it is to recognize a familiar face is part of a practice, with a history. If my *mind* is to be compared to the seed, prior to the recognition there is nothing in it that can afterwards be correlated with the recognition, except that my mental *history* will include the elements that make the recognition possible, namely that I have seen pictures of Churchill before. There is nothing here that should deny the brain activity that is a precondition for this recognition. But that was not Wittgenstein's concern. His concern was with the conceptual and constitutive understanding of intentional psychological states.

McDonough has trenchantly argued, too, for a non-apologetic interpretation of these paragraphs.<sup>115</sup> His argument is predicated on a holistic characterization of meaning in Wittgenstein's later philosophy, such that Wittgenstein denies the 'semantic correspondence thesis' which suggests that '*elements in the meaning* correspond with *elements in the brain*'.<sup>116</sup> McDonough also stresses that Wittgenstein's notion of use is 'the notion of context embedded linguistic behaviour'.<sup>117</sup> He continues:

---

114 Z § 608.

115 McDonough (1989).

116 *ibid.*

117 *ibid.*



'This embeddedness is not constituted by causal connections between utterances and contexts, but by criterial or conventional connections between them. The description of the use of an utterance is, therefore, nothing like the description of a physical state. It is more like the description of *a criterial connection* between words and significant contexts. Even if use, in this sense, cannot be traced to the brain it does not follow that utterances physically characterized cannot be traced to the brain. Wittgenstein's view is not incompatible with moderate physicalism.'<sup>118</sup>

This interpretation allows that the brain, itself a structure, can picture structural phenomena such as spoken or written words, but cannot picture meaning which requires its embedding context. Furthermore,

'Instead of causally tracing the outer behaviour of the person to a semantical engine inside him, one must in a different sense (conceptually), *trace the criteria for the description of the neural centre to the semantical system outside them*. The person is not semantically centred in their brain, but in their institutional and cultural context.'<sup>119</sup>

McDonough is concerned with the theory of meaning, which is not directly my concern. But his suggestion that Wittgenstein has brought about a Copernican revolution, whereby 'the person's centre of thought and meaning (a) is not inside the person, and (b) is not their individual possession', is in keeping with the normative analysis of psychological concepts which I have described. So, for instance, McDonough speaks of 'rules, procedures, norms' which are constitutive of the context in which use is embedded. He eschews a causal connection between the utterances and context, but plumps for a 'criterial or conventional' connection. This is still too weak for the transcendental normativity required of intentional psychological concepts, since it suggests that meaning is fixed by criteria or convention, rather than norms being a constitutive precondition of meaning. Nevertheless, McDonough's account allows a *rapprochement* between the sort

---

<sup>118</sup> *ibid.*

<sup>119</sup> *ibid.*

of moderate physicalist, who might otherwise have been put off by Wittgenstein's talk of there being no correlation between the brain and thinking, and those who wish to maintain a notion of linguistic holism and avoid the sort of reductions which would threaten such holism.

From this discussion, it seems possible to defend the following view, which is in keeping with the Wittgensteinian analysis of psychological concepts. Prosopagnosia is the result of brain pathology. Recognizing, or not recognizing, a familiar face, however, involves normativity, because such recognition, or its absence, carries other commitments. These commitments can be characterized as constitutive of the act, or failure, of recognition. The normative commitments are a prerequisite for such concepts having the meanings that they do (and are thus transcendental). The normative commitments also mean that the concept of failure of face recognition cannot just be a matter of brain pathology (normativity is irreducible), even though brain pathology provides a causal explanation for the failure. Being able to recognize a familiar face is subject to certain rules - this is part of what the normativity consists in - and it forms part of a practice. Not only can we (in normal cases) instantly say whether or not someone has recognized a familiar face correctly, but such recognition forms part of what we ordinarily do everyday and places us *in a certain way* within a particular context. This embeddedness in the context of the human world is what ensures the normativity associated with face recognition.

At the same time, however, the embeddedness also allows the physicalist construal of face recognition that is required by the disease model. There is something for face recognition to be in the brain, as is shown by the lesions that lead to prosopagnosia. But for face recognition actually to be face recognition, that is, for it not just to be a neuronal circuit of no consequence, reference has to be made to the broader context in which 'face recognition' plays the part that it does. The broader context, of rules and regularities of practice and custom, is the one in which normativity inheres. In this context, which is defined by the realities and concerns of human beings (i.e. it is cultural, historical,

political, social, geographical, ethical, etc., etc.), normativity is embedded as a constitutive, transcendental and irreducible reality. Face recognition, similarly, is located - and normatively constrained - within this context. But so too are the neuronal mechanisms that support face recognition; and so too are the lesions involving the medial occipitotemporal regions of the brain that cause prosopagnosia. Those mechanisms and lesions mean nothing outside this human context. The reductionist impulse, which moves towards micro-structure, must be reversed to look towards the macro-structure where the insights of science have meaning. For meaning is a function of embedded context.

### *Summary*

Extreme physicalism does not allow room for normativity. It even does away with mentalistic talk and (rather nonsensically) meaning too. The attempt by Davidson to allow that psychological and physiological descriptions are radically different is helpful from the point of view of normativity. But, having allowed the dichotomy between mind and brain to appear, characterizing the relationship between the two is radically problematic. The Wittgensteinian analysis of intentional psychological states roots them from the start in the physical world. So that inner and outer, mental and physical, brain and mind are enmeshed and mutually-involving. As Wittgenstein wrote: 'What goes on within also has meaning only in the stream of life'.<sup>120</sup> There is, thus, no dichotomy, since the locus of intentional psychological phenomena is the human world, which is constituted by physical and psychological and social and ethical and spiritual aspects and so on. This allows, therefore, both physicalism and normativity. The physicalism of the disease model does not preclude a broad understanding of what it is for Mr. Z to fail to recognize his wife, even if it explains the underlying causal preconditions for prosopagnosia. But failure of face recognition - and the disease model as a whole - are placed in the broad context of a constitutive account of intentional psychological states.

---

120 LW ii p. 30.

### 3.3 Conclusion: the standing of the disease model

I started by noting the clinical and scientific usefulness of the disease model. Nevertheless, at first blush, its construal of psychological concepts in physical terms seems to lead to a paradox. On the one hand this construal seems to be reductive, in that psychological phenomena are only really explained by digging deeper into their physical basis. On the other hand, the reductive impulse is opposed by the Wittgensteinian analysis which places psychological concepts within the broader context of normatively-constrained human practices. This analysis, therefore, looks as if it should reject the disease model. But this means we should be rejecting something that is clinically and scientifically useful.

The scientific tendency to move from macro-structure to micro-structure, or away from everyday language to explanations in terms of sub-structural mechanisms, is strong. This reductive impulse, however, seems to move medical science away from the concerns of ordinary people afflicted with disease. Although people enjoy the benefits of scientific advances and support scientific research into diseases, it is a commonplace that medicine has become too technological and less person-centred.<sup>121</sup>

Wittgenstein wrote:

‘Philosophers constantly see the method of science before their eyes, and are irresistibly tempted to ask and answer questions in the way science does. ... I want to say here that it can never be our job to reduce anything into anything, or to explain anything. Philosophy really *is* “purely descriptive”.’<sup>122</sup>

It is important to note that this is not a point about science, but about philosophy.

Wittgenstein accepts that science is reductive, but insists that philosophy, which involves the analysis of concepts by looking at their uses, pulls us in another direction. A further point is that the use of the scientific model in the wrong field is deleterious. A

---

<sup>121</sup> cf. Kitwood (1997).

<sup>122</sup> BB p. 18.



philosophical critique of the disease model, therefore, should leave the model itself as it is - the science of it is not our concern - but it should be no surprise if such a critique placed the model, and our understanding, in a broader context.

One response, from the dementia scientist, to this point about philosophy could be to say that this is all very well, but the concern of the scientist is *solely* with causal mechanisms and processes. Thus, none of my philosophical points needs to be taken as relevant to the perfectly proper business of scientific research on dementia. Indeed, I have myself already highlighted what is good about the disease model, namely its ability to give a useful *causal* account. The danger is, however, that the disease model facilitates a surreptitious move towards the erroneous thought that it *alone* might tell us what dementia actually *is*, as if the disease model might tell us what *constitutes* dementia. This ignores the extent to which AD, say, is a breakdown, not just of cholinergic pathways, but also within the rational realm where normativity holds sway. The purpose of my philosophical discussion, therefore, is to locate our understanding of dementia in this broader field.

The analysis of intentional psychological concepts in the disease model of dementia provides us with a way of bridging the gap between scientific explanation and person-centred understanding. Scientific explanation generally, and the disease model in particular, must be located in the broader context of the normatively-constrained human world. In this context people act according to historically and culturally embedded practices and customs. Indeed, McDonough suggests that at some level the explanatory power of scientific models will run out and the task will become purely descriptive, just as in philosophy; at which point,

‘The real philosophical problem is to understand the meaning of statements about atoms by looking in the other direction, “upwards”, to the role of those statements in the embedding culture’.<sup>123</sup>

McDonough states: *‘the very meaning of mechanical models must be cashed in terms of*

---

<sup>123</sup> McDonough (1991).

*their use in a culture*'<sup>124</sup> He also suggests that it is Wittgenstein's view,

'that scientific statements and models are meaningful ... insofar as they do some cultural work. But this kind of work does not enable science to "penetrate phenomena" (reduce them) to the mechanisms which are "really there".'<sup>125</sup>

Our understanding of the disease model itself involves normatively-constrained understandings, embedded in the world of practices and customs. The physical features and normativity of the world are part of the same world and are inevitably enmeshed. The scientific explanation of prosopagnosia in dementia is understood in the context of meanings and concerns, in which face recognition plays a culturally, historically and emotionally embedded role. Psychological concepts pick out aspects of the human world which are simultaneously both physical and mental: there is no dichotomy.<sup>126</sup> Similarly, prosopagnosia is a matter both of brain pathology and psychological reality. The concept is itself understood as 'a phenomenon of human life'.<sup>127</sup> There is no real conflict between scientific explanation and human understanding, once both are seen as giving descriptions embedded in the context of the human world. This is a physical world, but it is at the same time one in which physical descriptions and models gain their meaning from their embeddedness in the broader 'stream of life'.<sup>128</sup> Thus, the disease model squares with the Wittgensteinian analysis of intentional psychological states.

The paradox of the disease model is solved in this way. There is nothing wrong with the scientific inclination to look for mechanistic and micro-structural explanations in a mechanical and physically structured world. This scientific inclination brings about clinically useful advances. The understanding of the scientific explanations (their meaning), however, must involve (and the 'must' is transcendental in the sense that it is a prerequisite of meaning) reference to the broader context of the human world in which

---

124 *ibid.*

125 *ibid.*

126 *cf.* Z §§ 486-487.

127 PI § 583.

128 LW ii p. 30.

understanding and meaning are normatively constrained. If this were not the case the scientific explanations, as McDonough suggests, would be meaningless. What the causal explanation of dementia is about, therefore, is only understood in the broader human context. If dementia is a failure in the realm of neurophysiological functioning, it is a failure in the realm of norms too. In the normative context of the human world, looking simply at the micro-structure will inevitably miss something of the mental: precisely the normativity of intentional mental states, which are constituted not by underlying causal structures, but by relations between agents and things and events in the public world.

The disease model can only be articulated within the context of a range of inherently normative understandings and concerns. It is this human world in which the disease model is embedded and in which it can be used appropriately. This is the world of understanding and human meaning, where not to recognize a face signifies brain malfunction, but also a personal calamity.

## **Chapter 4. Cognitive neuropsychology models: mental representations and sub-personal accounts.**

### **Introduction**

In this chapter I shall consider the models used by cognitive neuropsychologists and bring to bear the Wittgensteinian analysis (developed in Chapter 2) of intentional psychological states. Cognitive neuropsychology suggests a certain account of intentional psychological phenomena and, in keeping with the main plot of the thesis, I shall consider whether this type of model provides a broad enough understanding of dementia.

The chapter is divided into six further main sections:

1. I shall describe cognitive neuropsychology models, paying particular attention to the account given of semantic memory. I shall emphasize cognitive neuropsychology's representationalism, by which I mean: 'the thesis that our possession of content consists in our possession of entities/states of some specified kind called "representations", where these are characterizable independently of that which they represent'.<sup>1</sup> This definition will become clearer; but, in brief, cognitive neuropsychology can be taken to construe psychological states in terms of representations which are independent inner entities.

2. I shall then consider some of the work of Fodor, for two reasons: first, his philosophy is a species of functionalism, and functionalism has been described as the most suitable paradigm for cognitive neuropsychology; secondly, he presents a clear

---

<sup>1</sup> Luntley (1999) p. 7. There is another sense in which intentional mental states must be representational, in that they must (by definition) be about something. They represent the world in some way. Dennett sometimes speaks of representations in this 'intentional' sense, but I suggest that he also demonstrates a commitment to representationalism. I am using the notion of representationalism specifically to characterize those theories that describe inner entities or states, which carry content, independent of the feature(s) of the world represented.



example of representationalist thought. But, I shall argue, Fodor's Representational Theory of Mind does not square with the transcendental account of normativity required by the Wittgensteinian analysis. So the cognitive neuropsychology construal of intentional psychological phenomena requires some other basis.

3. If the problem for Fodor is that normativity is not accounted for solely by reference to the internal representations that constitute his Language of Thought, one tactic is to try to bring the normativity of meaning and mental content into the sphere in which the computational transformations of representations take place. Dennett's account of the mind attempts to ascribe meaning and intentionality to the representations being processed at the sub-personal level in order to explain personal-level meaning and intentionality. His account fails for two reasons: first, because sub-personal intentionality is merely metaphorical; secondly, because normativity cannot be reduced and explained in non-normative terms. Even so, Dennett's discussion of the personal and sub-personal levels turns out to supply a useful way to understand the models of cognitive neuropsychology.

4. Bolton and Hill offer a further attempt to transplant meaning from the personal to the sub-personal realm with their 'encoding of meaning' thesis. For mental states to be causal, they argue, there must be encoding of meaning. This does not involve syntax, but it does involve there being semantics in the inner representations of the brain. The mechanism by which this occurs is not clear, but it remains the case (*à la* Dennett) that it can only be metaphorical and, therefore, real meaning is not encoded.

5. Gillett offers useful clarification concerning personal and sub-personal representations. He accepts talk of structural representations (not metaphorical ones) in the brain. These are the brain's way of conveying "thin" information. But they must not be confused with the contentful representations of the mind. In keeping with the Wittgensteinian analysis, mental representations - if by this we mean the meaningful content of the mind - must be related to embedded practices in the world and are

understood, accordingly, only at the personal level.

6. Before concluding, I reassess the standing of cognitive neuropsychology models. I argue that they continue to have a role, inasmuch as their talk of inner representations and processes can be regarded as metaphorical and heuristic. But a metaphorical representation is not, as suggested by representationalism, a real entity. The wiring diagrams of cognitive neuropsychology give us a sub-personal description of functional abilities whatever the underlying, causal, neurophysiological preconditions might be for such abilities. But there are certainly no vehicles of content travelling on inner pathways. Cognitive neuropsychology, therefore, to the extent that it is based upon representationalism, is erroneous; but, to the extent that it delineates mental functions, it remains useful both scientifically and clinically. Stripped of its representationalism, cognitive neuropsychology can still contribute to a broad understanding of dementia.

#### **4.1 Cognitive neuropsychology: memory and representation**

##### *Introduction to cognitive neuropsychology*

Cognitive neuropsychology 'is an approach which attempts to understand cognitive functions such as recognising, speaking or remembering through an analysis of the different ways those functions can be impaired following brain injury.'<sup>2</sup> It attempts to explain normal and abnormal cognitive function 'in terms of damage to one or more of the components of a theory or model of normal cognitive functioning'.<sup>3</sup> Separate modules are held to be responsible for different cognitive operations and the 'hypothesised organisation of these modules may ... be expressed in terms of an "information processing" diagram.'<sup>4</sup> For my purposes, the most important assumption in cognitive neuropsychology is that of 'isomorphism': 'the cognitive structure of the

---

<sup>2</sup> Ellis and Young (1988) p. 23.

<sup>2</sup> *ibid.*

<sup>3</sup> *ibid.*

mind is reflected in, and arises out of, the physiological organisation of the brain.’<sup>5</sup>

In order to illustrate the sort of model used by cognitive neuropsychologists, Figure 1 shows a cognitive processing flow diagram which demonstrates how, from dictation, a word might be orally spelt or written.<sup>6</sup> When a word is heard, it is first analyzed either in terms of the separate sounds that constitute the word (route 1 in the diagram), or as a whole entity (routes 2 and 3). Following route 1, the heard sounds may be converted directly into phonemes or speech sounds which can then be spoken.<sup>7</sup> If the heard word is to be written down, then the phonemes will need to be converted to graphemes (e.g. individual letters).

The alternative route from the level of auditory analysis involves the whole word being recognized within the auditory input lexicon. The generally accepted route from thence (route 2) is that words are further processed in terms of their semantic properties. The meaning of the word directly determines its spelling, so semantic processing leads from the heard word in the auditory input lexicon to the written spelling in the graphemic (or orthographic) output lexicon.

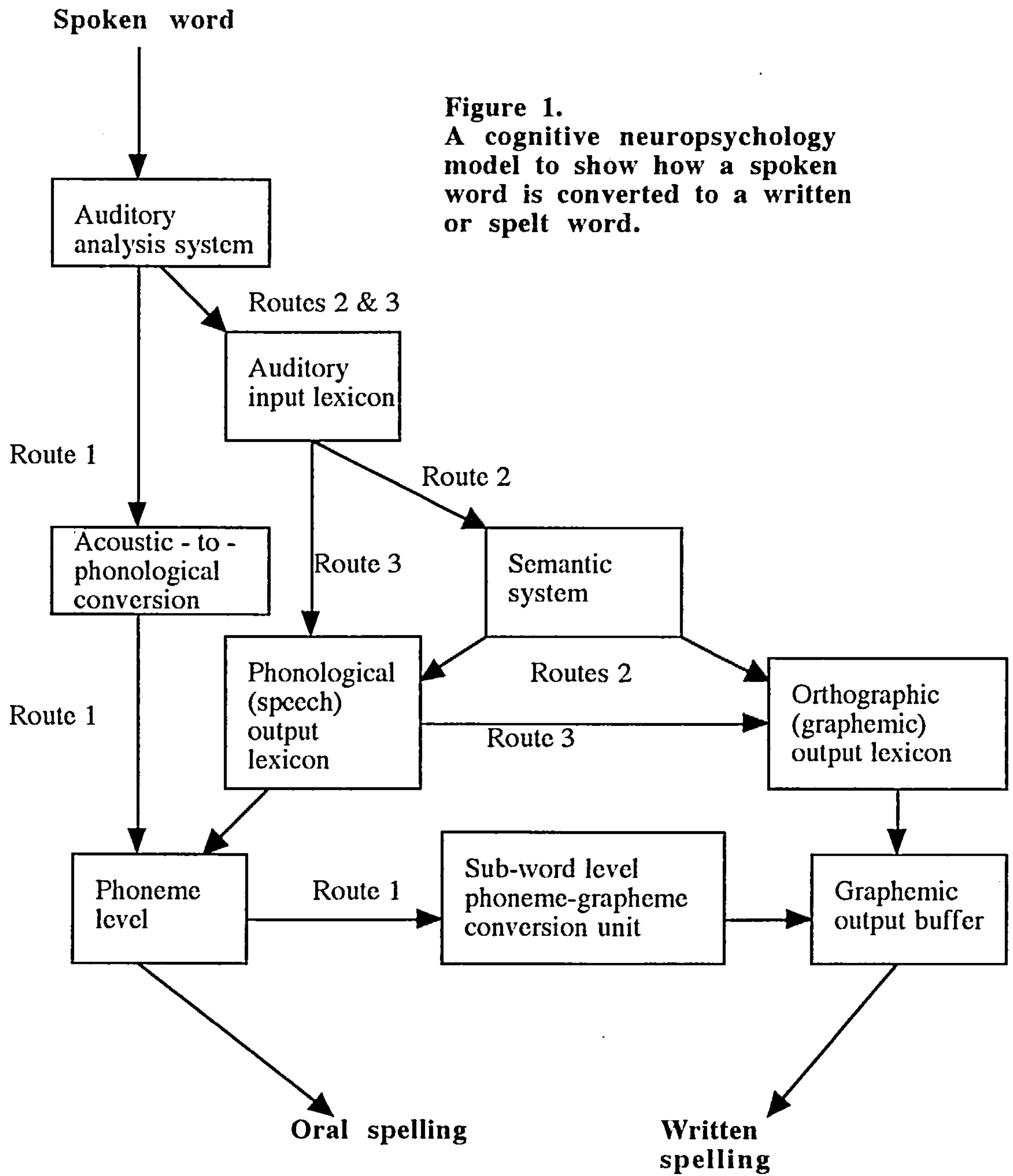
There is some intuitive justification for postulating two routes. I cannot hope to spell “there” and “their” correctly by an analysis of their sounds alone, but only by knowing their meanings in a given context. I must use, therefore, the semantic route (2). On the other hand, having never previously heard the non-word “garp”, I can only hope to spell it by an analysis of its sounds, which I must convert to letters (graphemes) if I wish to write it down (route 1).

---

4 *ibid.* p. 24.

6 Such cognitive tasks have now been investigated in Alzheimer’s patients, who may (e.g.) show a mild lexical dysgraphia early in the disease, with impairments of more peripheral aspects of writing becoming apparent as the disease progresses. See Hughes *et al.* (1997).

7 There are further processes, which are irrelevant to my discussion, between the phoneme level and the actual production of speech.



**Figure 1.**  
A cognitive neuropsychology model to show how a spoken word is converted to a written or spelt word.



The validity of the distinction between two routes is based on the results of investigating patients with various forms of brain damage. For instance, some patients have particular difficulty in spelling words where there is an irregular correspondence between how they sound and how they look.<sup>8</sup> Nevertheless, such patients may attempt phonologically plausible spellings, indicating they are using the sounds, for instance by spelling "cough" as COFF. This error is taken to show that these patients are having to use route 1. Alternatively, there are cases where patients cannot write unfamiliar non-words to dictation, whilst familiar words are managed well.<sup>9</sup> This suggests they use the lexical route (2).

In addition to the two main routes just described, it has also been postulated that there are other routes from the auditory input lexicon to the speech or graphemic output lexicons (e.g. route 3). The suggestion is that some patients use a lexical route, but one which does not involve semantic processing.<sup>10</sup> Patterson's patient (GE),<sup>11</sup> for instance, was almost totally unable to speak following a stroke, but could still spell words he did not understand correctly. However, GE could not spell non-words and he rarely made phonologically plausible spelling errors, so his spelling must have been lexical but nonsemantic.

Patterson's closely argued account of the impairments found in GE - and how these impairments point to a particular model of cognitive processing - is impressive. It also suggests that what is at issue is a representational process. For example:

'It seems that for GE ... proceeding from recognition of a spoken word to its orthography was not primarily based upon a *semantic representation*. ...GE's spelling of large numbers of words, many of them very complicated, must certainly have derived from *representations* in the orthographic output lexicon.

...My preferred interpretation is of course that these *representations* in the

---

<sup>8</sup> cf. Beauvois and Derouesné (1981) and Hatfield and Patterson (1983).

<sup>9</sup> cf. Bub and Kertesz (1982).

<sup>10</sup> Lesser (1989), Patterson (1986). There are differences between the accounts of Lesser and Patterson.

<sup>11</sup> Patterson op. cit.

phonological output lexicon were, right from the beginning, sufficiently available to provide a mediating role between his virtually intact auditory input lexicon and his virtually intact orthographic output lexicon' (emphases largely added).<sup>12</sup>

Thus, representations are (at least) spoken of as if they are entities which exist and mediate an internal process. The representations, according to the assumption of isomorphism, are reflected in and arise from the physiological organization of the brain. Whether neurophysiological or neuropsychological, however, what is postulated is a representation along with a process. This commitment to internal representations is similarly in evidence in cognitive neuropsychology's account of memory.

### *Memory*

Memory can be divided into declarative memory (which allows me to recite a famous soliloquy by Hamlet) and procedural memory ( which allows me to drive my car).<sup>13</sup> In the recall of declarative information we require 'the activation of an internal representation' (for instance, if we are asked to name an object); whereas, 'the retrieval of procedural information requires a motor output.'<sup>14</sup> Within declarative memory, a distinction is made between short-term (working) memory (which allows the storage of information for a few seconds only) and long-term memory. Tulving made the further distinction within the long-term system, based on empirical data, between episodic and semantic memory.<sup>15</sup> Episodic memory stores events from a person's life. Semantic memory 'stores general knowledge about the world, concepts, and language;' it is 'impersonal and ... independent of any time and place'.<sup>16</sup> Furthermore, many cognitive disorders can be construed as memory disorders:

'The anomie aphasic patient...appears to have lost conscious *access to the*

---

12 *ibid.*

13 See Hodges (1994) for a clear description.

14 Damasio and Damasio (1992).

15 Tulving (1972).

16 McKenna (1991).

*representations in memory* of the spoken forms of many words. ...The patient with “surface” dysgraphia has similarly lost conscious *access to the representations in memory* of the spellings of many words’ (my emphasis).<sup>17</sup>

It appears that semantic information is stored in a hierarchical and modality-specific manner.<sup>18</sup> So, for example, loss of the superordinate concept “animal” might entail loss of the subordinate concept “dog” (alternatively, presented with a picture of a dog a patient might say “animal”, showing that higher order concepts are preserved at the expense of lower order concepts). This apparent order within the semantic memory system is held to support the notion of processing within a representational system.

In AD it is apparent that both episodic and semantic memory are affected.<sup>19</sup> It is particularly important in those cognitive functions which involve language.<sup>20</sup> Nebes suggests that the links between semantic concepts remain intact in dementia.<sup>21</sup> Hence,

‘it appears unlikely that Alzheimer patients have actually lost specific attributes such as physical features and functions from their representations of semantic concepts.’<sup>22</sup>

Whereas, Hodges *et al.* felt there was ‘compelling evidence of semantic memory loss in [Alzheimer’s disease].’<sup>23</sup> In their terminology, this amounted to a ‘breakdown of representational knowledge.’<sup>24</sup> From a later study of face recognition and naming, they concluded: ‘loss of semantic memory is a fundamental defect in [AD].’<sup>25</sup> Similarly, loss of semantic representations was held to be relevant to impaired reading in a study of

---

17 Ellis and Young *op. cit.* p. 303.

18 Warrington (1975).

19 Huff, Corkin and Growdon (1986).

20 Bayles (1982).

21 Nebes *et al.* (1984).

22 Nebes and Brady (1988).

23 Hodges *et al.* (1992).

24 *ibid.*

25 Hodges *et al.* (1993).

AD.<sup>26</sup> Consensus now seems to favour the notion that the representations are actually lost (rather than it being a mere failure of access to them):

· ‘Underlying the language impairment in [AD] is a breakdown in the knowledge base, or what is termed “semantic memory”. This refers to the *representation* of knowledge, including concepts and the knowledge of words and their meaning’ (my emphasis).<sup>27</sup>

Clearly, whether it is failure of access or degradation of the store, there is no dispute over the representational character of semantic memory.

So far, I have presented an account of the sort of information-processing models that are used by cognitive neuropsychologists. Such models involve the positing of internal representations. I have also discussed the evidence for impairments in semantic memory, involving the loss of representations, in AD. It is clear from the literature that representations are central to the cognitive neuropsychologist’s information-processing model.<sup>28</sup> I still need to secure the point that this model construes intentional psychological states as representational.

### *The representational construal of intentional psychological states*

My suggestion is that intentional psychological phenomena are construed by cognitive neuropsychology in terms of representations. Is the model representationalist in the sense in which I defined it in my Introduction? Does cognitive neuropsychology suggest, for instance, that to have memories is to possess entities or states, called representations, which can be characterized independently of that of which the memories are memories? I shall pursue this by considering, as an illustration, the start of Edward Thomas’s poem “Adlestrop”:

---

<sup>26</sup> Patterson *et al.* (1994).

<sup>27</sup> Morris (1997) p. 55.

<sup>28</sup> Hereafter, for simplicity, I shall refer to a single model.



‘Yes. I remember Adlestrop -  
The name, because one afternoon  
Of heat the express-train drew up there  
Unwontedly. It was late June.’<sup>29</sup>

Now the point is: how would a cognitive neuropsychologist construe the remembering that Thomas experiences? It would have to be construed in terms of an inner representation of “Adlestrop”. This name, according to the model I am considering, must be represented in a store of names. To remember “Adlestrop”, Thomas presumably must have gained access to a lexical store, part of the semantic memory, in which his knowledge of place names was represented. As he remembered, he must have retrieved from the store the representation of “Adlestrop”. Remembering, therefore, according to this model, is a matter of accessing or retrieving representations, which do indeed sound like entities independent of the things they represent. Cognitive neuropsychology, therefore, is based on a form of representationalism. One characteristic of representationalism, apparent in cognitive neuropsychology, is that, ‘The content of mental states can be explained by the possession of *inner* mental representations’.<sup>30</sup> Thornton has suggested three aspects to the claim that mental representations are inner states:

‘They are ontologically independent of the external world.  
They are the internal causal origins of action.  
Their existence is a matter of hypothesis.’<sup>31</sup>

Each of these aspects is manifest in cognitive neuropsychology.

First, according to the cognitive neuropsychology principle of isomorphism, mind states are brain states. This suggests some sort of physicalist understanding. In Chapter 3, I

---

<sup>29</sup> Thomas (1981) pp. 182-183.

<sup>30</sup> Thornton (1998) p. 17. Thornton gives four such characteristic elements of representationalism. The other three elements could be ascribed to cognitive neuropsychology, but are not articulated in such models.

<sup>31</sup> *ibid.* p. 20.

supported physicalism inasmuch as it provides causal explanations of intentional mental states, which are, however, embedded in the normatively-constrained world. The mind is *not*, therefore, as suggested by the first aspect of representationalism, ontologically independent of the external world, but a part of it. According to cognitive neuropsychology, contrariwise, my mental representation of “Adlestrop”, in itself, is an internal feature (whether of the mind or brain) quite distinct from the external world.

Secondly, ‘mental representations play a causal functional role in the production of behaviour’.<sup>32</sup> In cognitive neuropsychology, my mental representation of “Adlestrop” is the necessary pre-condition for my being able to write or spell “Adlestrop”.

Nevertheless, thirdly, the existence of the mental representation can only be inferred. It explains my behaviour. For instance, if I were only able to give a phonologically plausible spelling of “Adlestrop” (as, say, “Adelstrop”), and my spelling of “yacht” was “yot”, it would be hypothesized that I was using the phonological route for spelling, not the lexical route. It might be said that I was not able to gain access to the lexicon, or that the representations in the lexicon were degraded. These conjectures would have their basis in the inferred, underlying or hidden, causal explanation - which depends on the notion of inner processing of mental representations - of my spelling difficulties.

In each of these regards, therefore, this characterization of representationalism, which suggests that the content of mental states can be explained by the possession of inner mental representations, is one that fits with the cognitive neuropsychology model. My remembering “Adlestrop”, and the consequences of that memory, are explained by my possessing the mental representation of “Adlestrop”. It seems reasonable to argue, therefore, that cognitive neuropsychology is representationalist. But how will the representationalist construal of psychological concepts in cognitive neuropsychology stand up to the challenge of the Wittgensteinian analysis? And does normativity figure in this construal as a constitutive, transcendental and irreducible feature?

---

<sup>32</sup> *ibid.* p. 21.

## 4.2 The Fodorian paradigm

### *Functionalism and the Representational Theory of Mind*

One obvious direction in which to turn, in search of a philosophical paradigm, is to the Representational Theory of Mind (RTM) suggested by Fodor. Having described Fodor's RTM, however, I shall go on to dismiss it on the grounds that it does not give a suitable account of normativity. Fodor provides a type of functionalist approach to the mind that seems at first blush to provide an extremely good philosophical paradigm for cognitive neuropsychology. His representationalism, however, falls foul of the requirement that intentional psychological states are normative.

Fodor's RTM is a species of functionalism:

'My own view is that RTM, construed as a species of Functionalist psychology, offers the best realist account of [propositional attitudes] that is currently available.'<sup>33</sup>

Functionalism is generally held to be the philosophical paradigm for cognitive science.<sup>34</sup>

Fodor called functionalism the 'ontological doctrine' of cognitive science:

'For, if Functionalism is true, then there is plausibly a level of explanation between common-sense belief/desire psychology ... and neurological ...explanation ...'.<sup>35</sup>

This is the level at which cognitive scientists operate. According to functionalism, as described by Fodor,

'psychological-state tokens were to be assigned to psychological-state types solely by reference to their causal relations to proximal stimuli ('inputs'), to

---

<sup>33</sup> Fodor (1985). There are differences between Fodor's functionalism and other breeds. Mental states with content are connected causally according to functionalism. Fodor treats such states as linguistic-type of entities that can be combined to form a language in a systematic way: his 'Language of Thought'. This language is a system of representations which explains our behaviour. Functionalism itself does not require such a language, only that one mental state should cause another.

<sup>34</sup> cf. Lockwood (1989) p. 31.

<sup>35</sup> Fodor op. cit.

proximal responses ('outputs'), and to one another'.<sup>36</sup>

As a paradigm, this fits well with cognitive neuropsychology, in which inputs (such as seeing the name "Adlestrop") causally relate to outputs (such as remembering "Adlestrop") and causally relate to other psychological states (such as recalling it was late June). In addition, functionalism - whilst allowing that the 'natural domain for psychological theory might be physically heterogeneous'<sup>37</sup> - is also compatible with physicalism in a way that squares with cognitive neuropsychology's principle of isomorphism.<sup>38</sup>

Having presented some reasons for thinking that Fodor's functionalism is likely to provide an appropriate philosophical paradigm for cognitive neuropsychology, I shall outline how he presents his representationalism. Fodor says:

'Mental states, insofar as psychology can account for them, must be the consequences of mental processes. Mental processes ... are processes in which internal representations are transformed.'<sup>39</sup>

This is the spirit of cognitive neuropsychology, in which transformations of representations in the auditory input lexicon are processed to the orthographic output lexicon. Fodor characterizes the RTM as follows:

'At the heart of the RTM is the postulation of a language of thought: an infinite set of 'mental representations' which function both as the immediate objects of propositional attitudes and as the domains of mental processes.'<sup>40</sup>

Fodor's Language of Thought (LOT) clearly relies on the notion of mental representations. It is worth seeing how Fodor fleshes out his account of the RTM.

---

36 *ibid.*

37 Fodor (*op. cit.*). This makes clear that Davidson's philosophy, as discussed in the last chapter, can also be regarded as functionalist.

38 It is worth just considering that there are alternatives to the Fodorian paradigm; for instance: Stich's (1983) eliminativist functionalism, or logical behaviourism, or instrumentalism. But none of these offers the realist approach to propositional attitudes that is common to cognitive neuropsychology and Fodor's functionalism.

39 Fodor (1976) p. 200.

40 Fodor (1987) p. 16.



First, there is a claim about the nature of propositional attitudes:

‘For any organism *O*, and any attitude *A* toward the proposition *P*, there is a (‘computational’/‘functional’) relation *R* and a mental representation *MP* such that *MP* means that *P*, and *O* has *A* iff *O* bears *R* to *MP*. ... To believe that such and such is to have a mental symbol that means that such and such tokened in your head in a certain way; it’s to have such a token ‘in your belief box’...’.<sup>41</sup>

The second claim concerns the nature of mental processes, which are regarded as ‘causal sequences of tokenings of mental representations’.<sup>42</sup> Both claims bring out the importance of mental representations to RTM.

Elsewhere Fodor has put forward two arguments in favour of RTM. The first starts by noting there are an infinite number of thoughts and asks how a theory of mind accounts for this ‘productivity’? The answer is, by appealing to what constitutes a propositional attitude, namely a symbol. ‘What kind of symbol do you have to token to token an attitude? A mental representation, of course. Hence RTM.’<sup>43</sup> This argument makes use of the first claim made above. Thus RTM accounts for the fact that we can go on making up new sentences and having new thoughts. All that is required is the ability to compose new thoughts from the vehicles of content, namely the representations, which, once possessed, can be combined in an infinite number of ways. The ‘productivity’ of thought poses no problem for Fodor’s account and, moreover, fits nicely with the cognitive neuropsychology model: the stored representations of words can be accessed and then used in a huge variety of ways.

Similarly, the second argument relates to the second claim. It requires that ‘mental processes are causal sequences of mental states’.<sup>44</sup> Fodor argues: ‘You connect the causal properties of a symbol with its semantic properties via its syntax.’<sup>45</sup> The syntax

---

41 *ibid.* pp. 16-17.

42 *ibid.* p. 17.

43 Fodor (1985).

44 *ibid.*

45 *ibid.*

of a symbol is, roughly, its shape. The shape determines its causal role. It then becomes possible to conceive machines (computers or brains) which operate to change symbols by changing their shapes. Such transformations will only occur if the symbols bear certain semantic relations to one another. Fodor continues:

‘But, patently, there are going to have to be mental representations if this proposal is going to work. In computer design, causal role is brought into phase with content by exploiting parallelisms between the syntax of a symbol and its semantics. But that idea won’t do the theory of *mind* any good unless there are *mental* symbols; mental particulars possessed of semantic *and syntactic* properties. There must be mental symbols because ... only symbols have syntax, and our best available theory of mental processes ... needs the picture of the mind as a syntax-driven machine.’<sup>46</sup>

Fodor makes it clear that thoughts, or mental content, must be explicitly represented for RTM to be true.

My aim here, in giving an account of the claims and arguments used by Fodor to support RTM, has been purely to demonstrate its closeness to cognitive neuropsychology (rather than to give a full account of his philosophy). In both, mental representations and internal processing are crucial. Fodor makes use of LOT, since thought is (on his view) a matter of symbol use. I shall now argue that the Fodorian paradigm does not withstand the critique offered by the Wittgensteinian analysis of psychological phenomena. The deficiency in the Fodorian paradigm lies, as a consequence of its commitment to RTM, in its failure to give a plausible account of normativity.

### *Fodor’s paradigm and normativity*

The Fodorian model implies that intentional mental states amount to the functioning of internal, mechanistic, physical systems. It also suggests that the involvement of the whole person is not crucially defining. I shall now consider these two features of the

---

<sup>46</sup> *ibid.*

paradigm separately, but they are linked, as is the argument against them. The overarching argument is that the Fodorian model takes no account of the way in which the normativity of intentional mental states is a matter of such states being embedded in the world. This argument informs the separate lines, which I shall now pursue:

- Intentional mental states cannot just be a matter of the internal processing of representations, because the normativity of such states involves their external embedding in the world; it is constitutive of such states that they are normative, but (as I have argued) this involves worldly embedding;

- The normativity of intentional mental states implies that such states should be given an externalist construal, so that meaning and understanding constitutively involve the world; in which case, an understanding of the whole person *is* crucial, because it is the whole person who acts and engages with the world.

*(a) Internal mechanisms and normativity*

Fodor makes it quite plain that what he envisages can be thought of in mechanistic terms:

‘what happens when a person understands a sentence must be a translation process basically analogous to what happens when a machine “understands” (viz., compiles) a sentence in its programming language’.<sup>47</sup>

Thus, when I understand the name of something, I access its mental representation in my semantic memory store. This representation can be processed or transformed to produce an output in various modalities: I could spell the name, write it or point to its picture.

Similarly, Fodor’s talk of computation ‘presupposes a medium in which to compute’.<sup>48</sup>

The language of thought is instantiated in the physical structure of the brain. It is part of the make-up of the machine itself and is determined by its engineering.<sup>49</sup> As a matter of

biological necessity, its computations are not random.<sup>50</sup> This is in keeping with

cognitive neuropsychology’s concept of isomorphism. For cognitive

---

<sup>47</sup> *ibid.* p. 67.

<sup>48</sup> *ibid.* p. 33.

<sup>49</sup> *ibid.* p. 66.

<sup>50</sup> *ibid.* p. 71.

neuropsychologists, as for Fodor, information-processing is something that occurs physically. Similarly, mental representations must be reflected in, and arise from, brain physiology.

But if this is how we are going to construe intentional mental states, whence will come the notion of normativity? Understanding and remembering, according to Fodor, are merely functional states of the mechanistic brain. This is not, however, consistent with the Wittgensteinian account. Elsewhere, discussing memory, Wittgenstein suggests that memory is not a matter of personal fiat. If I think I have captured the notion of memory by pointing to internal representations, I have missed the point that I shall have,

‘no criterion of correctness. ... whatever is going to seem right to me is right.

And that only means that here we can't talk about 'right'.’<sup>51</sup>

The concern here is not with the epistemological point, that I might not know whether or not my memory is correct, but is with the constitutive point, that memory is bound up with external states of affairs. This is because of the normativity involved in remembering. When I remember something I make a normative connection with the world; what it is to remember involves this externalist orientation as a constitutive feature.

So, internal mechanisms separated from external states of the world provide no criterion of correctness, because normativity is not a feature of internal mechanistic states. Such purely internal physical states are not normative since, according to the Wittgensteinian analysis, normativity is a feature of the embedding of intentional psychological states in the world. The Wittgensteinian position sets out a conceptually unavoidable, externalist account. It is unavoidable because the constitutive account makes the normativity of intentional mental states a feature of the world. Thereby intentional mental states cannot be considered in abstraction. Our whole understanding of such mental states is structured by our normatively-shaped understanding of the world.

---

<sup>51</sup> PI § 258. This is part of the private language argument, which is not specifically my concern. I have used it merely to extract the talk of a criterion of correctness.



There is nothing in the Fodorian account to suggest that the psychological states instantiated in the physical goings-on of the computational brain *must* be embedded within the broader context of human life and thought.<sup>52</sup> Indeed, the implication is that psychological phenomena are explained, on this view, merely in terms of mechanical engineering. The non-randomness of computations is a matter of biological necessity. Whereas, according to the Wittgensteinian analysis, the irreducible nature of normativity is a conceptual, rather than an empirical, point. Of course, there is a causal explanation for things being the way they are in the world. The Wittgensteinian analysis, however, establishes the plausibility of a broader conceptual enquiry within which empirical enquiries have meaning.

Elsewhere Wittgenstein considered someone writing down 'jottings' to remember what has been said. The jottings are not connected by rules to the text:

'... if anything in it is altered, if part of it is destroyed, he sticks in his 'reading' or recites the text uncertainly or carelessly or cannot find the words at all ... The text would not be *stored up* in the jottings. And why should it be stored up in our nervous system?'<sup>53</sup>

The jottings specify the text and, so too, the configuration of molecules in the nervous system might specify the memory. Disturbing the molecules might disturb the memory, just as disturbing the jottings disturbs the text. But talk of the memory being *in* the molecules, or the text *in* the jottings, is merely metaphorical. Fodor talks of the computations, which are (for instance) what it is to remember, as being *in* a physical medium. There is an important sense, however, in which this cannot be where the memory resides, even if the molecules do provide the causal preconditions for memory. The normative constraints, which surround our use of the concept of memory, cannot be reduced to the causal constraints that operate in the functional states of the brain. For internal states in the RTM are precisely inner, whereas normativity is a feature of the external world in which intentional mental states are embedded.

---

<sup>52</sup> Cf. PI § 325: 'What people accept as a justification - is shewn by how they think and live.'  
<sup>53</sup> Z § 612.

It is clear that there is systematicity of thought that allows comparison (on the one hand) with a language and (on the other) with a computational machine. According to Evans's 'Generality Constraint', the structuring of thought is a matter of thoughts being 'a complex of the exercise of several distinct conceptual *abilities*.'<sup>54</sup> Grasping the meaning of an assertion or thought, '*Fa*' for instance, conceptually involves the generalizable ability to use the name '*a*', as well as the generalizable ability to use the predicate '*F*'. This general structuring of thought is taken by Fodor to be an empirical matter, which can accordingly be represented in empirical models of cognitive processes. But the point is unavoidably and really a conceptual one too, about the normativity of meaning. Grasping a meaning commits one to its future use being thus and so. The Wittgensteinian analysis counters the idea that the systematicity (or structuring) is solely a matter of computation and representation. Neither thought nor language can be conceived as merely computational or representational, for they both involve conceptual *abilities*, as Evans suggests. Normativity resides, therefore, beyond internal computations and representations, in the world of such abilities. In this sense, normativity cannot be reduced. Such a reduction, which is what Fodor offers, can only amount to a refusal to undertake the conceptual analysis which would reveal the transcendental nature of the normativity of meaning.

So, for instance, Wittgenstein asks how we should counter someone who argues that for him understanding was an inner process?<sup>55</sup> Wittgenstein responds by asking how we should counter him if he said that playing chess was an inner process.

'We should say that when we want to know if he can play chess we aren't interested in anything that goes on inside him. -- And if he replies that this is in fact just what we are interested in, that is, we are interested in whether he can play chess -- then we shall have to draw his attention to the criteria which would demonstrate his capacity, and on the other hand to the criteria for the 'inner

---

<sup>54</sup> Evans (1982) p. 101.

<sup>55</sup> PI p. 181.

states'. Even if someone had a particular capacity only when, and only as long as, he had a particular feeling, the feeling would not be the capacity.'<sup>56</sup>

Normativity is not reducible merely to physical processes (even if they are involved), it is a matter of structured accomplishments within the world. To reiterate, this is not a matter of empirical investigation, but the result of conceptual analysis concerning what it is to understand or remember something. Hence,

- Intentional mental states cannot just be a matter of the mechanistic, internal processing of representations, because the normativity of such states involves their external embedding in the world; it is constitutive of such states that they are normative, but this involves worldly embedding.

### *(b) Organs and organisms*

The second feature of Fodor's model, which I wish to scrutinize, is the suggestion that the involvement of the whole person is not crucially defining for intentional mental states. For Fodor, thinking is something that *organisms* do; whereas that which he describes could go on in the nervous system of organisms. However, to Fodor the distinction between organisms and organs 'does not seem to be frightfully important'.<sup>57</sup> He continues:

'...the states of the organism postulated in theories of cognition would not count as states of the organism for purposes of, say, a theory of legal or moral responsibility. But so what? What matters is that they should count as states of the organism for *some* useful purpose. In particular, what matters is that they should count as states of the organism for purposes of constructing psychological theories that are true.'<sup>58</sup>

So, it seems, the description of psychological states given by Fodor's account can be called 'states of the organism', even though this is vastly different from the sort of thing

---

<sup>56</sup> *ibid.*

<sup>57</sup> Fodor (1976) p. 53.

<sup>58</sup> *ibid.*

that counts as a state of the organism when we are considering law or morals. When the cognitive neuropsychologist explains what it is to remember “Adlestrop” in terms of an information processing diagram, this is what it is for the organism, the human being, to remember, or - as far as Fodor is concerned - it might as well be.

According to the Wittgensteinian analysis, however, this is simply wrong. In criticizing Fodor, Taylor observed: ‘...human and animal agents are beings for whom the question arises of what significance things have for them.’<sup>59</sup> For Taylor, the crucial difference between humans and machines is that for the former ‘things *matter* for them’, which is what he terms the ‘significance feature’.<sup>60</sup> Both for us and for animals (but not for machines) ‘things have significance for us non-relatively’.<sup>61</sup> Taylor goes on to argue that Fodor has made false analogies:

‘When Fodor talks of the relation of psychology to physics, he is not talking about our account of ourselves as agents. His ‘psychology’ is an account of what we do in computational terms, and the reductive issue for him arises between an account at this level and one at the physical or neurological level. He is quite oblivious of the difference between an account in computational terms and one which characterizes us as agents with the significance feature.’<sup>62</sup>

According to Fodor, whether or not something has significance must itself be a matter of certain computational states holding sway. For Taylor, however, the significance of things is a feature of the world grasped by us as agents. That things in the world have a significance for us establishes a link between the world and us. This is analagous to intentional mental states: for such states to have content an externalist account is required; that is, one which establishes a link between the inner mental world and the outer world of events and things. Fodor ignores this point. Instead, he suggests there are simply internal mental representations, which have meaning (semantics) purely on the basis of

---

<sup>59</sup> Taylor (1985) p. 196.

<sup>60</sup> op. cit. p. 197.

<sup>61</sup> op. cit. p. 201.

<sup>62</sup> op. cit. p. 209.



their syntactic 'shape', and which stand in causal relationships to other mental representations. In which case, these internal mental representations need make no reference at all to the external world. The problem with this view is that significance and meaning are attributes of the world of persons (who are agents and do not, therefore, take a passive view), whereas Fodor only points to a sub-personal realm of functioning. Fodor's view eliminates the relevance of the external world of meaning and significance in favour of internal functionings.

Wittgenstein's view is that wholes and not parts provide a reference for psychological concepts:

'An event leaves a trace in the memory: one sometimes imagines this as if it consisted in the event's having left a trace, an impression, a consequence, in the nervous system. As if one could say: even the nerves have a memory. But then when someone remembered an event, he would have to *infer* it from this impression, this trace. Whatever the event does leave behind in the organism, *it* isn't the memory. The organism compared with a dictaphone spool; the impression, the trace, is the alteration in the spool that the voice leaves behind. Can one say that the dictaphone (or the spool) is remembering what was spoken all over again, when it reproduces what it took?'<sup>63</sup>

Regarding this quotation, Schulte commented:

'Wittgenstein merely says that the traces in the organism -- our 'records' or 'representations' -- may be all kinds of things but are certainly not *memories*; the concept 'memory' must not be applied to them. ...we need more than mere traces in a memory store if we are to decide whether or not something is to count as a memory.'<sup>64</sup>

What is needed is contextual embedding, which provides normativity to intentional psychological states. Unfortunately for representationalism (and Fodor), the result of such conceptual understanding, with its emphasis on normativity, undermines the notion

---

<sup>63</sup> RPP I § 220.

<sup>64</sup> Schulte op. cit. pp. 115-116.

that there can be vehicles of thought (representations) capable of being characterized independently of that which the thoughts concern. Linkage has to be made to the external world in which the thoughts are meaningfully embedded, which entails that mental states cannot be regarded as fully captured by internal, mental representations. Hence:

- The normativity of intentional mental states implies that such states should be given an externalist construal, so that meaning and understanding constitutively involve the world; in which case, an understanding of the whole person *is* crucial, because it is the whole person who acts and engages with the world.

### *Summary*

What is in evidence throughout this discussion is the extent to which the Wittgensteinian approach, in stressing the preconditions for concepts having the meanings that they do, emphasizes abilities and human actions, which are constitutive of the intentional mental states to which the concepts refer. Abilities and actions are demonstrated in the world and cannot, therefore, solely be a matter of 'internal' representations and mechanistic processes. The Fodorians will perhaps respond that, whatever the outcome in the world, what is important for remembering is what happens internally, mechanically, in terms of representations and processes instantiated in the brain. The arguments above conspire to show that, whatever the causal preconditions, remembering and meaning conceptually involve normatively-constrained abilities, which are properly understood only in the context of their worldly embedding. Hence, these intentional psychological states cannot be characterized *purely* in terms of possessing inner states or entities, which are independent of that which they concern. The Fodorian model takes no account of the way in which the normativity of intentional mental states is a matter of such states being embedded in the world. Thus, a representationalist account fails.

### **4.3 Sub-personal meaning: Dennett's realism or metaphorical representations?**

Having established that cognitive neuropsychology models are representational, but that

RTM as propounded by Fodor (which initially seemed to offer a promising paradigm) offers an account of psychological phenomena that is deficient with respect to normativity, I shall now consider (in this section and the next) the possibility that the normativity of meaning and intentional mental content could be brought into the sphere of inner representations. If this could be achieved, then representationalism might be salvaged. It would, at least, be an advance on the Fodorian position, which ignored the need for transcendental normativity. In the works of Dennett an attempt is made to import meaning and intentionality to the sub-personal level. The attempt fails because of a commitment (more or less acknowledged) to representationalism in the form of realism about mental states. What I shall suggest is that representations are merely metaphorical. Hence, representations do not satisfy the requirements of representationalism. Nevertheless, having rejected the Fodorian paradigm, I shall go on to suggest that Dennett's personal and sub-personal levels form a useful model for cognitive neuropsychology.

Dennett insists that we should not conflate talk of persons with talk of bodies: the personal and sub-personal levels must not be confused. He goes on to say that this lesson, derived from Wittgenstein and Ryle,

'...has often been misconstrued, however, as the lesson that the personal level of explanation is the *only* level of explanation when the subject matter is human minds and actions. In an important but narrow sense this is true, for as we see in the case of pain, to abandon the personal level is to stop talking about pain. In another important sense it is false, and it is this that is often missed.'<sup>65</sup>

For Dennett, both levels of explanation have their place. He wishes to talk of pains as being something to do with whole persons, but he does not wish pains to be divorced from talk of nerves. For the pain in my head is something to do with things occurring in the stuff of my brain.

Dennett's attitude to representationalism is not completely clear, although he clearly

---

<sup>65</sup> Dennett (1969) p. 95.

accepts that there is a sense in which it is permissible to talk of representations in the brain:

‘Somehow ... the way a brain represents hunger must differ, physically, from how it represents thirst..... There must also ... be a difference between the way a particular adult brain represents Paris and Atlantis, for thinking of one is not thinking of the other. How can a particular state or event in the brain represent one feature of the world rather than another?’<sup>66</sup>

Dennett’s answer has involved his theory of “multiple drafts”, of how the brain’s numerous units are simultaneously processing the plethora of information given to it by the senses, and incorporating information already stored (some of it innately in the brain’s structure as it has evolved), without a central controller (or “ghost in the machine”), but in a way which allows the emergence of a “narrative”. This narrative is what emerges at the personal level, but it is nothing more or less than the operations of the numerous units, or homunculi (‘a Pandemonium of Homunculi’<sup>67</sup>), that exist in the brain which acts, in effect, as an enormous “parallel distributed processor”. But it is in these units or homunculi that our mental states find their instantiation: this is where the thoughts and memories are represented.

The notion of homunculi seems to be crucial to Dennett’s account, although these need not be taken as literal manikins in the brain, but rather as processing and sub-processing units. These units necessarily operate at the sub-personal level. It is they that effect the join (for Dennett) between the sub-personal and personal levels of explanation. The processing which the homunculi are required to perform, however, needs something to be processed and it is here that the representations make their appearance. The representation of “Adlestrop”, for instance, needs to be processed by the sub-personal units or homunculi.

There is a degree of ambiguity to Dennett’s representationalism. He discusses, for

---

<sup>66</sup> Dennett (1991) p. 192.

<sup>67</sup> *ibid.* p. 455.



instance, the data structures of Artificial Intelligence (AI) models in a sympathetic way. They can be regarded as models akin to those of cognitive neuropsychology. He discusses them in terms of homunculi interacting at different levels: 'each homunculus has representations that it uses to execute its functions'.<sup>68</sup> He suggests then that there are two philosophical responses:

'One could grant that they are indeed self-understanding representations or one could cite the various disanalogies between them and prototypical or *real* representations (human statements, paintings, maps) and conclude that data structures are not really internal representations at all'.<sup>69</sup>

Dennett suggests, however, that this would undermine the well-established principle that 'psychology needs internal representations'.<sup>70</sup> He goes on to indicate that he feels the AI models are on the right track. So the positing of internal representations would seem to be a natural concomitant.

If Dennett is chary about internal representations, it is because he wishes to be realist as regards mental states, but nevertheless feels that belief-states 'appear as *abstracta* when one attempts to interpret all those real phenomena by adopting the intentional stance'.<sup>71</sup>

Dennett later talks of 'sub-personal cognitive psychology'. Whilst being critical of Fodor,<sup>72</sup> he is nevertheless overtly representationalist:

'it will be "cognitive" in that it will describe processes of information-transformation among content-laden items - mental representations - but their style

---

68 Dennett (1978) p. 124.

69 *ibid.*

70 *ibid.* p. 125.

71 Dennett (1987) p. 72. On the same page he sums up his '*selective* instrumentalism' thus: 'My *ism* is whatever *ism* serious realists adopt with regard to centers of gravity and the like, since I think beliefs ... are *like that* - in being *abstracta* rather than part of the "furniture of the physical world" and in being attributed in statements that are *true* only if we exempt them from a certain familiar standard of literality.' A fuller discussion of Dennett's intentional stance is beyond my scope.

72 I should note that Dennett is critical of Fodor. E.g.: 'None of this is to say that neural representations ... are impossible. ...But Fodor, by making explicit coding *critical* for representations or contentfulness, has ... confused a conceptual answer with a causal answer. ...Fodor ... makes a direct leap from content to structure and seems moreover to make structure in the end *critical* for content.' (Dennett (1978) p. 106.)

will not be “computational”; the items will not look or behave like sentences manipulated in a language of thought’.<sup>73</sup>

Dennett tries to show how a machine-like structure can behave as an intentional system and can thereby carry meaning. According to Dennett, having acknowledged that there are personal level intentionally characterized abilities and activities, a decompositional analysis must take place to reveal the sub-systems which themselves can be regarded as intentional systems. It is the interaction between these sub-systems or homunculi that explains the intentionally characterized abilities and activities at the personal level. But this is not to be taken as a reduction of the mental to the physical, because the sub-systems themselves (as well as the systems as wholes) are to be regarded as intentional. The decompositional analysis must persist, otherwise the question as to how we account for the intentionality of the homunculi is not answered. So we move to sub-homunculi and this will continue until an explanation of the interactions of the lowest levels of homunculi requires only ‘problem or task descriptions that are obviously mechanistic’.<sup>74</sup> At this point no further representations or homunculi need to be posited because the work has been reduced to a functional task and no further explanations of intentionality are required.

This account, however, of Dennett’s theory leads to problems concerning the nature of representations. The dilemma has been described by Ward, whilst considering Dennett, thus:

‘Either representationalism is committed to instrumentalism concerning representations and their attendant homunculi (in which case there are no genuine representations), or representationalism is question-begging because it never

---

<sup>73</sup> Dennett (1987) p. 235.

<sup>74</sup> Dennett (1978) pp. 80.

succeeds in “discharging” intentionally characterized homunculi.’<sup>75</sup>

That is, either there are no homunculi (and no representations) or Dennett has fallen for the ‘homunculus fallacy’, by which Kenny means the practice of taking predicates,

‘whose normal application is to complete human beings or complete animals’ and applying them ‘to parts of animals, such as brains, or to electrical systems.’<sup>76</sup>

The whole notion of intentionality is tied to the personal level. Dennett allows that intentional ascriptions can be made of homunculi at the sub-personal level, but this just begs the question. For, if at this sub-personal level intentionality is the same as it is at the personal level, it is hard to see how that intentionality can be dissipated; or, if it is not the same sort of thing (and it is hard to see how it can be, given that it is a notion that marks out the distinction between personal level language and talk of mechanistic processes), then it will not meaningfully characterize - at the sub-personal level - that which is captured by the full-blown term at the personal level. In brief, intentionality at the sub-personal level seems to be merely metaphorical intentionality; that is, not intentionality at all.

The problem Dennett highlights is that of bringing intentionality, including meaning (and, therefore, normativity), into the realm of the sub-personal. For, mental representations are either metaphorical or, if they really represent something, they do so by engaging at the personal level. It is only at this level that things either do or do not have meaning. Hence, if mental representations are said to exist at the sub-personal level, they cannot be the bearers of semantic content. And this is, of course, inimical to the representational theory of mind.

The problem with the sub-personal level is that it does not allow the world-involvingness

---

<sup>75</sup> Ward (1993) p. 292. In the passages I cited earlier, Dennett appears to recognize these alternatives (cf. (1978) pp. 124-125, note 71 above), but the key appears to be his degree of realism concerning these mental representations. He is realist concerning mental states - they do occur - but he wishes to be instrumentalist in his attitude to such states. The question (for a full discussion of Dennett’s philosophy) is whether this equipoise can be maintained.

<sup>76</sup> Kenny (1984) p. 125.

of content and, therefore, it can accommodate neither intentionality nor normativity.

According to McDowell:

‘The ‘sub-personal’ account of a sensory system, which treats it as an information-processing device that transmits its informational results to something else inside an animal, cannot adequately characterize what its sensory systems are for the animal (as opposed to what they are, metaphorically speaking, for the internal parts that receive the results of the information-processing): namely, modes of sensitivity or openness to features of the environment - not processors of information, but collectors of it.’<sup>77</sup>

Explanations at the sub-personal level do not equate to what is going on for the creature as a whole. For humans, this is because the sub-personal does not engage with the world in the way required for there to be meaning.

McDowell illustrates his point with the distinction (discussed by Dennett too)<sup>78</sup> between what the frog’s eye tells the frog’s brain and what the frog’s eye tells the frog. Whilst it is perfectly true that there are distinctions to be made within the distinction between the personal and sub-personal levels of explanation, if we accept talk of the frog’s eye telling either the frog’s brain or the frog anything, we have already accepted a particular picture of mental processes. It might be more illuminating to recognize that the frog’s eye does not “tell” anything, except by a metaphorical use of language, but a use which may tend us towards a representational account of psychological phenomena.

So, as Dennett acknowledges,<sup>79</sup> talk of personal level attributes at the sub-personal level has to be metaphorical. Dennett attempts to make representations normative by stretching the normativity at the personal level down to the sub-personal level. There are two arguments against him.

- First, normativity at the personal level - and this was part of the substantive

---

<sup>77</sup> McDowell (1994) p. 197.

<sup>78</sup> Dennett (1978) p. 163.

<sup>79</sup> *ibid.* p. 123.



conclusion of Chapter 2 - is a matter of practices being embedded in the human world. The sub-personal level, which is the level at which (according to cognitive neuropsychology) “Adlestrop” is represented and processed, is (by definition) not embedded in the (typically human) world of meaning and normativity. It can only have, therefore, metaphorical personal level attributes. So importing Dennett’s analysis of sub-personal representations to cognitive neuropsychology models would not save them, inasmuch as it remains representationalist, because it does not deliver normativity.

- Secondly, normativity cannot be discharged. Dennett’s suggestion that a move can be made from norms to a causal account is a reduction. The Wittgensteinian analysis argues that we cannot *causally* say what it *is* to have a thought. Dennett suggests that the intentional can be reduced to the non-intentional, that normativity can be explained in non-normative terms. But the analysis of normativity as transcendental, constitutive and irreducible, denies this possibility.

Ward went on to suggest that intentionally characterized abilities and activities are embedded in the context of human life.<sup>80</sup> Homunculi, however, are not part of this normative realm, even if they form a metaphorical part of the description of the causal pre-conditions for such a realm. So we cannot use Dennett to accommodate normativity and meaning within the sub-personal realm of representations that forms the basis to cognitive neuropsychology models. For, at root, the divide between the personal and the sub-personal levels is precisely a divide between meaningfulness and its absence. If we are talking about meaning and intentionality we must *ipso facto* be talking about persons and not just about brains or cognitive processes. For there to be meaning, which requires normativity, as I argued in Chapter 2, we require practices or uses to be embedded in the world of whole persons. This is a constitutive argument, since this is what it *is* to have intentional mental states, irrespective of the causal regularities underlying such mental states.

---

<sup>80</sup> Ward op. cit. p. 295. But Ward resorts to Wittgenstein to save representational psychology. This just seems odd given Wittgenstein’s hesitancy concerning mental processes. Ward also seems to accept that the intentionality of homunculi is derivative.

#### 4.4 The encoding of meaning?

I turn now to a different attempt to argue, on the basis of a cognitive paradigm, that meaning (and normativity) reach the level of mechanistic processing, this time by being encoded in the brain. Bolton and Hill accept ‘the broadly Wittgensteinian view that meaning is grounded in social practices, embedded in culture’.<sup>81</sup> But they also wish to hold to their ‘encoding thesis’, namely: ‘neural states encode, and process, information’.<sup>82</sup> Their concept of “information”,

‘has to be a semantic one, linked to meaning, intentionality, representation, etc. ...the information processed by the brain has to be *about* something (it has to *represent* something), namely, actual or possible states of the environment, results of action, etc. When brain function is described in these terms, in terms of intentionality, it is in effect being regarded as functioning like the mind.’<sup>83</sup>

Bolton and Hill are keen to keep away from the idea that ‘there are signs (signs with syntactic structure) in the brain doing the representing’.<sup>84</sup> In the place of language-like, syntactic, structures they wished to substitute ‘the view that meaning essentially pertains to rule-guided activity, or again, [to] intentional agent/environment interactions’.<sup>85</sup> They think it is appropriate that their theory is vague about how the brain encodes meaning, but their notion of meaning as being essentially involved with activity links their theory, they suggest, to the Wittgensteinian view. Hence,

‘Rule-following activity ...is what warrants the attribution of meaning to the agent, or to the brain, which as a matter of fact is the material system most of all involved in the regulation of action’.<sup>86</sup>

---

81 Bolton and Hill (1996) p. 113.

82 *ibid.* p. 76.

83 *ibid.*

84 *ibid.* p. 114.

85 *ibid.*

86 *ibid.*

But, they are also clear, 'it is not the brain in isolation which carries meaning, but the brain in its role as regulating action'.<sup>87</sup> Otherwise, concerning the intrinsic, physical aspects of the brain, they would agree with Hacker that it actually *does* very little.<sup>88</sup>

Bolton and Hill offer a very direct answer to the question concerning how mental content has meaning. It has meaning because the brain has meaning. Elsewhere, Bolton makes it clear that the encoding thesis is meant as a way of showing how the causal properties of mental content are to be explained without relying on syntax (as Fodor does).<sup>89</sup> For Fodor, it is syntax which provides the connection between the causal properties of a symbol and its meaning. But if, therefore, meaning is not itself regarded as being a part of the information which is passed around the brain, according to Bolton, '*there is no explanation of intentional (environment-directed) action*'.<sup>90</sup> Put simply, it just is the case that the encoding thesis,

'is what is required for the purpose of understanding the role of neural processes in the regulation of intentional activity. But the implication is that the language of neural encoding should not blind us into thinking that in some way everything semantic is in the brain. On the contrary, if meaning (representation, cognition) *is* anywhere, it is in the whole interaction between the living being and its natural and social milieu.'<sup>91</sup>

The Bolton and Hill line is similar to that of Dennett, although they are more chary of the mechanics, in that they too wish to ascribe intentionality within the sub-personal realm. Bolton and Hill, however, do not wish to do this because of advances in Artificial Intelligence, but because they hold it just must be the case that meaning is encoded in the brain. Otherwise (by their lights), it is difficult to explain how mental states with meaningful content can be causal. That is, meaning and normativity need to be imported

---

<sup>87</sup> *ibid.* p. 115.

<sup>88</sup> cf. Hacker (1987) p. 492.

<sup>89</sup> Bolton (1997).

<sup>90</sup> *ibid.*

<sup>91</sup> *ibid.*

to the neuronal level. Part of their aim is to obliterate the gap between the personal and sub-personal levels. Representations, then, must just be personal because they have personal level effects. If they are personal, they are rooted in the practices of the embedding world by being such. Yet, (contra Bolton and Hill) how there can be meaning in the brain, which is quite distinct from the assertion that meaning is in the whole interaction of the human being with a social milieu, remains mysterious. Given that it is the person who interacts, rather than the brain, the meaning and representations in the brain seem still to be metaphorical.

The admirable effect of this is that it allows an account of a condition, such as AD, to be given which moves seamlessly from disruption of neural processes, to disruption of psychological processes, to disruption of action. Moreover, it allows an account of 'functional, meaningful, compensatory strategies' in response to such disruptions. However, it also begs some questions, because - having just stated it must be so (in order for there to be mental events which have causal properties through their meaningfulness) - the talk of encoding meaning implies some mechanism as well as some sort of code. If Bolton and Hill clearly reject the code (it is not a matter of syntax), they do not so clearly reject the notion of mechanism, which is required by their continuing commitment to a representational theory of mind.<sup>92</sup> But with that commitment comes an adherence, whether they like it or not,<sup>93</sup> to the problems of the dichotomy between personal and sub-personal levels. In short, in trying to force a Wittgensteinian account (which regards meaning as a matter of practice within a human context) onto a cognitive science account (with its commitment to representationalism and thereby to the personal/sub-personal dichotomy), Bolton and Hill have tried to have their cake and eat it. The endeavour fails because the personal/sub-personal divide is precisely a divide between meaningfulness and its absence. If we are talking about meaning and intentionality, we must *ipso facto* be talking about persons and not just about brains; so talk of brains encoding meaning must be metaphorical.

---

<sup>92</sup> Thornton (1997b).

<sup>93</sup> Bolton and Hill (1997).



#### 4.5 Representations in the normative world

Is it possible, then, to allow talk of representations and also to accommodate meaning and normativity? I turn now, before summarizing the argument of the chapter and re-examining the status of cognitive neuropsychology, to an account (with which I largely agree) of representations and of how mental content can have meaning. Whilst Fodor attempts, as it were, to eliminate personal level normativity (- it is all explained by causal processes at the sub-personal level -), whilst Dennett attempts to sequester normativity, from the personal to the sub-personal (by analogy and reduction), and whilst Bolton and Hill attempt to insert meaning directly into the representational workings of the brain, Gillett allows that at both personal and sub-personal levels there might be some sense to talk of representations. However, whereas sub-personal representations can be thought of in structural terms, personal level mental representations, which require meaning-normativity, must be embedded in the world.

Gillett is not averse to talk of mental representations. He regards representations as intentional and thinks it 'both natural and plausible to say that our concepts get organized into *mental representations* of things in the world'.<sup>94</sup> However, Gillett notes different uses of the term "representation" and he accuses Fodor of conflating different uses of the notion. He continues:

'The essence of 'representation' as it is used in epistemology involves rule-governed human activity which obeys identifiable but informal norms to do with the use of signs, and it is in this complex and structured milieu that we can understand what it means. By contrast, the cognitive scientist's use of 'representation' is tied to processing networks and states of excitation in information systems and these necessarily concern only one organism and what it is disposed to do in certain conditions. There are no formalizable symbol complexes involved and no norms to be obeyed dictating how the individual

---

<sup>94</sup> Gillett (1992) p. 101.

*should* react to a canonical sign.’<sup>95</sup>

Pertinent here is the distinction between “thin” and “thick” information. Thin information involves ‘analysis of causal transactions between spatio-temporally specifiable states and events and has no place for normative features linked to judgements’;<sup>96</sup> whereas, ‘thick information is conceptual and is therefore essentially tied to reasons, inferences, understanding, perceiving, knowledge, belief, and meaning’.<sup>97</sup> Thin information, for Gillett, relates to the cognitive scientist’s use of the term “representation”. The information processing, which is part of the cognitive neuropsychologist’s paradigm, involves thin (technical) information and the representations based on it are correspondingly “thin”. By contrast, on Gillett’s view,

‘representation, both to oneself and to others, depends on what is public and on the shared norms which persons follow to regulate and articulate activity’.<sup>98</sup>

To be clear, Gillett accepts the cognitive neuropsychologist’s use of the term “representation”. But he does not allow that this use has anything to do with the way in which our actual (non-metaphorical) mental representations (- and he is happy to call them such -) affect our human behaviour and thoughts. For Gillett, thought content is ‘tied to the grasping of concepts and thereby to a natural language’.<sup>99</sup> A useful summary of his position is the following:

‘If we seek to explain the character and role of a given thought and what it is for a thinker to act on that thought, then we must look to the patterns of information sensitivity that the thinker uses in acting as she does. These are elucidated by a study of the rule-governed practices in which she participates and are pervaded by the essential features of those practices. Asking neurophysiological questions about the brain as an information processor is a matter for empirical science and

---

95 Gillett (1989).

96 Gillett (1992) pp. 110-111.

97 *ibid.* p. 111. See also Kenny (1984) pp. 128-129.

98 Gillett (1992) p. 118.

99 *ibid.* p. 119.

just gets the cart before the horse. The essential nature of information as it figures in the explanation of human action remains a matter for philosophy of mind.’<sup>100</sup>

The importance of this point needs to be emphasized, for it counters those cognitivists (including Fodorians) who might argue that their concern was to give an account of how the brain actually works, irrespective of what might be true or false at the personal level. Their account discusses how the brain processes “information”; but Gillett points out that the very concept of “information” - if, say, we are talking about what it is to *remember* “Adlestrop” - must have thick, embedded, connections, otherwise we simply are not talking about what it is to remember.

Sticking to the account of human actions as concerning the agent’s thoughts, rather than in terms of causes, Gillett comments that thinking about actions as guided by thoughts appeals ‘to a far richer conception of persons and their relations than that found in ... an impoverished [causal] model’.<sup>101</sup> He states:

‘Human agents are able to reason because their brains function in causally regular ways, but the nature of their reasoning, and thus the structure and content of mental explanation, only merge when we consider them as rational and social beings. Mental explanation tells us which concepts are being used to shape an action. Concepts involve rule-governed links between a subject’s behaviour and the world and thus determine the way that an action is sensitive to that world.’<sup>102</sup>

He emphasizes the normative characteristics of concept-use and the way in which the distinction between the inner and the outer is not clear-cut. Gillett feels that the conceptual analysis of “mental representations” involves public criteria and significance

---

100 *ibid.* p. 75.

101 *ibid.* p. 76.

102 *ibid.* p. 75.

within the normatively constrained field of human discourse.<sup>103</sup> His inclination, whilst accepting the importance of physiological accounts, is nevertheless to tie all talk of an intentional nature tightly to the realm of persons. Physiological accounts may use language metaphorically, but will be in error if they start literally to apply personal level ascriptions to the sub-personal level.

So, for Gillett, there are the internal representations of representationalist theories such as cognitive neuropsychology, which are metaphorical. And there are the mental representations, which constitute the content of our mental lives; but the reality of these representations stems from their embeddedness in the world of rule-governed practice and agents.

### *Summary*

As in the case of the disease model, cognitive neuropsychology offers a clinically useful and scientifically fruitful way of explaining dementia. In this case, the construal of intentional psychological concepts is representational. In the most obvious philosophical paradigm, however, the Wittgensteinian analysis shows Fodor's functionalist account of RTM to be deficient from the point of view of normativity. The challenge, then, is to give an account of cognitive neuropsychology models that do justice to normativity. This can be couched in terms of the question: how does representational mental content have meaning in the world of persons? For Dennett, it is a question of meaning being stretched down to the lowest sub-personal level of homunculi where it is decomposed to functional mechanisms. But at this level nothing is constrained normatively, even if it is causally determined, because of the gap between the personal and sub-personal levels. For Bolton and Hill, there just must be meaning in the representational workings of the

---

<sup>103</sup> I am not clear whether Gillett would agree with the line taken by Luntley (1991) on the transcendental grounds of meaning. On the one hand, he seems to accept that there is a transcendental structure to thought as expressed by concept use, in which case the norms surrounding the use of intentional psychological concepts could be conceived as grounded a priori (cf. Gillett, 1992, pp. 32-33). On the other hand, Gillett writes: 'The present discussion of concepts, rules, and judgements argues that it must be public criteria, the actions and reactions of identifiable individuals, that ground our judgements in general and thus mental ascriptions in particular' (1992, p. 41).



brain in order for mental states to be causal. Yet how this is achieved is somewhat mysterious, but still seems to require mental mechanisms, which can only be regarded, however, as metaphorical. According to Gillett, representational mental content has meaning precisely because it is embedded and understood only in the context of rule-governed practices. Mental representations involve public criteria and have a significance within the patterned and normatively-constrained field of human discourse.

Such an account of mental representations, however, is not an account of a representationalist theory. If mental representations are to be regarded as public phenomena, in the sense that they are subject to shared normative constraints, which guide the patterned use of the concepts that describe them, they cannot then be thought of as entities or states that are characterizable independently of that which they represent. My representation of "Adlestrop", albeit there is a distinct story to be told in terms of brain processes, is shaped by a patterned, nexus of understandings within the world. Remembering "Adlestrop" is, after all, to evoke a pastoral world of innocence before the First World War. This is what gives the poem its particular quality. But this quality is a public feature resting on shared understandings, so that what counts as remembering "Adlestrop" is normatively given, irrespective of the underlying causal processes. There is no internal vehicle of content here, the representation is shared and public in order for the poem to work. So, if cognitive neuropsychology wishes to speak of representations, these must be metaphorical. Representationalism, which suggests real, independent vehicles for mental content, cannot accommodate normativity and must, therefore, on the Wittgensteinian analysis of intentional psychological states, be discarded as a theory purporting to describe such states.

#### **4.6 Whither cognitive neuropsychology?**

So, representations, if understood in terms of thin information, as signals passed around the brain, may be regarded in structural terms; and if understood in terms of thick information, must be regarded as rooted in the rule-governed practices which embed in

and pattern the human world. The representations of cognitive neuropsychology must be understood in the light of this analysis. Hence the question: whither cognitive neuropsychology?

Well, first, the descriptive content of cognitive neuropsychology remains just as clinically and scientifically useful as ever. That someone can recognize faces but not remember names, that a person can say his or her address but not write it, these are important clinical findings. Such descriptions continue to suggest hypotheses concerning underlying mechanisms. These hypotheses may be verified or falsified by observing other cognitive deficits in other individuals. They may also be tested by anatomical, electrophysiological, neuro-radiological and other means. We should not, however, be mesmerized by the usefulness of these observations and descriptions into misunderstanding the representations described by cognitive neuropsychology. These representations have, at one level, a structural reality, since there is an anatomical and physiological basis to mental phenomena. But once we start to talk of representations in the language of intentionality and normativity, they must engage with the human world of practices and customs. To talk of representations qua neurochemical signals as if they are themselves meaningful is to talk metaphorically.

Secondly, whilst talk of representations in cognitive neuropsychology might err philosophically, it might also go wrong empirically. It is at least possible, for instance, that connectionism might supervene, as providing a more realistic model of brain function.<sup>104</sup> Of course, there might be no inherent incompatibility between cognitive neuropsychology and connectionism.<sup>105</sup> But Shallice, at least, feels that neural networks might pose a threat to cognitive neuropsychology.<sup>106</sup> Whilst he thinks that it is worth continuing to use the classical theories of cognitive neuropsychology, he recognizes the possibility that this could be misleading. More uncompromisingly, however, Fodor and

---

104 Park and Young (1994).

105 Margolin (1992) pp. 13-14.

106 Shallice (1988) p. 266. See the full discussion pp. 245-266.

Pylyshyn<sup>107</sup> note the representational nature of connectionism, in keeping with classical descriptions of cognitive science, but point out that connectionism is not committed to a 'symbol-level of representation', which they feel is 'deeply wrong' because it gives neither 'syntactic nor semantic structure' to mental representations and, hence, allows that, 'any collection of (causally connected) representational states is a possible mind.'<sup>108</sup> They allow, however, that connectionism might provide an account of the neural structure in which the classical cognitive architecture is realized.

It might just be that the 'box and arrow' diagrams of cognitive neuropsychologists are wrong. As Shallice suggests, having the wrong conceptual model could lead researchers down empirical blind alleys. Furthermore, as Fodor and Pylyshyn demonstrate in their talk of minds, at least some advocates of classical cognitive neuropsychology *do* relate empirical findings to philosophical concepts. So it cannot be argued that the critique I have been proposing is *merely* conceptual, since some theoreticians are keen to use empirical observations to support conceptual positions. If the concepts are wrong, then either the empirical data might need to be observed in a different light, or the empirical research might be misled by the confused concepts. Commitment to box and arrow diagrams, as used by cognitive neuropsychologists, might obscure the true complexity of cognitive function.<sup>109</sup>

From these comments follows my third point, which is that the descriptions and observations of cognitive neuropsychology will shed light on the underlying neurology. Drury once wrote: 'neurophysiology is the asymptote of experimental psychology'.<sup>110</sup> Similarly, it seems likely that neuropathology (as well as neurophysiology) is the asymptote of cognitive neuropsychology. As cognitive neuropsychology moves towards its asymptote, things will become more complex. One danger is that the information

---

<sup>107</sup> Fodor and Pylyshyn (1988).

<sup>108</sup> *ibid.* p. 49.

<sup>109</sup> I am aware that many cognitive neuropsychologists would be happy to square their findings with both connectionist models as well as the more traditional information flow diagrams.

<sup>110</sup> Drury (1973) p. 55.

processing paradigm, along with a commitment to inner representations, might tend to underestimate this complexity. It might be better, that is, to abandon all talk of inner representations and look instead at the complexity of the whole intra-cerebral environment with millions of nerves interacting differentially within specific sub-environments determined by location and delicate neurochemical balances. This sort of complexity is harder to grasp, but more realistic.

Fourthly, whilst I was critical of Dennett's attempts to accommodate intentional, normative commitments within the sub-personal realm, it might be that talk of personal and sub-personal levels is useful here. The wiring diagrams of cognitive neuropsychology were, after all, developed in response to functional problems as a way of understanding them. Having accepted (contra Dennett) that sub-personal content is metaphorical and that intentionality cannot be discharged into causal reactions, it is nevertheless true that the wiring diagrams *do* seem to provide a sub-personal account. For they provide an account of functional abilities at a sub-personal level. What it is for me to be able to write *can* be decomposed into sub-personal, functional skills, any or all of which might go wrong. What it was for Edward Thomas to write the poem "Adlestrop" has to be understood at the personal level; but it required a number of sub-personal, functional abilities to be intact. This functional description does not require contentful, mental representations to be passed along cognitive pathways, but "thin" information, neurochemistry and neuronal structures are undoubtedly involved. It need not be the case, however, that there is only one physical, neurological way of realizing such functional abilities. How these functional abilities are realized in terms of mechanisms is an empirical question worthy of study. It is not, however, a study of the intentionality and normativity of mental states. Figure 1 in this chapter, therefore, whilst gesturing at causal preconditions, is a covert and approximate description of functional abilities.

Meanwhile, if metaphorical language is to be used - and this is my final point - it should be used cautiously. As Kenny suggests:



'The moral is not that the human-being predicates cannot have their use extended at all, but that they must be extended cautiously and self-consciously, and that if they are extended one may not argue from the application of such a predicate to a whole human being to the application of the transferred predicate to anything other than the whole human being.'<sup>111</sup>

Kenny's concern is that the inappropriate use of human-being (or what I have called personal level) predicates might lead to a false metaphysics. Thinking that cognitive neuropsychology, or cognitive science generally, has explained the mind would be an example of this. For, the explanatory power of such sciences remains within the realm of the sub-personal level and cannot explain personal level ascriptions. In real terms, allowing metaphorical uses of language to take too deep a root is cashed out in the approach of the clinician to the patient. The patient, as an information processor, has no real engagement with the world, but simply reacts in pre-determined ways. The patient-as-a-person is an agent in the world with values for whom things have a significance.

## **Conclusion**

Cognitive neuropsychology indulges in a metaphorical use of language that might lead to metaphysical or empirical errors. Its representationalism, understood in terms of internal vehicles of content, is erroneous. Nevertheless, it has heuristic value and, used cautiously, can deepen our explanatory account of dementia. Meanwhile, talk of mental representations or inner processes must be tied conceptually to the (outer) world of persons, in which events have significance and meaning. Cognitive neuropsychology directs us towards function and underlying neuropathology. But, our understanding of intentional mental phenomena (as I argued in chapter 2) and of the brain (as I argued in chapter 3) must be embedded in a larger understanding of persons as beings of a particular sort in the world. It is to the social world of persons interacting that I now turn.

---

<sup>111</sup> Kenny (1984) pp. 133-134.

## Chapter 5.

### Social construction and dementia: discourse and normativity

#### Introduction

Having considered how psychological phenomena are dealt with in physical and psychological models, I now turn to a social model of dementia. In the previous two chapters, I have emphasized a broad perspective of psychological phenomena - and thereby of dementia. The social perspective offers, at first sight, a broad view, but it too is in danger of being circumscribed.

In this chapter, there are three main sections before the conclusion:

1. I shall describe social constructionism and discursive psychology. Such theories have been used in connection with dementia and I shall examine these links, particularly in the works of Harré and Kitwood. Social constructionists often make appeal to Wittgenstein's philosophy for theoretical support.

2. I shall ask, as the first move in the Wittgensteinian analysis, how social constructionism construes intentional psychological states. The answer is that it suggests that psychological phenomena are social constructs. In part, this is right. The emphasis is on the public following of rules in practices and customs, just as required in the Wittgensteinian analysis of Chapter 2. In order to explain why the answer is only partly right, I need to clarify an ambiguity, concerning whether social constructionism offers a causal or constitutive account of intentional mental states. Unfortunately, as I shall demonstrate, this ambiguity is pervasive in the writings of social constructionists.

3. I shall offer two clarifications. First, if social constructionism is no more than a *causal* account of intentional mental states, it is not broad enough. Secondly, more

seriously, if social constructionism offers a *constitutive* account of such mental states it is flawed philosophically, since it will not be able to offer the transcendental conception of normativity required by the Wittgensteinian analysis of chapter 2. Both clarifications imply that social constructionism is deficient as a way of conceptualizing dementia, because of its circumscribed construal of intentional psychological phenomena. Whereas social constructionism roots normativity in discourse and social practices, which are thereby seen as *essentially* public, the Wittgensteinian analysis emphasizes the embedding of these practices in the world, so that normativity is a matter of such practices being *potentially* public, but not essentially social.

In my conclusion, I shall start to look again at the notion of the person. In this respect, social constructionism at least broadens the perspective and impels us towards the views of the final chapter.

### **5.1 Social constructionism, discursive psychology and dementia**

Social constructionism emanates from a variety of sources. Elements of social constructionist thought are prefigured in the works of Mead, who argued that the self arises through the process of social experience and activity,<sup>1</sup> and Vygotsky, who held that speech develops ‘from the social to the individual’.<sup>2</sup> My concern is with psychological phenomena, about which Harré has stated: ‘The central thesis of social constructionism is the claim that most psychological phenomena are created in and have their primal being in social encounters’.<sup>3</sup>

Indeed, Harré has split contemporary psychology between, on the one hand, those following Freud, Piaget and Dennett, who have embraced,

‘the thoroughgoing individualism of the cognitivists who conceive of human

---

1 Mead (1934).

2 Vygotsky (1934) p. 20.

3 Harré (1993) p. 95.

action as the product of individual mental processes';<sup>4</sup>

and, on the other hand, those in the camp of Wittgenstein, Vygotsky and Mead, sharing, 'the collectivism of the social constructivists, who conceive of human action as the joint intentional actions of minded creatures whose minds are structured and stocked from a social and interpersonal reality'.<sup>5</sup>

Harré has associated himself with the general spirit of social constructionism:<sup>6</sup> 'I share with many the idea that people and what they do are artifacts, products of social processes.'<sup>7</sup> Harré identified this as the thesis shared by all versions of social constructionism: 'all psychological phenomena *and the beings in which they are realized* are produced discursively.'<sup>8</sup>

### *Social constructionism and discursive psychology*

In the first part of this section, I aim to give an account of the assumptions of social constructionism (or discursive psychology<sup>9</sup>), specifically as they relate to the mind. This will involve some mention of the connections made between social constructionism and Wittgenstein's philosophy. In the next section, I shall highlight the ambiguity concerning whether social constructionism offers a causal or constitutive account of intentional states. For now, however, I shall turn a blind eye to such ambiguities, although they lie latent in much social constructionist thought.

According to Gergen, one of the assumptions of social constructionism is that, 'The terms in which the world is understood are social artifacts, products of historically

---

4 Harré (1983) p. 8.

5 *ibid.*

6 I follow Gergen's suggestion (1985) in using the term 'constructionism' rather than 'constructivism'.

7 Harré (1993) pp. 2-3.

8 Harré (1992).

9 Harré prefers to describe his theory as "discursive psychology", and he is chary of some of the implications of social constructionism. For the sake of simplicity, I shall intend "discursive psychology" to be covered by the umbrella of "social constructionism".



situated interchanges among people'.<sup>10</sup> Gergen explicitly recognizes related themes in the work of Wittgenstein:

'Wittgenstein brought into poignant clarity the extent to which the use of mental predicates is convention bound. ...many classic problems both in psychology and philosophy appear to be products of linguistic entanglement'.<sup>11</sup>

The aim, therefore, should be clarity which, again recalling Wittgenstein, often relies on anthropological research to demonstrate the social origins of many of our assumptions. The social constructionist movement begins in earnest 'when one challenges the concept of knowledge as mental representation' and replaces it with the view that 'knowledge is not something people possess somewhere in their heads, but rather, something people do together',<sup>12</sup> mostly by means of language. The ontological basis of mind or self, according to social constructionism, is not in the head but is 'within the sphere of social discourse'.<sup>13</sup> Again, this analysis is supported by a Wittgensteinian spin:

'one ceases to view mental predicates as possessing a syntactic relationship with a world of mental events; rather, ...such terms are cashed out in terms of the social practices in which they function'.<sup>14</sup>

Similarly, the influence of Wittgenstein is pervasive in Coulter's *The Social Construction of Mind*. For instance, in his treatment of memory, Coulter made the point that 'remembering is a defeasible achievement and not purely a mental process. ...To have remembered is to be *correct* about the past event, ...'.<sup>15</sup> Coulter accepts that, whilst remembering, a person might have an image of the past present to consciousness, 'but in itself such an experience cannot be the sole criterion for remembering'.<sup>16</sup> Hence,

'our interest need not be in 'underlying' rules or structures putatively 'in the

---

10 Gergen (1985).

11 *ibid.*

12 *ibid.*

13 *ibid.*

14 *ibid.*

15 Coulter *op. cit.* p. 59.

16 *ibid.*

mind', but in public displays of psychological phenomena and subjectivity-determinations as socially-organized accomplishments'.<sup>17</sup>

He goes on to form the social constructionist conclusion:

'It would be a retrograde step to attribute the properties of such social phenomena to individuals' minds; the reorientation proposed here involves attributing the properties of mental-predicate ascriptions and avowals to the culture, not to minds.'<sup>18</sup>

So, in connection with thought and thinking (- and again this has a Wittgensteinian ring to it -), Coulter states:

'We can be misled, lied to or deceived about a person's thoughts and actions, but being misled, lied to or deceived in these ways cannot be an invariant feature of our social world in these respects, for in order to possess the concept of 'thought' ... in the first place, we must have publicly available standards of appropriate use and reference for them, which presupposes some agreement on actual cases.'<sup>19</sup>

To anticipate, a key point, as far as my argument will be concerned, is whether or not the normativity of mental states such as thought requires 'publicly available standards of appropriate use'. There are at least three alternatives:

- first, the practices, which are constitutive of intentional psychological states, must be *essentially private*; that is, these practices could be inner routines that allow me to say that I have remembered or thought of something;
- secondly, the practices must be *essentially public*; thus, understanding how to play chess is precisely to make these public moves in public space (and in the absence of these moves, there is absence of understanding);
- thirdly, the practices must be *potentially public*; so what I mean by thinking can - in principle - be communicated and understood by others, even if it is not in fact

---

<sup>17</sup> Coulter op. cit. p. 61. Although it is not my concern, it could be argued that, on these grounds, false memories might have to be called memories. Whereas, in the same way that false knowledge just is not knowledge, false memories are not memories, even when publicly displayed.

<sup>18</sup> ibid.

<sup>19</sup> ibid. pp. 90-91.

communicated; and my understanding of chess involves the potential for just these public moves, but whether these moves are, in fact, publicly instantiated is another question.

The first position, as I have made apparent in earlier chapters, is argued against extensively by Wittgenstein. Cognitive neuropsychology, for instance, can be characterized in this way. It is problematic because it is not clear how such private practices can account for the public manifestations necessary for normativity. In this chapter, I shall largely ignore this position. The second position is the one which is most clearly social constructionist. It suggests that normativity is a matter of public practices. What makes this a matter of understanding *X* is just the fact that it conforms to the social practice of understanding *X*. The third position is the one that I shall advocate as being closest to the Wittgensteinian analysis of Chapter 2. There must at least be potential public practices underpinning language and thought. Whether, in fact, there is someone else to understand *X* with you is a further question. But the normativity which attaches to the state of understanding *X*, is such that it must potentially be a shareable state. I shall make clear later in the chapter why I accept the third position over against the second.

Harré accepts the basic premisses of social constructionism. This is not to say that he has no qualms. He has made it clear that there are two implications that he would reject. First, 'The fact that people are created by other people and that their actions are in essence joint actions does not mean that the actions people perform are socially caused.'<sup>20</sup> Even though constructed, a person is still capable of autonomous action. Secondly, Harré rejects suggestions that social constructionism implies 'a radically anti-foundationalist theory of human nature', as if there is 'no common human nature'. Against this he asserts: 'We could no more genuinely adopt another way of life than we could take up another biology. To do so would require us not to be the people we are.'<sup>21</sup>

Nevertheless, Harré believes that psychological phenomena are jointly created by people,

---

<sup>20</sup> Harré (1993) p. 3.

<sup>21</sup> *ibid.*

most importantly through discursive processes.

According to Harré's brand of social constructionism it is in discourse, ordinary conversations, that the construction of selves and of psychological phenomena occurs.

'I take the array of persons as a primary human reality. I take the conversations in which those persons are engaged as completing the primary structure, bringing into being social and psychological reality. Conversation is to be thought of as creating a social world just as causality generates a physical one.'<sup>22</sup>

Harré's inclination to stress the intersubjective nature of persons constitutes a direct assault on the old paradigm of psychology:

'We must really stop thinking of psychology as the science of what happens in and around individual people. We must turn to the most tantalizing and difficult aspect of human action, namely conversing, to find the empirical basis of our studies.'<sup>23</sup>

Others have focused on conversation too, in order to show its influence on a person. It is notable, in this regard, that language therapy and linguistics can use philosophers such as Austin and Wittgenstein in a pertinent fashion. Hopper used both philosophers to suggest that,

'Spoken conversation ... is primordial activity that underlies other interaction. ...Speaking-in-conversation is central to the human experience'<sup>24</sup>

Elsewhere, having restated the underlying social constructionist theme, that,

'An individual emerges through the processes of social interaction, not as a relatively fixed end product but as one who is constituted and reconstituted through the various discursive practices in which they participate',<sup>25</sup>

Davies and Harré proceed to argue that, 'the constitutive force of each discursive practice

---

22 *ibid.* pp. 64-65.

23 Harré (1989a).

24 Hopper (1988).

25 Davies and Harré (1990).



lies in its provision of subject positions.’<sup>26</sup> Now, the notion of positioning within a discourse, which acknowledges the importance of understanding the relationship between participants in a conversation, is itself relevant to any consideration of discourse between a dementia sufferer and his or her doctor. The relationship may affect the illocutionary force of a particular utterance. The point about positioning is summarized by Harré and Gillett thus:

‘Positioning highlights the importance of “making something of a situation” as one participates in it and according to one’s perceptions of it. This idea in turn underpins the concept of subjectivity, which expresses the way things appear to be or are signified by the speech and action of a person seen in relation to a discursive context. This is the closest our present approach comes to an account of the Cartesian “inner”.’<sup>27</sup>

In the first part of this section, I have given an outline of social constructionism. Some of the things that social constructionists have said about the mind have been touched upon. The main idea, albeit there is a range of views, is that mental phenomena are made, or constructed, from continuing human practices. Our understanding of a mental state, therefore, will be contingent upon social interactions and, in particular, on human conversation and discourse. In this regard, I have introduced discursive psychology, Harré’s development of social constructionism. Wittgenstein has been used by social constructionists and I have advertized some areas which may be contentious. In the second part of this section, I shall consider the ways in which social constructionist models have been used in relation to dementia.

### *Social constructionism and dementia*

It should already be apparent that social constructionist theories have relevance to dementia. Any theory of mind will have implications for a condition in which the mind is

---

<sup>26</sup> *ibid.*

<sup>27</sup> Harré and Gillett (1994) p. 35.

apparently “lost”. Further, social constructionism’s emphasis on discourse is relevant because dementia can involve the loss of language. Moreover, whilst any illness or disease occurs within a social context, dementia inevitably has social consequences which often pose the main problems for carers: disturbed behaviour, for instance. So there are numerous ways in which social constructionist theories can be used relevantly in connection with dementia. Here, I shall present some of the literature that makes such connections. First, I have selected writings from the field of medical ethics; secondly, I shall look more closely at writings by Kitwood; and, thirdly, I shall refer to papers co-authored by Harré which again make the link between social constructionist accounts and dementia. The noteworthy strategic point is that many of these authors have had direct experience of professional contact with people with dementia. Hence, as in previous chapters, this model of dementia too has been found theoretically fruitful *and* practically useful.

Lyman provides a good example of how awareness of social constructionism has led to a different perspective on dementia:

‘reliance upon the biomedical model to explain the experience of dementing illness overlooks the *social construction* of dementia and the impact of treatment contexts and caregiving relationships on disease progression’ (emphasis added).<sup>28</sup>

Partly Lyman bases her case simply on the recognition of the social setting of dementia (‘care occurs in social settings and relationships that are seldom examined in regard to their contribution to dementia’<sup>29</sup>); but she also builds an assault against the ‘medicalization of senility’, in which the attempt to differentiate clearly between dementia and normal ageing is seen as ‘a social construction to create order from the disorderly aspects of living with dementia’.<sup>30</sup> Her suggestion is that disturbed behaviour in dementia often results from disturbed care-giving relationships, which tend to be overlooked if the behaviour is attributed to disease. It would be possible, I think, to

---

<sup>28</sup> Lyman (1989).

<sup>29</sup> *ibid.*

<sup>30</sup> *ibid.*

dispute some of her more contentious assertions.<sup>31</sup> However, her advocacy of the sociogenic perspective deserves respect:

‘The sociogenic perspective recognizes that all human experience involves intentional social action and interaction, in socially structured environments, in the context of taken-for-granted socially constructed knowledge about aging, development, and disease.’<sup>32</sup>

Discussing ethical issues in dementia, therefore, can quickly lead to social constructionist claims and (as in the next two examples) readily brings up the social context of dementia. Moody, in discussing advance directives and the ethical principles surrounding them, stresses not only the social structure but the communication which takes place within such structure:

‘Both autonomy and beneficence revolve around claims of individuals. In place of that focus on individuals, we should put the attention on the *social structure* in which communication takes place’.<sup>33</sup>

From the perspective of social work, Polden proposes that we should consider the ‘language of consent’ as less abstract than Kant’s ‘respect for persons’. But her suggestion that the ‘language of consent’ ‘points to fundamentally important aspects of the relationship people have to one another ...’<sup>34</sup> could sit amicably alongside a social constructionist account. Both Moody and Polden, therefore, using a “sociogenic” perspective, find themselves stressing communication and language, in keeping with the tenets of Harré’s discursive psychology.

Norberg’s overview of ethical issues in dementia makes use of ‘narrative relation

---

<sup>31</sup> Those who rail against ‘medical models’ need to be clear exactly who it is they are attacking. Old Age Psychiatrists, for instance, would take it as a *sine qua non* that the social environment of a patient was crucial. Lyman’s assertion that most disturbed behaviour results from problems in the care-giving relationship also needs support. It might often be true. But, equally, it often seems to be a direct consequence of the disease and little to do with the relationship with the carer. The truth is more likely to be that disturbed behaviour results from an interaction of the disease with the environment.

<sup>32</sup> *ibid.*

<sup>33</sup> Moody (1992) p. 65.

<sup>34</sup> Polden (1989).

ethics'.<sup>35</sup> Narratology is recognized by Harré to be close to social constructionism, because it allows us to consider the stories that we construct of our lives. And, according to Norberg,

'we create and tell our stories within stories that others have already told. When we narrate we order actions into the past, the present and the future. ...People are simultaneously involved in many stories, that of their families, their countries, their professions, mankind and so on. There is also a personal story. The person tells and is told.'<sup>36</sup>

Such a view is clearly constructionist: the person is constructed by the various story lines in which he or she takes part and these stories are essentially public, so the construction is social. It has, according to Norberg, ethical implications:

'Being able to experience episodes of our lives as whole and meaningful stories is an important aspect of our narrative competence. The demented person gradually loses this competence. The caregiver then has an important task helping her or him experience wholeness and meaning.'<sup>37</sup>

It is clear, then, that social constructionist thought can play a role in some of the ethical issues that arise in connection with dementia.

Having discussed the sort of views which readily become apparent in the medical ethics literature relating to dementia, I shall now consider in more detail some of the writings of Kitwood. He argues that the approach which he espouses suggests that 'the problem' of dementia does not exclusively lie within the dementia sufferer: 'The problem' should be located, rather, in the interpersonal milieu.'<sup>38</sup> At a time when inner security is vanishing, because of loss of memory and the decline of other cognitive faculties, 'personhood can only be guaranteed, replenished and sustained through what others provide.'<sup>39</sup> This

---

<sup>35</sup> Norberg (1994). I should add that narratology does not equate to social constructionism. It need not involve others, so need not be social, and it need not be a matter of constructing, but rather just of ordering our lives. Nevertheless, Norberg talks in a way that is at one with social constructionism.

<sup>36</sup> *ibid.*

<sup>37</sup> *ibid.*

<sup>38</sup> Kitwood (1993a).

<sup>39</sup> *ibid.*



sentiment reflects social constructionist thought, since it relies on the notion that personhood is constructed by others, whereas many would wish to stress the inner qualities (such as self-consciousness) or physical attributes (such as having an intact functioning human brain) necessary to confer personhood.<sup>40</sup> Indeed, Kitwood gives a straightforward social constructionist avowal when he writes: 'virtually all the losses and difficulties of later life are socially constructed'.<sup>41</sup> Kitwood defines personhood as,

'a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being'.<sup>42</sup>

Personhood is, thus, according to Kitwood, constructed by others in a social context:

'The core of our position is that personhood is essentially social; it refers to human beings in relation to others.'<sup>43</sup>

According to Kitwood, 'the dementing illness is intricately woven into the pattern of life-history and social relationships'.<sup>44</sup> Dementia requires 'inter-subjective insight' and 'inter-subjective understanding' on the part of carers and health professionals.<sup>45</sup> On the basis of such social constructionist thoughts, Kitwood suggests that we need research into the social psychology of dementia, in which we come close to the 'actual experience of those who are old and confused'.<sup>46</sup> This suggestion also has an impact on the process of research with dementia sufferers.<sup>47</sup> Researchers themselves are seen as 'socially enmeshed'.<sup>48</sup> A broader view of dementia appears to encourage feelings of self-worth and self-agency amongst dementia sufferers within the context of hopeful caring.<sup>49</sup>

Kitwood suggests that attending to the "malignant social environment" of care can lead to

---

<sup>40</sup> I shall return to the notion of 'personhood' in Chapter 6. Some of the issues are briefly summarized in Gillon (1986), pp. 50-53.

<sup>41</sup> Kitwood (1989).

<sup>42</sup> Kitwood (1997).

<sup>43</sup> Kitwood and Bredin (1992).

<sup>44</sup> Kitwood (1990).

<sup>45</sup> *ibid.*

<sup>46</sup> *ibid.*

<sup>47</sup> Kitwood (1995).

<sup>48</sup> *ibid.*

<sup>49</sup> Kitwood (1993b).

a process of “rementing”.<sup>50</sup>

Kitwood’s work, premised on social constructionist theory, has had a significant impact on theorizing concerning dementia, as well as on the actual practical business of providing ‘person-centred care’.<sup>51</sup> Even if at a conceptual level Kitwood’s theories can be criticized, the practical usefulness and humaneness of the perspective he has helped to create are undoubted.

Finally, in this section, I wish to return to the work of Harré, to show its applicability to dementia. The point here is simply to show how the theoretical work has practical usefulness and relevance, without criticizing its theoretical basis. There are critical comments to be made, which will appear in subsequent sections. I shall start with earlier work by Sabat, who has later co-authored papers with Harré. Sabat has recorded conversations with AD patients for analysis.<sup>52</sup> As a preface to this work, Sabat discusses Bühler, who,

‘saw the elements of language as being social tools, the use of which was determined by the intentions of the user, with purposeful communication as the goal’.<sup>53</sup>

Interestingly, but as an aside, the theories of the Böhlers are strongly evident in Vygotsky (who provides some of the roots to social constructionism); moreover, Wittgenstein met the Böhlers and it has been conjectured that he might himself have been influenced by them.<sup>54</sup>

Sabat convincingly musters evidence to show that ‘the social context of the conversation and the purposes of the interlocutors’ are all-important.<sup>55</sup> He proceeds to demonstrate

---

<sup>50</sup> Kitwood (1997) pp. 62-62.

<sup>51</sup> *ibid.* The whole book is a testimony to Kitwood’s theoretical and practical impact.

<sup>52</sup> Sabat (1991).

<sup>53</sup> *ibid.*

<sup>54</sup> Toulmin (1969).

<sup>55</sup> Sabat *op. cit.*

that, in two conversations with AD patients,

‘there was an exchange of ideas, information about the present and past, humor, sadness, concerns and advice; there were openness and compassion, there were changes of attitude. In short there was an experience, shared between two interlocutors, of some of the most fundamental human characteristics.’<sup>56</sup>

Although the conversations were disjointed, language was used as a social tool, in keeping with Bühler’s theories, with the words having a purpose. This suggests that these were genuine conversations between persons. In social constructionist terms, extrapolating from Sabat, the personhood of the participants was constructed in part by the conversation. The conversation can certainly be seen to have contributed to their standing as persons in relation to one another.

In later studies, premised on the constructionist notion that ‘personhood is created primarily in the process of engaging in certain types of spoken discourse’,<sup>57</sup> Sabat joined with Harré to argue for the preservation of self in dementia. They make a distinction between self<sup>1</sup>, which is the self of personal identity, ‘experienced as the continuity of one’s point of view in the world of objects in space and time’ which is ‘usually coupled with one’s sense of personal agency’; and selves<sup>2</sup>, ‘the selves that are publicly presented in the episodes of interpersonal interaction in the everyday world, the coherent clusters of traits we sometimes call ‘personae’.’<sup>58</sup> Alzheimer’s, on this view, ‘does not result in the loss of self<sup>1</sup> and only contributes indirectly to possible losses in selves<sup>2</sup>’.<sup>59</sup> This is because self<sup>1</sup> requires that the person can index his or her discourse by the use of first person pronouns, an ability which endures into even severe dementia.<sup>60</sup> And selves<sup>2</sup> will remain intact because any particular self<sup>2</sup> is not related to progression of the disease, but to ‘the behaviour of those who are regularly involved in the social life of the

---

<sup>56</sup> *ibid.*

<sup>57</sup> Sabat and Harré (1992).

<sup>58</sup> *ibid.*

<sup>59</sup> *ibid.*

<sup>60</sup> *ibid.*

sufferer'.<sup>61</sup> Sabat and Harré's conclusion here is much the same, therefore, as that of Kitwood. They state:

'if there is a loss of the capacity to present an appropriate self<sup>2</sup>, in many cases the fundamental cause is to be found not in the neurofibrillary tangles and senile plaques in the brains of the sufferers, but in the character of the social interactions and their interpretation that follow in the wake of the symptoms.'<sup>62</sup>

Elsewhere, again using real conversations with AD subjects, Sabat and Harré suggest that such patients remain 'semiotic subjects', by which they mean,

'people who can act intentionally in the light of their interpretations of the situations in which they find themselves, and who are capable of evaluating their actions and those of others according to public standards of propriety and rationality.'<sup>63</sup>

They suggest that the illocutionary force (often present in conversations with people with AD) of the elements of a discourse are 'not diminished or obliterated by grammatical or phonetic errors, or by paraphasias'.<sup>64</sup> Just to emphasize again the utility of this work, its upshot is highly relevant to carers who find themselves with a duty to search 'for the meaning in the behavior of the afflicted when it is not readily apparent'.<sup>65</sup>

To conclude this section, then, I have described social constructionist theories - including the tendency for them to be given a Wittgensteinian basis - and shown how they have been used in relation to dementia. Such theories have been useful in providing a way of discussing ethical issues relating to dementia; useful in presenting carers with broader models to understand the people for whom they care; useful as a way of suggesting both that the self is not lost in dementia and that dementia sufferers continue to be persons who can (inter-)act with meaning. I shall now move on to the Wittgensteinian analysis of the

---

61 *ibid.*

62 *ibid.* It should be clear, in this discussion, self<sup>1</sup> is not a socially constructed self, whereas self<sup>2</sup> is.

63 Sabat and Harré (1994).

64 *ibid.*

65 *ibid.*



social constructionist's handling of intentional psychological phenomena.

## 5.2 Intentional psychological states as social constructions

In pursuing the Wittgensteinian analysis of social constructionism I shall, once again, start by asking how social constructionism construes intentional psychological states. The answer is clear: intentional psychological phenomena are social constructs. To a degree this accords with the Wittgensteinian analysis, since it places an emphasis on the public following of rules in practices and customs. Social constructionism is opposed to the view (outlined above<sup>66</sup>) that the practices constitutive of psychological states must be *essentially private*. Instead, social constructionism opts for the position that regards the practices that underpin language and thought as *essentially public*. As I have already indicated, the Wittgensteinian analysis suggests that such practices must be *potentially public*. If they have to be *essentially public* the account of intentional psychological states, as I shall show, is circumscribed.

That said, it is still worth considering the degree to which the suggestion that intentional psychological phenomena are social constructs accords with the Wittgensteinian analysis. Consider, for instance, Harré's assertion that,

'Insofar as psychological functioning is accomplished through the medium of speech-acts it must be both public and collective'<sup>67</sup>

He also maintains that 'the discursive thesis entails a sociality thesis'.<sup>68</sup> The emphasis is on the extent to which understanding psychological phenomena requires public display and agreement. For Harré, to be a psychologically functioning person is to be able to take part in public discourse. This immediately acts as a corrective to those models suggesting that psychological phenomena are only understood in terms of the internal workings of the brain. Social constructionism, on this view, helps to broaden our notions of what it is to be a psychological person of this sort. To take another example,

---

<sup>66</sup> See pp. 156-157 above.

<sup>67</sup> Harré (1989a).

<sup>68</sup> Harré (1992).

Coulter states:

‘our interest need not be in ‘underlying’ rules or structures ... but in public displays of psychological phenomena and subjectivity-determinations as socially-organized accomplishments’.<sup>69</sup>

He later opined: ‘...the ascription and avowal of mental-conduct categories turn upon essentially *public* grounds ...’.<sup>70</sup> What is apparent is the rule-governed nature of psychological phenomena; but the rules are not internal, they are external, contained in practical, social accomplishments. Again there is a feeling of a corrective here, for instance to the conventional medical view, which tends to look for internal explanations for problems in psychological functioning, rather than look to the social environment.<sup>71</sup>

The corrective can legitimately claim *some* support from the Wittgensteinian analysis, according to which intentional psychological states involve the public following of practices and customs. But there is no mention here of normativity. Just how social constructs can account for normativity will need to be made clear in what follows. As in the previous models of dementia, it is in its treatment of normativity that social constructionism will be found wanting by the Wittgensteinian analysis.

The important issue is whether or not the account given of normativity, in relation to intentional psychological states, squares with the Wittgensteinian analysis. What is crucial is exactly what it means to construe such mental states in terms of social constructs. There are two alternatives:

- social institutions and practices *cause* intentional mental states to be the states they are;
- intentional mental states are *constituted* by social practices and institutions.

The ambiguity concerning these alternatives is deeply rooted in social constructionist literature. In the rest of this section I shall demonstrate this point.

---

<sup>69</sup> Coulter op. cit. p. 61.

<sup>70</sup> *ibid.* p. 153.

<sup>71</sup> Actually I doubt that doctors always look to ‘internal’ causes. It has been commonplace to locate causes in the the ‘outer’ environment, for instance in the family or in relationships. The view to which I am paying lip-service is a parody of real medical practice.

I have already quoted Kitwood as saying: 'The core of our position is that personhood is essentially social: it refers to human beings in relation to others'.<sup>72</sup> Kitwood could be suggesting that personhood (which typically involves the possibility of ascribing intentional mental states) is *caused* by social relations; in this sense it is socially constructed. But the "essentially" also implies that this is what personhood is *in essence*, namely a matter of social relations, which would be a *constitutive* claim.

Harré echoed Kitwood in writing: 'persons are discursively produced',<sup>73</sup> which sounds like a *causal* explanation of persons. Elsewhere he writes: 'Memories are created discursively ... remembering is paradigmatically a social activity'.<sup>74</sup> Although the notion of memories being *created* by social activity sounds like a causal account of memories, the copula in 'remembering *is* ... a social activity' could be taken as an indication as to the *nature* of remembering. Moreover, I previously quoted Davies and Harré (but now with emphases added):

'An individual *emerges* through the processes of social interaction, ... as one who is *constituted and reconstituted* through the various discursive practices in which they participate.'<sup>75</sup>

If the emergence is a *causal*, social process, the second half of the sentence implies the person is *constituted* by the social interaction. In which case, 'persons are discursively produced' might be given a constitutive interpretation too.

Similarly, Gergen's talk of the ontological basis of mind being 'within the sphere of social discourse',<sup>76</sup> together with Coulter's suggestion that 'the properties of mental-predicate ascriptions and avowals' should be attributed 'to the culture, not to minds', equally show a tendency towards a *constitutive* account of mental states. But the *causal*

---

72 Kitwood and Bredin op. cit.

73 Harré (1992). See also quotation cited in reference 8.

74 Harré (1994).

75 Davies and Harré (1990).

76 Gergen op. cit.

tendency in social constructionism - for instance, Kitwood saying that 'virtually all the losses and difficulties of later life are socially constructed'<sup>77</sup> - remains.

So too, concerning memory, Harré suggests:

'An entry in a diary is not a memory, nor is a molecular configuration in the brain. A memory is a representation. A representation is only a memory if it is an accurate or true representation of some past event...'.<sup>78</sup>

He goes on to say that a representation becomes a true representation through a 'public negotiation of authenticity'.<sup>79</sup> This keeps in mind,

'the important observation that remembering is a task for people, and that the memory 'machines' in their heads are of no more and no less significance than the tape recorders and diaries they also use'.<sup>80</sup>

Harré had in his sights the cognitivist's account of memory, which I discussed in the last chapter, but the point is thus, not only social, but constitutive: a memory is *constituted* as such by a public negotiation. Yet, the *causal* line is strong in: 'psychological phenomena are created in ... social encounters.'<sup>81</sup>

So, even if the emphasis on public practices has a Wittgensteinian ring to it, the ambiguity concerning whether social constructionism offers a causal or constitutive account of intentional psychological states is pervasive, which has implications for the account it gives of normativity. So far, in this chapter, I have:

- offered an account of social constructionism;
- shown that social constructionism construes psychological phenomena as social constructs;
- highlighted an ambiguity concerning whether social constructionism offers a causal or constitutive account of intentional psychological states.

---

<sup>77</sup> Kitwood (1989).

<sup>78</sup> Harré (1994).

<sup>79</sup> *ibid.*

<sup>80</sup> *ibid.*

<sup>81</sup> Harré (1993) p. 95.



### 5.3 The social construction of normativity

I shall now offer two clarifications:

- first, if social constructionism offers a causal account, it is not broad enough;
- secondly, as a constitutive account, social constructionism is deficient in its treatment of normativity.

I shall then outline the upshot of these clarifications, in line with the Wittgensteinian analysis, by considering the treatment of mind in social constructionist writings.

#### *Clarification 1: broadening the causal account*

First, is it right to say that our intentional psychological states are *caused* by social customs or institutions? It is difficult to doubt the importance of the social in our thoughts and other intentional mental states. I shall take the example of calculation, bearing in mind this is a cognitive skill that can disappear in dementia. Now, ignoring the implicit questions concerning normativity (which I have already discussed and will shortly discuss again), the sum '175+81' calls for the answer '256'. It is a fact that there are numerous causal explanations, which are social, of what it is to perform such calculations. For instance, it must reflect learning. If my teacher were a maverick, I might have been taught such that I always mean 7 where others mean 5 and vice versa. My answer to the sum would then correctly be '238'. That my teachers did *not* teach me in this way is itself a matter of social causality: they were taught the 'normal' way too. This much seems mundane, but it makes the point that there is an ordinary sense in which our calculations being as they are can be explained, causally, in social terms. There is little doubt, therefore, that public agreement plays some part in calculations having the results that they do. Consider, for instance, that before 1971 in England, '£1+£1= 480 pence' was true; whereas nowadays '£1+£1 = 200 pence' is true. Thus, social institutions and customs can correctly be said to *cause* calculations to be as they are (but I have *not* said that these customs and institutions *constitute* what calculations are).

The same holds for all intentional psychological states. My ability to remember things, for instance, partly depends upon my ability to share and recall things in conversation. I can work out, as it were, memories with others. There is a social element to remembering (or, at least, the social element is potentially present), but in old age the opportunity to recollect things with others decreases. Some memories dwindle, it might be surmised, owing to a failure in the social environment. Reminiscence therapy, indeed, aims to counter such a deficiency.<sup>82</sup> I might otherwise not be able to create my memories because of a lack of the appropriate social activity.

In a variety of ways, therefore, a causal account of intentional psychological phenomena seems unobjectionable. There are social causes contributing to our understanding and interpretation of intentional mental states. These states are typically manifest in social contexts, in which the context can shape the manifestation of the state. At root, these states are made shareable by our shared language. It would be easy here to slip into talk of normativity, but I am only making the more mundane point that language is a social phenomenon and our ability to share certain concepts depends on it in a causal way. In the absence of spoken language, I might have to use a sign language to tell you that my intention is to hunt today, but that is enough to suggest that without language of some sort there could be no communication concerning intentional mental states. So there are numerous social causes at work in connection with such states.

The clarification I wish to offer, however, involves pointing out that we do not *just* share a language and certain other social institutions and customs. Intentional psychological states are not caused *solely* by social factors. We also, for instance, share a bodily existence; and, in particular, a human bodily existence. Typically this involves having certain ways of performing; other ways are just not possible. Thus, we have certain ways of communicating intimacy. If there are variations between different societies, these remain understandable between societies. But I cannot frighten off a territorial

---

<sup>82</sup> Butler (1963).

intruder by puffing up the size of my body. Our bodies provide both our possibilities and our limitations. Our bodily existence seems also to shape some of our psychological responses. Too much or too little food or sleep affects our mental states. Drugs have the effects that they do on our moods because of our physical configuration. Our physical construction plays some part in our emotional responses.

The first clarification, therefore, is simply to point out that, if social constructionism aims to supply a causal account of intentional psychological phenomena, there are other causes at work too. Mathematics is a social institution (involving meaning and language) which causes me to give the answer '256' in response to the sum '175+81'. But there is a sense in which this is also caused by our physical structure. Mathematics is, specifically, a human construction. Even if this is just a contingent matter, it remains true that the physical structure of humans *is* a relevant cause of mathematics. This first clarification can be broadened: not only are there physical and psychological causes as well as social causes of intentional mental states, but we can also delineate historical, geographical, economic, religious and aesthetic causal accounts. Social constructionists might wish to claim that these accounts are all manifestations of the social, but that is to simplify. Clarity will come from seeing the complexity. Part of the reason that different peoples calculate in different ways, or have different concepts (albeit concepts that can be compared between cultures), is not just social (or not just a matter of discourse) but a matter of mountains and seas, traditions separated over time, or made diverse by the differing availability of certain resources.

The first clarification, like social constructionism itself, has an anthropological basis, in that it suggests diversity within the human species testifies to the variety of causal factors that shape our thoughts and our ways of understanding ourselves. But in which case, social constructionism is *wrong* inasmuch as it suggests that intentional psychological concepts (and the states they stand for) are *caused* by social factors *alone*. It is just as sensible to speak of physical or geographical causes. There is nothing wrong with presenting a social, causal account of intentional mental states, but this is only one

amongst many possible causal accounts. If this is what social constructionism amounts to, it is a circumscribed account. The second clarification, meanwhile, gets to the heart of the philosophical argument, because it considers the stronger constitutive claim and this brings in normativity.

*Clarification 2(i): the constitutive account - a form of linguistic idealism?*

Secondly, then, is it right to say that our intentional psychological states are *constituted* by the social? This would be the claim that calculation, as a feature of mathematics, is actually a social institution or custom. If you ask what it is to calculate (or to understand or remember) the answer is that it is to take part in a social practice and nothing else. I have already given examples of social constructionists tending in this direction, or at least being ambiguous between the constitutive and the causal accounts. This section draws upon a dispute in social constructionism between whether it is to be interpreted as idealist or realist. Social constructionism seems more obviously to be a form of idealism and I shall pursue the suggestion that it is a form of linguistic idealism (which is linked to the suggestion, which I shall not pursue, that linguistic idealism is to be found in Wittgenstein too). I shall argue that if this were the case, then the account of normativity is deficient when exposed to the Wittgensteinian analysis of Chapter 2. Because, if normativity is a socially constructed fact (conceived in a mind-dependent way) it is not already there inherent in the concept. The Wittgensteinian account suggests that, whether or not the practice is *actually* public, transcendental normativity implies that it is potentially so. The normativity is a transcendental conceptual feature of intentional psychological states and the actual, public instantiation of the practices that constitute normativity is a secondary issue.

In the next section, I shall turn to the possibility that social constructionism is a realist doctrine. This is much harder to defend. Nevertheless, the impulse towards realism is a natural reaction to the deficiencies of social constructionism. The second clarification I shall make, therefore, is to say that social practices and institutions cannot be constitutive



of mental states, because of the consequences for normativity. And this means that social constructionism is an incoherent doctrine.

The idealistic characterization of intentional mental states, suggested by social constructionism, implies that such states amount to no more than the social exchanges, the language or discourse, that constitute such states. For instance, Sabat and Harré (ironically, because it is Harré who criticizes idealism in social constructionism) state:

‘From the discursive point of view, psychological phenomena are not inner or hidden properties or processes of mind which discourse merely expresses. The discursive expression is ... the psychological phenomenon itself.’<sup>83</sup>

This is both a constitutive claim (there is nothing more to the psychological phenomenon than the discursive expression) and an idealistic one (since the reality of discursive expression - which is constitutive of psychological phenomena - is mind-dependent). This seems, therefore, *pace* Harré, to be a form of linguistic idealism.

According to Anscombe, the test for whether or not we have linguistic idealism is the question: ‘Does this existence, or this truth, depend upon human linguistic practice?’<sup>84</sup> Clearly, there is a strong tendency for social constructionism to push us in this direction. Bloor regards Wittgenstein as a proponent of linguistic idealism and, moreover, he interprets this in social terms.<sup>85</sup> According to Bloor, ‘Ostensive learning by paradigms is enculturation or socialization into the local practices of reference’ and ‘The ultimate authority for what our paradigms shall be is our own shared practice’.<sup>86</sup> Bloor makes a direct link between social interaction and the concerns of the linguistic idealist; they both

---

<sup>83</sup> Sabat and Harré (1994).

<sup>84</sup> Anscombe (1976).

<sup>85</sup> Bloor (1996). Incidentally, I think Bloor’s interpretation of Anscombe (1976) and Wittgenstein is wrong. For, although Anscombe talks of finding ‘a sort of “linguistic idealism” ’ in Wittgenstein’s treatment of rules, she finally concludes that he was able to avoid it, since he accepts that: ‘*That one knows something is not guaranteed by the language-game.*’ Thus he attained ‘realism without empiricism’. Further, as Bloor and Anscombe acknowledge, Wittgenstein said ‘*Essence is expressed by grammar*’ [PI § 371]. But he never said ‘*Essence is created by grammar*’, which *would* be linguistic idealism.

<sup>86</sup> Bloor *op. cit.* pp. 369-370.

involve self-reference and self-creativity. He concludes: 'The truths and realities created by "linguistic practices" are clearly social institutions"...'.<sup>87</sup> So here is one commentator who interprets Wittgenstein as a linguistic idealist in order to commend (what amounts to) a social constructionist account. In particular, for Bloor, normativity is a matter of shared standards emerging from social interaction.<sup>88</sup>

In a discussion of Wittgenstein on mathematics and rules, Bloor comments:

'... the inexorable character of mathematics is explained in terms of training in counting and calculating. The importance of the institution explains why we learn to count as we do ... It is *we* who are inexorable. ...The feeling that there is some truth to which a calculation corresponds is not rejected by Wittgenstein, though he relocates that truth in utility and the enduring character of social practice...'.<sup>89</sup>

On these grounds Bloor argues against realism. He also goes on to reach a conclusion which is entirely in keeping with a social constructionist way of thinking:

'Mathematics and logic are collections of norms. The ontological status of logic and mathematics is the same as that of an institution. They are social in nature.'<sup>90</sup>

More recently, Bloor has used Wittgenstein to support the constitutive and idealistic line:

'Wittgenstein sometimes expressed himself by saying that consensus is a precondition of rule-following activities, e.g. of arithmetical calculation: 'This consensus belongs to the essence of *calculation*, so much is certain. I.e.: this consensus is part of the phenomenon of our calculating' (RFM III: 67).'<sup>91</sup>

But in this account, the notion of normativity becomes a matter of social norms and conventions. Normativity is constructed and a matter of consensus:

'Normative standards come from the consensus generated by a number of interacting rule followers, and it is maintained by collectively monitoring,

---

<sup>87</sup> *ibid.* p. 375.

<sup>88</sup> *ibid.* pp. 371-374.

<sup>89</sup> Bloor (1973).

<sup>90</sup> *ibid.*

<sup>91</sup> Bloor (1997) p. 16.

controlling and sanctioning their individual tendencies.’<sup>92</sup>

Such a form of normativity, however, runs counter to the requirement that it should be transcendental. Normativity is not, according to the Wittgensteinian analysis, a matter of social convention - although the concepts are used in language in social settings - but rather a precondition for the concepts having the meanings they do. The transcendental nature of normativity was emphasized by Luntley (as I discussed in Chapter 2) in his discussion of having the experience of hearing someone say ‘add 2’:

‘the norms that shape our future experience must already be there as constitutive of the experience, for they shape that experience.’<sup>93</sup>

Thus, an attempt to reconstruct normativity from norm-free data will inevitably fail. There is a consensus concerning calculation, as Wittgenstein says, but the important point, which Wittgenstein makes again and again,<sup>94</sup> is that normativity just is a constitutive feature of calculation.

It is a mistake, as I argued in Chapter 2, to try to go further and say what then constitutes normativity. In social constructionism, however, if discursive expression *is* the psychological phenomenon, then the normativity that is constitutive of the psychological phenomenon must be no more than the discursive expression. But that goes against the suggestion that normativity is irreducible and transcendent. It makes the normativity, as Bloor would have it, a socially constructed fact. It ignores the point that if normativity were not already there as part of what it is to calculate (as a constitutive feature of calculation), calculation would not be calculation. Normativity is simply a part of the form of life in which calculation makes sense.<sup>95</sup>

The difference between social constructionism and the Wittgensteinian account is the difference to which I have already referred. The practices that underpin the normativity

---

<sup>92</sup> *ibid.* p. 17.

<sup>93</sup> Luntley (1991) p. 176.

<sup>94</sup> E.g. Z § 299 ff., PI pp. 225-227.

<sup>95</sup> Hence, having spoken of calculation, Wittgenstein wrote: ‘What has to be accepted, the given, is - so one could say - *forms of life.*’ (PI p. 226.)

of intentional psychological states are either *essentially* or *potentially* public. Social constructionism makes them *essentially* so: normativity is solely a consequence of the public nature of practice. The Wittgensteinian analysis, contrariwise, holds that normativity is a transcendental feature: it inheres in the intentional psychological states as a constitutive feature and must do so for these to be the states that they are. The practices underlying normativity are *potentially* public, but even if it should turn out that such a practice were not *actually* instantiated, it would remain *conceptually* true that the potential for shareability must have been present. The transcendental nature of normativity, if taken seriously, ensures that the emphasis is on the *potential* for the underlying practices to be public.

The tendency towards linguistic idealism in social constructionism, which follows on from the attempt to make social practices constitutive of intentional mental states, leads to an account of normativity that makes it the consequence of social consensus. This is opposed by the account of normativity suggested in Chapter 2 which characterizes the normativity of intentional mental states as transcendental, constitutive and irreducible.<sup>96</sup>

*Clarification 2(ii): the constitutive account - a realist reading?*

An alternative tack for social constructionism is to suggest that discourse is not creating reality, but reflecting it in some sense. In Harré we find an attempt to defend social constructionism as a doctrine of realism. He argues against the anti-realism of Gergen,<sup>97</sup> whom he accuses of taking on only 'part of Wittgenstein's account of discursive practices, namely the thesis of the autonomy of grammar'.<sup>98</sup> According to Harré, Gergen 'misses the other part, namely the 'riverbed' over which all action flows, the human form of life'.<sup>99</sup>

---

<sup>96</sup> I should emphasize that the problem lies in the account given of normativity. The dispute concerning whether social constructionism is idealist or realist is of secondary importance to my thesis.

<sup>97</sup> Gergen (1991).

<sup>98</sup> Harré (1992).

<sup>99</sup> *ibid.* A useful account of the riverbed analogy is given in Stern (1995) pp. 186-192. Of relevance is Wittgenstein's comment in Z § 173: 'Only in the stream of thought and life do words have meaning'.



The later conception to which Harré refers is seen in *On Certainty*, in which Wittgenstein writes of: 'the inherited background against which I distinguish between true and false.'<sup>100</sup> He then writes:

'...the river-bed of thoughts may shift. But I distinguish between the movement of the waters on the river-bed and the shift of the bed itself; though there is not a sharp division of the one from the other. ...And the bank of that river consists partly of hard rock, subject to no alteration or only to an imperceptible one, partly of sand, which now in one place now in another gets washed away, or deposited.'<sup>101</sup>

The imagery here suggests that some things are fixed, but not utterly. Stern, however, warns that talk of a fixed background could also be misleading, since it suggests something very determinate, whereas Wittgenstein's later notion of a background,

'is not something apart from or prior to our lives; instead it is the pattern of those lives themselves, the "praxis of language" in all its detail and complexity'.<sup>102</sup>

It is to this fixed background, in which we inevitably participate, that Harré refers in his advocacy of a realist interpretation of social constructionism. He states:

'The ontological basis of all psychology must be found in joint actions and the persons who perform them. These are the elementary beings or prime substances of the universe on which the ontology of a genuinely scientific psychology must be based.'<sup>103</sup>

Talk of ontology here is suggestive of a constitutive account and elsewhere, Harré asserts:

'... there is no mind-substance. As far as individual human beings are concerned there are only contingently organized conversational and other symbolic

---

100 OC § 94.

101 OC § 97 and § 99.

102 Stern, *op. cit.* p. 191, with quotation from OC § 501.

103 Harré (1992).

practices'.<sup>104</sup>

In other words, the mental is constituted by the social. But it is also intended to be a realist doctrine, for what is real for social constructionism,

'...must be whatever is intransigent to individual human desires coupled with whatever is necessary for there to be a human world at all. The intransigent background to all human action is the human conversation, the elements of which are the acts produced by the joint actions of speakers.'<sup>105</sup>

An initial point is that, whilst Harré is critical of Gergen's failure to emphasize the riverbed, his own foundation is human conversation or discourse, which (without further support) would seem to be far too biddable to the changing currents of mere opinion. When we turn to Harré's necessary conditions for the possibility of discursive practice, we still find that discourse is always primary.<sup>106</sup> Thus, according to Harré, the existence of persons provides a necessary condition for discursive practices, but 'persons are discursively produced',<sup>107</sup> so discourse is primary. If his talk of persons and discourse is sometimes ambiguous as to which is primary, his statement (which I have quoted above) about the shared thesis of social constructionism was unambiguous: 'all psychological phenomena *and the beings in which they are realized* are produced discursively.'<sup>108</sup> In Harré, therefore, all the stress is on discourse, language and conversation.

If Harré wishes, however, to tie his brand of social constructionism to something as concrete as the only gradually changing riverbed, he needs to find something more robust

---

104 Harré (1989b).

105 Harré (1992).

106 *ibid.* It is worth noting that Harré makes use of the Kantian notion of a transcendental sense of the self (see Harré (1983) pp. 213-215), but does not have a transcendental account of meaning normativity. Instead the emphasis is on discourse.

107 *ibid.* Here we again see the ambiguity concerning whether the account given by social constructionism is to be constitutive or causal.

108 *ibid.*

than just mere discourse and conversation.<sup>109</sup> The problem with this account is that it is *not* very realistic. There is very little room here for mind-independence. If the mind is construed in terms of discourse, it is nevertheless the primary reality. Harré and Gillett moved towards something more solid when they describe their view of the mind 'as dynamic and essentially embedded in historical, political, cultural, social, and interpersonal contexts'.<sup>110</sup> They continue:

'It is not definable in isolation. And to be a psychological being at all, one must be in possession of some minimal repertoire of the cluster of skills necessary to the management of the discourses into which one may from time to time enter.'<sup>111</sup>

But whilst, on the one hand, being culturally and socially embedded - which all discourses and conversations must inevitably be - adds solidity to the understanding of the mind in social constructionism, on the other hand, there is nothing in the embedding context that amounts to the full description of psychological phenomena required by the Wittgensteinian analysis.

The problem again is that the normativity of intentional psychological phenomena can only be accounted for on this view by mention of conversations and discourse. Harré's theory tries to offer an account of normativity, just as it offers an account of intentional psychological phenomena, in terms of conversation. According to the Wittgensteinian analysis, however, whilst the normativity of intentional mental states will be shown in the 'praxis of language',<sup>112</sup> normativity is not constructed, as it were, as language goes along. Normativity is rather a prerequisite for language: it is a constitutive feature of meaning and without meaning there could be no language. There must, similarly, be meaning-normativity as a prerequisite to discourse if discourse is to make sense. But normativity cannot be decided at the time, even if it is only in discourse that it shows

---

<sup>109</sup> Wren (1987), who is sympathetic to Harré, still points to the need for some 'deep sense of what is truly important', something that will place constraints on the availability and viability of 'interpretations, moral orders, identity projects, etc.'.

<sup>110</sup> Harré and Gillett op. cit. p. 25.

<sup>111</sup> *ibid.* pp. 25-26.

<sup>112</sup> OC § 501.

itself, otherwise what has meaning and what does not must await revelation in actual discourse. Whereas, on the Wittgensteinian view, the meaning is already there - normatively constrained - as a transcendental feature of the concept, in order for it to be the concept that it is.

In addition, there is a subsidiary argument lurking in the emphasis on the skills necessary for discourses, which are regarded as, in turn, necessary for a being to be regarded as psychological. One consequence of the view that to be a person one must be able to enter into conversations would seem to be that if language is lost by people with dementia, then those affected are no longer 'constituted as people'. The acquisition of skills for entering conversations is a question of 'attaining mindedness', which is construed as 'constructing private miniaturized versions, microcosms, of the great conversations that constitute civilizations'.<sup>113</sup> Again, the emphasis is on the ability to enter into conversation. This is a threat to the personhood of those with dementia, which may explain why Sabat and Harré are keen to demonstrate the extent to which some dementia patients *can* enter into conversation.<sup>114</sup> A broader view of what it is to be a psychological being, however, obviates the need to insist on the ability to enter into conversation as constituting a defining feature of personhood. Harré has concluded that 'Discourse and person are mutually constituted beings. They are internally related'.<sup>115</sup> Yet it can readily be objected that discourse just is not a *being* in the concrete way that seems to be suggested. Furthermore, if there is an internal relationship it is grammatical, whereas the talk of beings makes it sound ontological. The relationship is better put by saying that the precondition for human discourse is the human existent.<sup>116</sup>

---

113 Harré (1992).

114 Sabat and Harré (1992).

115 Harré (1992).

116 I have used "human existent" to be redolent of Heidegger's notion of *Dasein* and in anticipation of my remarks about hermeneutic philosophy in the next chapter.



*The constitutive account - summary*

To summarize the argument of this section so far, whether pursuing an idealist or realist version of social constructionism, the emphasis is on an understanding of psychological concepts in terms of interaction and a social context. This is as opposed to trying to understand psychological phenomena as purely intra-subjective, which was the approach of both the disease and cognitive neuropsychology models. Parallel to this move, from the individual to the social, is an emphasis on discourse or conversation. This represents, in part, an appreciation of meaning as understandable in the context of use. Now the move from the individual to the social and the emphasis on contextualized meaning have support in Wittgenstein. For instance, Wittgenstein wrote:

‘-To obey a rule, to make a report, to give an order, to play a game of chess, are *customs* (uses, institutions). To understand a sentence means to understand a language.’<sup>117</sup>

This conveys both the tendency in Wittgenstein to emphasize the social custom or institution and the inclination to understand meaning as given within a broader context. Hence, too, ‘Our talk gets its meaning from the rest of our proceedings’.<sup>118</sup>

Despite these laudable moves in social constructionism, however, constituting the mental as the social comes up against the need for transcendental normativity. Whether the emphasis is on human conversation or human consensus, normativity is reduced by accounts which try to explain it further, rather than notice it as an irreducible, transcendental and constitutive feature of intentional psychological states. Social constructionism does not suggest that normativity shapes discourse, that it allows some things to be said meaningfully and disallows others; rather, the discourse is the psychological phenomenon and, therefore, normativity is reduced to discourse. Normativity seems to be a mere *consequence* of human discourse and activity, rather than an intransigent feature of intentional mental life.

---

117 PI § 199.

118 OC § 229.

It is a latent recognition of the fact that normativity is a feature of the world, not just an epiphenomenon of discourse, I suggest, that led Harré to talk so much of the person, despite his primary reality being discourse. Human existents, *pace* Harré, rather than conversations, are the “intransigent background” and “ontological basis” of our psychology. The benefit of this broader view, from the clinical perspective, is that this counts (rather than discounts) people with severe dementia. Harré’s inclination towards realism might be regarded as an inclination towards the sort of individualism that seems to stand over against social constructionist thought. The second clarification, derived from the Wittgensteinian analysis, asserts that social practices, customs and institutions cannot be constitutive of mental states, because of the consequences for normativity. Calculation involves consensus, but the normativity that is a constitutive feature of calculation must be there as a prerequisite for calculation to be possible. The corrective of the second clarification is, therefore, fatal to the philosophical standing of social constructionism. For, as in the first clarification (which concerned causes) what it is to be normatively constrained in the having of intentional psychological states cannot be constituted *solely* by social practices or customs. Into the constitutive account must come the physical and psychological descriptions of what it is to be a human being of this sort. This is not to say that normativity is *caused* by physical or psychological dispositions, but rather to make the point that a broad perspective is required in order to encompass the embedding context of the practices that constitute normativity. For, as I argued in Chapter 2, the practices that underpin thought and language must be worldly, embedded practices. To be subject to normativity in the having of intentional mental states *just is to be a person of this type in this world*. It might be other things for as-yet-undiscovered creatures, but this is what it is for *us*. We cannot, therefore, be reduced to a constitutive account that only encompasses the social.

### *The upshot of the clarifications and the elimination of the mind*

In this chapter I have:

- Offered an account of social constructionism;
- Shown that social constructionism construes psychological phenomena as social constructs;
- Highlighted an ambiguity concerning whether social constructionism offers a causal or constitutive account of intentional psychological states;
- Suggested first, by way of clarification, that if it is a causal account, it is not broad enough;
- And, secondly, argued that, as a constitutive account, it is deficient in its treatment of normativity. For it makes normativity a matter of *actual* public practices and no more than such practices: normativity is purely a social matter. Alternatively, transcendental normativity involves *potentially* public practices and these, moreover, to be understood, require the perspective of their worldly embedding context. On this view, normativity cannot be constituted simply by the social.

The clarifications, which clarified by separating the causal and constitutive accounts, have ultimately acted as condemnations of social constructionism, by showing that it is deficient as a way of conceptualizing dementia. This is so because of social constructionism's construal of intentional psychological phenomena. But in the last section I hinted at the tendency in Harré to emphasize the person, - inevitably, because persons are necessary for conversations and discursive stances. In this section I shall pursue a little further Harré's construal of the mind as a way of expanding on the Wittgensteinian account of intentional mental states. My aim is to re-focus our attention on the correct view of mental states. That view sees them, in line with the Wittgensteinian analysis, as both inner and outer. Harré is right to move us away from an inner view of the mental; but something is lost if the view is simply outer. I have already quoted Harré: '... there is no mind-substance.'<sup>119</sup> Gadenne criticizes this view:

'While some psychologists seem to think that all can be explained by or reduced to cognitive processes, Harré goes to the opposite extreme by trying to eliminate

---

<sup>119</sup> Harré (1989b).

the mental. This seems to me hardly more convincing.’<sup>120</sup>

Gadence finds it unconvincing partly because he accepts the representationalist account of cognitivism. This causes him to reject the emphasis placed by Harré on conversations and the rules of discourse. Whereas Harré stresses the rules which govern the use of language to do with the mental, Gadence wishes to hold to the notion of causal cognitive mechanisms. He suggests, for instance, that ‘Global events like speech acts or other social actions presuppose cognitive mechanisms specified by general causal hypotheses’.<sup>121</sup> Whilst in the previous chapter I have been critical of mental representationalism (and would accordingly find some of Gadence’s suggestions uncongenial), like Wittgenstein, I would not wish to deny that there are mental processes. For, ‘...To deny the mental process would mean to deny the remembering; to deny that anyone ever remembers anything’.<sup>122</sup> So, an interesting question to ask is: does Harré deny that anyone ever remembers anything?

At one level he does not: ‘remembering is a task for people’.<sup>123</sup> But at another level Harré regards memories as social representations: they are ‘created discursively’ and ‘remembering is paradigmatically a social activity’.<sup>124</sup> Hence, willy-nilly, Harré’s discursive psychology plays down the experience of remembering inwardly. Whatever the difficulties of construing ‘remembering inwardly’ in a philosophically robust way, it seems phenomenologically naïve just to plump for ‘remembering outwardly’.

This tendency, to eliminate the inner in favour of the rule-governed outer, is evident too

---

120 Gadence (1989).

121 *ibid.*

122 PI §306.

123 Harré (1994) p. 37.

124 *ibid.* p. 36. Harré’s talk of social representations is another example of his meritorious corrective to the notion of internal representations. The corrective, however, seems to go too far. He speaks of the ‘mental’ as involving ‘skills for handling symbolic interactions’ which are bound up with ‘the norms of a culture and their social representations’ (1989b). He goes on to say there are ‘very many ways in which normative representations actually exist as *representations sociales* in the social world’ (*ibid.*). But this sounds as if the normativity demonstrated by intentional psychological phenomena is nothing more than whimsical, cultural norms.



(for again very laudable reasons) in the work of Sabat and Harré with AD patients.<sup>125</sup> Their intention is to show that people with AD are still agents acting with meaning. This they convincingly demonstrate in particular patients. However, it leads them to suggest that,

‘a person suffering from Alzheimer’s condition is like someone ... trying to play tennis with a racket with a warped frame. The basic intentions may be there, but the instrument for realizing them is defective’.<sup>126</sup>

This analogy was criticized by Hope on the grounds that AD ‘can damage the inner mental life as well as its expression -- the player as well as the racket’.<sup>127</sup> The tendency to regard the mental as created by discourse underplays its reality within human life. That reality is shown in sharp relief in AD when it begins to disintegrate. This is not to underestimate the importance of social constructionism as a counterweight to the attitude that people exist independently of social norms. My ‘self<sup>1</sup>’ may well be destroyed by AD, but (at the very least) I still exist as a person through my ‘selves<sup>2</sup>’. So too, my mind may be destroyed by the disease in a very real sense and this is not just a matter of discourse. If it is also not a matter of the destruction of some *thing*, it is similarly not a matter of the destruction of *no-thing*.

In response to, on the one hand, the tendency to look for inner processes, Wittgenstein points to their outer manifestations. But, on the other hand, when he accuses himself of denying mental processes, he responds by saying ‘naturally we don’t want to deny them’.<sup>128</sup> For Wittgenstein, it is even misleading to conceive the outer and the inner as being cheek by jowl. They are just conceptually intertwined in psychological concepts and teasing them apart should be avoided lest the full meaning of such concepts is lost:

‘“I noticed that he was out of humour.” Is this a report about his behaviour or his state of mind? ... Both; not side-by-side, however, but about the one via the

---

125 Sabat and Harré (1994).

126 *ibid.*

127 Hope (1994b).

128 PI § 308.

other.'<sup>129</sup>

Talk of the inner and the outer is potentially misleading. Psychological concepts, such as “the mind”, involve both outer and inner aspects. Social constructionism puts all the stress on the outer manifestations of mental concepts and, in particular, on discourse. In doing so it seems, as Gadamer suggests, to eliminate the mental. What is required is an understanding that does justice to the inner realities (both physical and psychological) and the outer manifestations of mental phenomena.

According to McDowell, one way to understand Wittgenstein is to place him ‘in the wider context of German philosophy after Kant’.<sup>130</sup> Kant positioned himself between empiricism, involving what he called the faculty of intuitions, and rationalism, which emphasizes the concepts of the understanding. For Kant, a synthesis of intuitions and concepts was necessary:

‘Without sensibility no object would be given to us, without understanding no object would be thought. Thoughts without content are empty; intuitions without concepts are blind’.<sup>131</sup>

In Wittgenstein, the synthesis is between language (or thought) and the world. This is another way of putting the point about the inner and the outer. For me to remember inwardly, nevertheless involves certain outer things being the case. The phenomenon of remembering cannot be fully understood in isolation from the normativity that constrains what will, or will not, count as remembering. That normativity is a matter of embedded, shaping, worldly practices. So the inner and the outer are both constitutively involved.

About the “inner” world, McDowell wrote:

‘That it is inner consists in there being nothing to its states of affairs except the instantiation in consciousness of the relevant concepts; the instances of the concepts, unlike the instances of concepts of the outer, have no being independently of the fact that the concepts that they instantiate figure in the content

---

129 PI p. 179.

130 McDowell (1991) p. 156.

131 Kant (1929) A 51, B 75.

of consciousness. ... But that is not to say that these states of affairs have no being. ... The concepts set up internal links between the states of affairs which are their instantiations and publicly accessible circumstances: circumstances linked 'normatively' to the states of affairs in one kind of case, circumstances linked to them as their normal expression in another.'<sup>132</sup>

To recall Chapter 2, McDowell's interpretation amounts to quietism, a straightforward description of how the language actually works. What we see is that our 'internal' concepts make links between language and the world.

To return to social constructionism, there are links to be made between discourse and the world. Discourse and the social cannot be ignored, even when it comes to a discussion of the mind. Just as Kant argued that concepts require the world if they are to have content, so discourse requires that there are real things - such as mental phenomena on the one hand, and actual bodies on the other - for the discourse to be about. Similarly, the world of bodily and mental things must be grasped by discourse to be understood. For example, Wittgenstein wrote:

'How do I know that this colour is red? - It would be an answer to say: "I have learnt English".'<sup>133</sup>

Or again,

'You learned the *concept* 'pain' when you learned language.'<sup>134</sup>

So, discourse and social interaction are central to our understanding of the world and a part of it; but not its totality, which also includes neurons and the feeling of loneliness.

Memories (or calculations and other intentional mental states) are not created by discourse, but the concept of memory links internally both to the state of affairs described by my saying 'I remember ...', and to the essentially public circumstances to which my words refer.<sup>135</sup> But memories are mediated by discourse, since discourse makes the

---

<sup>132</sup> McDowell op. cit. p. 160.

<sup>133</sup> PI § 381.

<sup>134</sup> PI § 384.

<sup>135</sup> Even if the circumstances are not actually public, they are potentially so.

normative (that is, transcendental, irreducible and constitutive) link between the inner and the outer. Similarly, loss of memory is not socially constructed. It is a matter of particular states of affairs (both psychological and physical) no longer holding, on the one hand, and certain words no longer having meaning to an individual on the other. But loss of memory is manifested socially, in that certain social interactions are not possible.

### **Conclusion: to the person from social constructionism**

There is much to commend in social constructionism. It has been useful in clinical practice as a way of focussing attention on ethical issues, the practice of caring and the nature of the person. Its Wittgensteinian roots are seen in its discussion of rules and practices. But, as I have just described, the over-emphasis on discourse (at least in Harré) does not leave room for the transcendental account of normativity suggested by the Wittgensteinian analysis of intentional psychological concepts. It has to be said, too, that as regards psychological concepts, social constructionism does not embed them in the world in a way that allows easy reference to their psychological and physical correlates. They are embedded first and foremost in conversations, but this simply seems too narrow a view of psychological reality.

A further flaw in the model is that, stemming from the restricted view of psychological phenomena, the notion of the person is also made highly dependent upon discourse. Thus Harré asserts: ‘...persons are discursively produced’.<sup>136</sup> I have already noted the upshot that people with severe dementia, who cannot take part in conversations, might be denied personhood on that basis. But this assertion might be countered by saying that persons are produced bodily. Similarly, Harré and Gillett state:

‘We will therefore identify a person as having a coherent mind or personality to the extent that individuals can be credited with adopting various positions within different discourses and fashioning for themselves, however intentionally or unintentionally, a unique complex of subjectivities (essentially private discourses)

---

<sup>136</sup> Harré (1992).



with some longitudinal integrity. In this sense, there is a psychological reality to each individual.’<sup>137</sup>

Whether this allows someone with severe dementia to have a personality or psychological reality must be in doubt.

To be fair, Harré’s agenda is to broaden the perspective:

‘In the restoration of personal psychology, I want to bring back the study of endeavour, conatus, striving, trying and the like. In the conditions for the use of these concepts I feel the presence of persons as agents rather than as passive passengers on a mental vehicle directed and powered by subpersonal vectors (or information-processing modules) of various kinds’.<sup>138</sup>

As well as being agents, persons are embodied: ‘...human bodies sustain persons. ...People are aware of themselves as embodied’.<sup>139</sup> And they are situated, or embedded, ‘in historical, political, cultural, social, and interpersonal contexts’.<sup>140</sup>

In conclusion, social constructionism is flawed because of its over-emphasis on social practices and discourse. It fails to give a correct account of intentional psychological phenomena, because it reduces normativity to that which is public. In this model, normativity appears as a mere consequence of discourse. Over against social constructionism, according to the Wittgensteinian analysis, normativity involves potentially public practices, embedded in the world of human existents. What is essential is that the normativity is transcendental, cannot be reduced solely to social practices and is constitutive of the conceptual understanding of what it is to think, to calculate and the like. Nevertheless, the broadening, corrective tendency of social constructionism (shown by the quotations from Harré above) impels us towards the account of the person as a situated, embodied agent, to which I now turn.

---

<sup>137</sup> Harré and Gillett (1994) p. 25.

<sup>138</sup> Harré (1983). p. 185.

<sup>139</sup> *ibid.* p. 11.

<sup>140</sup> Harré and Gillett *ibid.*

## Chapter 6.

### **A human-person-perspective on dementia: the outcome of the Wittgensteinian analysis**

#### **Introduction**

The aim of this thesis is to broaden understanding of dementia. I have pursued this aim by considering models of dementia and subjecting them to a critique using an account of intentional psychological phenomena derived from Wittgenstein. I have found the models of dementia, which I have considered, wanting in different ways, but chiefly inasmuch as they have misconstrued the transcendental normativity that is a constitutive and irreducible feature of intentional mental states.

In Chapter 1, I characterized the main plot thus:

- an analysis of intentional psychological states as a way of understanding dementia.

I shall shortly proceed to summarize the results of this analysis. The sub-plot was as follows:

- an account of how we understand the person in the light of our understanding of dementia.

In this concluding chapter, I shall present an account of the person which is supported by the Wittgensteinian analysis of intentional psychological states. Given this support, it is no surprise to find that this account of the person turns out to be useful as a way of understanding dementia. That is, not only does the main plot have implications for the sub-plot, but the sub-plot then informs the main plot. Moreover, the upshot is that our attitude towards the person with dementia, qua person, can be maintained even in severe dementia.

Central to the understanding of dementia, which emerges from this thesis, is what I shall

term the human-person-perspective. This is the broad view of dementia that I have commended throughout the thesis. Our view of dementia cannot be separated from where we stand, but our standing involves sharing in the normative concerns of the human world. In short, we are not disengaged observers and, moreover, whatever the particular view that we adopt, there will always be the broader perspective of the world, which we inescapably share. I shall flesh out these comments in the rest of this chapter.

There are four further sections, before I conclude the thesis.

1. I shall offer a brief summary of the main plot. This will conclude with the thought that we need a perspective of dementia that allows a recognition of the normative nature of the world.

2. The main plot emphasizes the embeddedness of practices in the world as a means of underpinning the normativity of intentional psychological states. I shall discuss what this amounts to by considering dementia-in-the-world. Then, having made some preliminary observations about persons, I shall pursue the sub-plot by showing how the main plot suggests that we should move from the Locke-Parfit view of the person, as described in Chapter 1, to the situated-embodied-agent view. Much of this section is devoted to an elucidation of this broader view of the person. It is a view supported by the Wittgensteinian analysis of intentional psychological states.

3. This view of persons, as situated-embodied-agents, leads me to discuss (what I shall call) the human-person-perspective of dementia. I shall flesh out the connotations of this perspective, which squares with the Wittgensteinian analysis and allows the broad understanding we need. Thus, it is from this perspective that we must judge our models of dementia.

4. It is from the human-person-perspective, too, that we must make decisions about people with severe dementia. I shall contend that the human-person-perspective

allows us to regard people with even severe dementia as persons. The analysis of intentional psychological states, therefore, has relevance to the severely demented too, mostly because of the human-person-perspective it suggests.

In my conclusion, I shall indicate some of the clinical implications and areas of possible future research which stem from the present work. First, there is a need for further exploration of the relevance of hermeneutics to clinical practice; secondly, this thesis suggests future modes of enquiry in medical ethics; finally, the human-person-perspective of dementia might be useful in connection with scientific research on the ageing brain.

### **6.1 Intentional psychological states and dementia**

In this section I shall summarize, albeit briefly, the main plot, which comprises an analysis of intentional psychological states as a way of understanding dementia. That analysis was carried out mainly in Chapter 2. There I considered Wittgenstein's rule-following considerations and concluded that they demonstrate a transcendental, constitutive and irreducible normativity. When I remember, for instance, my memory is *of* something and, at the moment of remembering, the content of the memory makes contact with the world so as to constrain it. At the moment I remember your face, prior to meeting you at the station, it becomes true that when I see you (presupposing that my aim is to meet you, that I want to do so, etc.) I shall greet you. This constraining of the world, which happens at the time the mental states occurs (whether or not the mental content is instantiated), is a constitutive feature of intentional mental states. It is, as it were, built into the concept. The normativity of intentional psychological states is not something that can be worked out later, because, for example, of the requirement for there to be constancy of meaning. Nor, as I argued in Chapter 2, is it worked out in a platonic heaven; nor is it a matter of human dispositions being rolled out as a continuous process (as in constructivism); nor is it a matter upon which the community can decide; it is neither a causal, nor a mental, process. For normativity is a prerequisite of meaning; it



is transcendentally present as a feature of the intentional mental state. We cannot reduce this by any further explanations. Normativity just is part and parcel of what it means to intend, to understand, to think, to know, to remember or to calculate.

As Thornton suggests:

‘Content-laden mental states fit into a systematic normative and rational structure with which we make sense of ourselves and of others. They are holistically tied into the fabric of our lives through their normative consequences.’<sup>1</sup>

The normativity of intentional psychological states, by which they are tied to and constrain the world, is a situated phenomenon, in the sense that it is inescapably a fact of how things are in the world. Normativity itself cannot be further explained; hence quietism. This is not to say, however, that normativity cannot be further understood. It is understood in terms of worldly embedded practices, but this just repeats the point that normativity is a constitutive matter and as real as rocks or rainbows. Hence, there are three points to notice about intentional psychological states:

- first, they show transcendental, constitutive and irreducible normativity;
- secondly, this involves an understanding of such states as being contextually embedded;
- thirdly, they can be given an externalist construal.<sup>2</sup>

With these thoughts in mind, in Chapters 3, 4, and 5, I asked the question, do these models of dementia allow an account of intentional psychological phenomena that shows normativity?

In each case, the answer is that the models are deficient. The problem with the disease model is that it can be interpreted in an extreme physicalist manner, in which case normativity is eliminated. As I suggested, the physicalism of the disease model can be accommodated by the Wittgensteinian analysis by recognizing that, in addition to causal

---

<sup>1</sup> Thornton (1998) p. 28.

<sup>2</sup> In Chapter 1 (p. 13), I defined ‘externalism’ as the view ‘that what is thought or said (content) depends in part on factors external to the mind of the thinker or speaker’ (Davidson, 1995). I have also cited Luntley (see Chapter 2, p. 61) who states that externalism suggests ‘content is not characterizable independently of that (the environment) which it represents’ (Luntley (1999) p.9).

explanations, there is room for a constitutive account of intentional psychological states. This constitutive account brings in others, points to external factors that help to constitute what it is to remember and locates our physicalist explanations within the broader context of constitutive normativity, which is seen to be just as much a part of the world as the neurons and synapses of the brain. So too, cognitive neuropsychology fails, inasmuch as it attempts to explain intentional psychological states by discussing the internal processing of inner representations. That route leaves no room for normativity, which is tied to outward practices in the field of persons. Whilst the sub-personal account of cognitive neuropsychology can legitimately claim to describe sub-personal function, the meaning of mental representations is a matter of the outer, worldly context in which intentional mental states are embedded. Finally, social constructionism makes much of the outer, social world, but in so doing it effectively reduces normativity by making it no more than a matter of public agreement. Alternatively, the Wittgensteinian analysis of intentional psychological phenomena suggests that the normativity, which is constitutive of such phenomena, is transcendental. It is not that understanding is *essentially* a public phenomenon, it is rather a conceptual point: as a (transcendental) prerequisite (without which it is not a concept that is embedded in the human worldly context and is not, thereby, normative) it must have the *potential* for public instantiation; but whether or not that potential becomes an actuality is a secondary matter.

Having recapitulated the arguments concerning the three models of dementia I considered, it is clearer what the understanding of dementia subsequent to the Wittgensteinian analysis of intentional psychological states must do. It must furnish an account of intentional psychological states that allows them transcendental, constitutive and irreducible normativity. It must allow that such states are contextually embedded and that they can be given an externalist construal. I have already suggested that the disease model of dementia might be compatible with, but in itself does not provide, such a broad understanding. Cognitive neuropsychology helps us to understand function, but its perspective is otherwise limited. Social constructionism, even if its focus on the role of practices in the world is broadening, would have to give up its central tenet, namely that

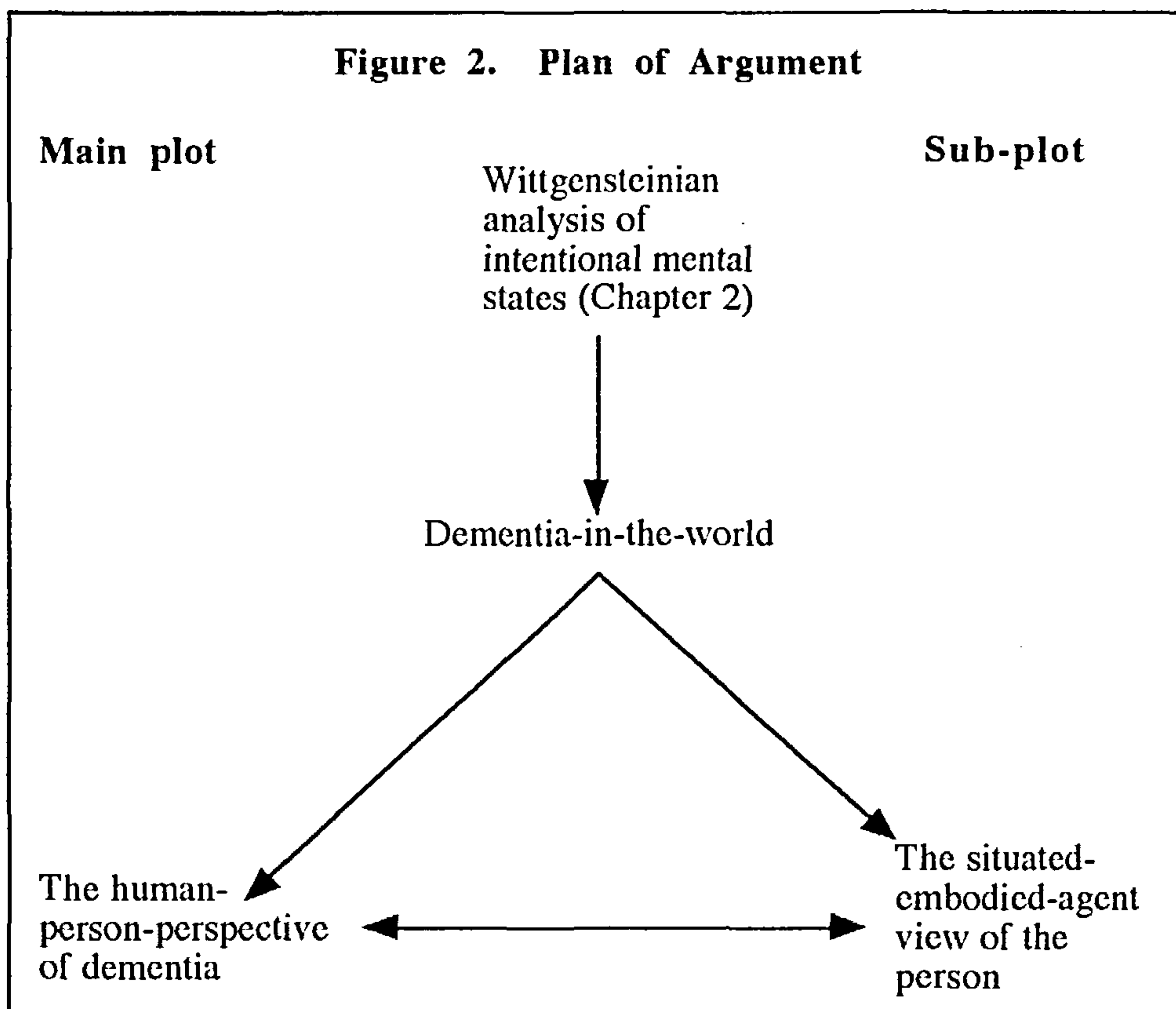
intentional mental states (and, therefore, normativity) are socially constructed. What is required instead is *a perspective of dementia that allows a recognition of the normative nature of the world*. I shall leave this thought hanging and in the next section I shall discuss the notion of the person. This is a move to the sub-plot, since I shall give an account of how we understand the person in the light of our understanding of dementia. Having done this, I can return to give more substance to the perspective of dementia, which will allow a broader understanding.

## **6.2 Dementia-in-the-world and the situated-embodied-agent view**

In this section I shall do three things:

- first, I shall discuss dementia, in the light of the Wittgensteinian analysis, as a feature of the world;
- secondly, building on comments about the human world, I shall make some preliminary (and necessarily circumscribed) observations about persons;
- thirdly, I shall argue that the Wittgensteinian analysis must lead to a broadening of the Locke-Parfit view of the person and I shall suggest that the situated-embodied-agent view is supported by the analysis of this thesis. I shall then elucidate this view of the person in order to encourage a perspective that allows a recognition of the normative nature of the world.

For clarification, Figure 2 outlines the argument of this chapter. The Wittgensteinian analysis of Chapter 2, which suggests an externalist account of intentional mental states, supports an understanding of dementia as dementia-in-the-world. In turn, this understanding supports the human-person-perspective as the correct way to understand dementia. This is the main plot of the thesis. Meanwhile, dementia-in-the-world also supports the situated-embodied-agent view of the person, which is the sub-plot. But the human-person-perspective and the situated-embodied-agent view of the person are mutually supportive. So main and sub-plot coalesce beneath the understanding of dementia-in-the-world.



*Dementia-in-the-world*

As I described in Chapter 1, dementia involves a loss of cognitive function. The person with dementia is, to a lesser or greater extent, no longer able to enjoy the intentional mental states of understanding certain things, of remembering others, or of making calculations. The main argument of this thesis has been that, to understand dementia, we have to understand that the failure is not just of the brain, nor is it simply a functional failure of internal processing, nor is it just a failure in the field of social practices. Dementia is a failure in the realm of normativity too, where normativity has to be understood as a transcendental, constitutive and irreducible feature of the world. I want now to flesh out a little what I mean by “world”.

I want to do this by focussing on dementia. To have dementia entails a loss in the rational and normatively-structured realm. In other words, if I have dementia I make mistakes: I refer to my daughter as my wife. This is a mistake in the rational realm and



part of its being a mistake is the fact that it ignores certain normative constraints that operate. But the rational, normatively-structured realm has to be understood, in accordance with the Wittgensteinian analysis, in terms of embedded practices. According to this analysis, intentional psychological states involve, at a conceptual level, transcendental normativity as an embedded feature of the rational world. This rational shaping of the world (which involves normativity and is potentially, but not essentially, public)<sup>3</sup> gives sense to the notion of *failure* of memory.

Furthermore, the description of the realm that I (as someone with dementia) and others (at least potentially) inhabit must be rich in order to capture the full sense of normativity. The embedded practices that underpin the normativity that is transgressed in dementia will involve a history and cultural environment. This will itself depend upon individual histories of people, which will in turn depend upon numerous physical (both biological and geographical), psychological, social and spiritual factors. In other words, because normativity involves contextual embedding and because (as the Wittgensteinian analysis implies) intentional psychological states require an externalist account, the rational requirement for normativity entails the world. It is not that these factors are a necessary condition for normativity, it is simply that normativity brings into play (potentially) all that we mean by the world: its places, practices, traditions, cultures, history, physical features and whatever else makes up the world. So, an understanding of dementia entails an understanding of the world. This is itself a transcendental claim: in order to understand dementia - as a prerequisite to such understanding - we must have an understanding of the world in all its features. In short, to understand dementia is to understand dementia-in-the-world.<sup>4</sup>

So, in the light of the Wittgensteinian analysis of intentional psychological states, an understanding of dementia involves, at a conceptual level, an understanding of the

---

<sup>3</sup> As discussed in Chapter 5.

<sup>4</sup> The point here is akin to the point Rhees (1967) made about Wittgenstein's builders: to understand a language (including - in the case I am considering - to understand what dementia means) involves understanding a whole culture, or way of being in the world.

world.<sup>5</sup> So much so, in fact, that dementia, in order to be fully understood, is best thought of as dementia-in-the-world. But it is the *human* world or, at least, the world from the human perspective. The shared background, context, culture, history and life, in which the practices that underpin the normativity of thought and language embed, is human. It is also true that we share the world with dolphins and primates, but the normative realm in which dementia is understood is specifically human. Although for other reasons we might wish to keep such anthropomorphic sentiments in check,<sup>6</sup> it is important to note, with respect to the normativity of intentional psychological phenomena, that the issue is how such phenomena relate to the human realm, even if that realm is a part of (and only properly understood in the context of) the world we share with dolphins and primates. It might be that one day we have to acknowledge that other worldly creatures and extraterrestrials have a perspective on normativity. That will require an extension of our concepts and our thoughts, but there is no reason at present to deny the fact that our understanding of dementia-in-the-world is, unavoidably; an understanding of the human world, by which I mean an understanding from the human perspective. With these thoughts in mind, I move now to make some preliminary observations about persons.

### *The human person*

I have just argued, in effect, that the person with dementia is unavoidably (at a conceptual level) situated in the human world. I shall now say more about the concept of the person. I shall not attempt to rehearse the arguments about the concept of the person in any comprehensive way. Instead, this section amounts to philosophical cherry-picking in order to sustain the move, in the next, to the situated-embodied-agent view of the person. What I say about persons, however, is supported by the Wittgensteinian analysis.

The first important point is, as Strawson says, that to see each other as persons, 'is a lot

---

<sup>5</sup> I have not stipulated whether, by "the world", I mean simply "the earth" or "the cosmos". I think either would do, but my arguments are more readily applicable to a parochial view of "the world".

<sup>6</sup> See, for example, 'Is a dolphin a person?' in Midgley (1996) pp. 107-117.

of things, but not a lot of separate and unconnected things.’<sup>7</sup> The concept of a person marks these connections. We can say of the concept “person” much the same as Wittgenstein says of “number”:

‘... we extend our concept of number as in spinning a thread we twist fibre on fibre. And the strength of the thread does not reside in the fact that some one fibre runs through its whole length, but in the overlapping of many fibres.’<sup>8</sup>

Wittgenstein accepts that boundaries can be drawn around our concepts, but this is ‘for a special purpose’. He continues: ‘Does it take that to make the concept usable? Not at all! (Except for that special purpose.)’<sup>9</sup>

What this establishes is that the concept of a person is multifarious, but none the less usable. Amélie Rorty notes that we want our concept of the person to fill a number of functions.<sup>10</sup> Being a person, she suggests, means that we are taken seriously, with respect, ‘on grounds that can’t be lost through illness, poverty, villainy, inanity, or senility.’<sup>11</sup> She lists other functions that must be performed by the attribution of personhood: it has a legal function; it defines us as agents; and as social, interacting beings; it suggests norms which shape our lives; it reflects biology; and it encompasses a metaphysical stance towards human beings. She concludes that there cannot be a *single* concept of the person. Similarly, Morton states:

‘there is nothing we can analyse and define and present as *the* concept of a person’. Nothing whose sense will settle in advance the status of all the beings we might value for the reasons we value human persons. For these values are not any single thing.’<sup>12</sup>

Now, whilst the point that the concept of a person is multifarious is certainly correct, it is

---

7 Strawson (1959). p. 112.

8 PI § 67.

9 *ibid.* § 69.

10 Rorty (1990).

11 *ibid.*

12 Morton (1990).

not clear that the concept becomes thereby problematic in the everyday setting, any more than the concepts “number” or “game” are problematic. As Wittgenstein suggests, concepts such as these can have a humble and everyday use.<sup>13</sup> Indeed, the concept “person” seems not to have caused Wittgenstein much worry at all:

‘For the *ordinary* use of the word “person” is what one might call a composite use suitable under the ordinary circumstances.’<sup>14</sup>

But those who are worried by the suggestion that there is some single concept of a person usually have other concerns in mind. For instance, for Morton it is the suspicion that “person” is to be characterized in too parochial a fashion:

‘The reason why we can easily give the concept of a person definiteness that it does not really have is simple. We import into it more biologically parochial characteristics of human beings than we realize.’<sup>15</sup>

The problem is that “person” has been used (‘for a special purpose’) as a way of excluding some people (slaves and women, for instance) and some other creatures (such as dolphins) from certain sorts of concern and consideration.<sup>16</sup> It has been argued, similarly, that people with severe dementia are not persons.<sup>17</sup> So there are ways in which the use of this concept, as if it refers to some single clear entity, might be pernicious. But rather than denying it the status of *a* concept, or changing it, an alternative tactic is to emphasize the breadth of the concept. In connection with “person”, Rorty spoke of ‘respect’ and Morton mentioned ‘values’. Part of the usefulness of the concept is that these fibres are involved and should not be discarded.

Wilkes, for one, sees no problem with parochialism:

‘Speciesism ... is not unreasonable; ... there just are no persons around who are

---

13 cf. PI §§ 97 and 116.

14 BB p. 62. It is relevant to note that Wittgenstein was discussing here the possibility of defining the identity of a person by his memories. If the memories were different on even days than they were on odd days, would that mean that there were two persons in the same body? Wittgenstein didn’t really mind how the use of the word “person” went under such circumstances. But under the ordinary circumstances we have the ordinary use.

15 Morton op. cit.

16 Midgley op. cit.

17 Brock (1988).



*not* human beings, and so on solid inductive grounds we are usually justified in assuming that all humans are persons and vice versa. That is, membership of the species *homo sapiens* is taken to be, and usually is, all we need to validate the ascription of personhood, and hence there is an a priori reason for adopting the 'person stance' to them alone'.<sup>18</sup>

There might, then, be reasons for accepting the link between "person" and "human being" and Wiggins suggests that these reasons are not just empirical but conceptual:

'if the references of 'person' and 'human being' were *theoretically discernible but ... determined the same principle of individuation,*' then the word 'person' will inevitably 'lean secretly for its support upon our understanding of 'human being' and our empirical notions of what a human being is.'<sup>19</sup>

Rather than pursuing this argument directly, it is more fruitful to consider the context in which we use these concepts. We use them in particular contexts for specific, but multifarious, tasks. Smith recognizes, too, that it would be difficult to define the notion of a person independently of our understanding of human beings. Hence, he commends the notion of a 'human person' understood 'in terms of ... its manner of living.'<sup>20</sup> A 'human person' is someone who stands in the Right Relation to one of us:

'someone stands in the Right Relation to count as one of us if he shares with us enough of the human world constituted by interpersonal relationships.'<sup>21</sup>

Examples of such relationships are:

'Jack and Jill talk to each other, habitually read each other's face and gestures, go out together for meals, lend each other books, laugh together at the same silent movies, occasionally play tennis, and so on and so forth - these and many more are the sort of ties which go to make up the web of our shared human life'.<sup>22</sup>

---

18 Wilkes (1988) p. 97.

19 Wiggins (1987).

20 Smith (1990).

21 *ibid.*

22 *ibid.*

So there is a way of unifying the multifarious strands of the concept “person”, as well as its connection with the concept of “human being”, by considering instead the notion of the “human person”. For Smith, this notion is one that is embedded in the shared human world. It is in that world, after all, that people wish to show respect and concern. The Wittgensteinian analysis and the present discussion of persons, therefore, are mutually supportive. Both require an appreciation of the contextual embedding which underlies the different concepts with which they deal. This is, after all, unsurprising. For the concept of a person makes links with the concept of intentional mental states. I do not think this link entails that to be a person requires there are *actually* intentional mental states (which might not be the case in severe learning disability, head injury or dementia), but the *potential* for such states is typical of these human persons. At a conceptual level, certain, typically human, normatively-structured concerns must be implicit. Otherwise, it would not be possible to construct the notion of a human person from norm-free data.

This thought lies behind Strawson’s claim that the concept of person is primitive.<sup>23</sup>

Wiggins characterizes this claim thus:

‘if you did not have the idea of a person from the start, then you could never build up to it from any combination of ideas like those of experience, material body, and causality.’<sup>24</sup>

Explanations act as elucidations of the concept; there is no sense in which a definition of “person” will suffice. The claim of primitiveness has the status, says Wiggins, of an elucidation, ‘- or a reminder, helpful only to those who already know what a person is, of *what* it is that they already know.’<sup>25</sup> The elucidation, according to Strawson, is that,

‘the concept of a person is the concept of a type of entity such that *both* predicates ascribing states of consciousness [P-predicates] *and* predicates ascribing corporeal characteristics [M-predicates], a physical situation &c. are equally applicable to a single individual of that single type.’<sup>26</sup>

---

23 Strawson op. cit. p. 101.

24 Wiggins op. cit.

25 *ibid.*

26 Strawson op. cit. pp. 101-102.

Strawson argues there is a type of P-predicate, - 'going for a walk', 'coiling a rope' etc. - that mostly involves a characteristic bodily movement rather than a particular sensation or experience. So, in these cases, bodily movements will dominate the ascription of such P-predicates to others.<sup>27</sup>

This takes us back to Wiggins, who suggests that, although we cannot build *up* from the notion of persons as objects of biological inquiry to the notion of persons as subjects of consciousness, yet we may be able to build *down* from persons as subjects of consciousness to persons as biological objects. Just as P-predicates can involve bodily movement and gesture, so the concept of person inevitably seems to involve, or rely on, the concept of the human being. Wiggins finally argues that the actual *extensions* of the two concepts, 'human being' and 'person', will coincide, whether or not we wish to say that the concepts themselves coincide.<sup>28</sup>

This discussion of the concept of person demonstrates four points.

- First, as the Wittgensteinian analysis of intentional mental states suggests, the analysis of "person" requires attention to the embedding context.
- Secondly, they are situated, or embedded, in the *human* world. Whilst there are undoubtedly good reasons for cautioning against the use of a restrictive notion of the person, it is still the case that there are empirical and conceptual ties between being a person and being a human being. The concept of a person reflects a human perspective and involves the concept of the human being.
- Thirdly, ascriptions of P-predicates involve the ascription of bodily movements and behaviours. Persons are beings to whom states of consciousness *and* corporeal characteristics can be ascribed. That is, being a human person, embedded in the context of the world, involves physical embodiment. It also entails (again at least potentially) the agentive ability to participate in the practices (such as those that underpin the normativity of language and thought) that help to

---

<sup>27</sup> *ibid.* p. 111.

<sup>28</sup> Wiggins *op. cit.*

constitute what it is to be a human person.

- But appreciating this point requires, fourthly, an appreciation of the multifarious nature of personhood.

According to Wiggins,

‘there is no clear limit to what concerns and capacities and perception[s] and feelings ... we shall have to credit our fellows with if we are to make sense of them.’<sup>29</sup>

Persons must experience an uncircumscribed possibility of agreement.

‘To treat a person like a thing (like a billboard), what I have to be ready to do is to suspend all the impulses on which that uncircumscribed possibility precisely depended.’<sup>30</sup>

I am suggesting that those impulses are a matter of the shared concerns of the human world in which persons are embedded. Furthermore, the human world, as the Wittgensteinian analysis has suggested, is the bedrock for the potentially public practices that underpin the normativity of thought and language. The account of intentional mental states, therefore, given in the main plot of this thesis supports the account of the person as a situated-embodied-agent, which I shall now consider.

### *From Locke-Parfit to the situated-embodied-agent*

So far, in this section, I have discussed the notion of dementia-in-the-world, by which I imply that dementia itself has to be considered within the broad context of the world. That is, dementia cannot be abstracted from its worldly context and cannot be fully understood apart from the rational and normatively-constrained world. Similarly, the concept of the person is embedded in the human world, because (as in dementia) inherent to our understanding of persons is the potential for rationality, which requires a normative structure underpinned by human worldly practices. Taking part in these

---

<sup>29</sup> Wiggins op. cit.

<sup>30</sup> ibid.



practices, or at least potentially doing so, requires that the human person is an embodied agent. Finally, the characterization of the person must be open-ended, to allow for the multifarious nature of personhood (because the concerns and ways of understanding other human beings cannot be circumscribed).

In Chapter 1, I described the Locke-Parfit view of the person. I indicated that this view needs to be broadened. Subsequently, by taking an externalist view of intentional mental states, I have shown how this can be achieved. For even if the person is characterized solely, as in the Locke-Parfit view, in terms of the continuity and connectedness of intentional mental states, the normativity of such mental states makes reference to factors external to the mind. Now, there clearly is a link between the concept of the person, being human, the having of intentional mental states and the external world of embedded practices. The link is made by the notion of transcendental normativity. As I have shown, the concept of the person is linked to the human world in which thought and language are underpinned by normativity, which is cashed out in terms of embedded practices. But, in which case, a broader view should suggest that the person is a situated-embodied-agent: situated as a human being of this sort, which involves the potential to participate in the normative and physical practices of the world. This elucidation of the person remains open-ended and broad. It draws attention to the physical, psychological and social features of personhood, but leaves open the possibility of aesthetic, cultural, historical, geographical, spiritual and evolutionary aspects. Transcendental normativity will not exclude any of these as possible bases for embedded practices. The situatedness of the person in the human world encourages uncircumscribable possibilities for further elucidation.

Having demonstrated the extent to which the Wittgensteinian analysis of intentional psychological states is supported by the situated-embodied-agent view of the person, in what follows I shall simply record ways in which that view has been fleshed out.

## *Situatedness*

The notion of a situated self stresses context and the external factors that go to make up a person. Luntley suggests, 'We become situated selves when we acknowledge the existence of principles of substantive rationality'.<sup>31</sup> This notion of 'substantive rationality' is to be cashed out in terms of our 'sensibilities', by which Luntley implies, 'our capacities not just for feeling, but for knowing what must be done and how to deliberate about it. ...sensibilities that provide perspectives on human goods, purposes and our sense of what makes life worth living.'<sup>32</sup>

Luntley allies his thoughts to those of Taylor, who considers that a crucial fact about a self or person is that we are not selves in the way that we are organisms, 'we are only selves insofar as we move in a certain space of questions, as we seek and find an orientation to the good'.<sup>33</sup>

Taylor asserts that a basic condition of making sense of ourselves is, 'that we grasp our lives in a *narrative*'.<sup>34</sup> He uses this conception to counter the Locke-Parfit view of the person. For Taylor, human persons as selves,

'exist only in a certain space of questions, through certain constitutive concerns. ...And what is in question is, generally and characteristically, the shape of my life *as a whole*'.<sup>35</sup>

Taylor rejects the Parfitian notion that there are successive selves. Rather, 'there is something like an a priori unity of a human life through its whole extent'.<sup>36</sup> He accepts that this is not quite true, because we can imagine cultures in which a conceptual split could (in theory) be made between the younger and older person, but there is no such cultural understanding in our world: 'It runs against the structural features of a self as a

---

31 Luntley (1995) p. 188.

32 *ibid.* p. 195.

33 Taylor (1989) p. 34.

34 *ibid.* p. 47.

35 *ibid.* p. 50.

36 *ibid.* p. 51.

being who exists in a space of concerns.<sup>37</sup> So, again, persons are situated in a 'space of concerns', but also in a narrative. Understanding a person must now involve an understanding of the narrative in which they are embedded.

MacIntyre also suggests that the notion of the unity of the self 'resides in the unity of a narrative which links birth to life to death as narrative beginning to middle to end.'<sup>38</sup> He suggests that,

'the histories of individual agents not only are, but have to be, situated, just because without the setting and its changes through time the history of the individual agent and his changes through time will be unintelligible.'<sup>39</sup>

MacIntyre then emphasizes 'that what the agent is able to say intelligibly as an actor is deeply affected by the fact that we are never more (and sometimes less) than the co-authors of our own narratives.'<sup>40</sup> He, too, criticizes the Locke-Parfit view of personal identity. According to MacIntyre, both empiricists and analytical philosophers have failed to see that,

'a background has been omitted, the lack of which makes the problems [of the connections between psychological states and events and strict personal identity] insoluble. That background is provided by the concept of a story and of that kind of unity of character which a story requires.'<sup>41</sup>

One danger in the way that Taylor sometimes puts things (from my perspective),<sup>42</sup> is that he seems to allow that a conception of past or future is constitutive of the self, in which case (since this suggests that the self requires psychological continuity) the Parfitian argument takes hold. But this is clearly not Taylor's intention and, elsewhere, he has made it clear that the exercise of the sort of capacities to which he refers must be a

---

37 *ibid.*

38 MacIntyre (1985) p. 205.

39 *ibid.* pp. 206-207.

40 *ibid.* p. 213.

41 *ibid.* p. 217.

42 E.g. Taylor (1989) p. 47: 'In order to have a sense of who we are, we have to have a notion of how we have become, and of where we are going.'

possibility in principle, if not in fact:

‘A person is a being who has a sense of self, has a notion of the future and the past, can hold values, make choices; in short, can adopt life-plans. At least, a person must be the kind of being who is in principle capable of all this, however damaged these capacities may be in practice.’<sup>43</sup>

The importance Taylor has attached to the notions of ‘embodied agency and social embedding’<sup>44</sup> means that the concept of a person is tied to external contextual factors, which become themselves constitutive of our conception of the person.

One final reflection on the notion of persons as situated beings is that it is an idea contained in Heidegger’s characterization of the human existent (*Dasein*) as ‘Being-in-the-world’. Not only is it a necessary feature of *Dasein*, but this embeddedness means that *Dasein* is ‘bound up in its existence with the Being of those entities which it encounters within its own world’.<sup>45</sup> As Heidegger puts it: ‘There is no such thing as the ‘side-by-sideness’ of an entity called ‘*Dasein*’ with another entity called ‘world’.’<sup>46</sup> Our acquaintance with other humans is also a matter of ‘Being-with’ and this raises the possibility of a type of ‘pre-understanding’<sup>47</sup> in our encounters in the world. There is a transcendental argument here: certain prerequisites are presumed in our encounters in the world. Specifically human encounters involve significance or meaning as part of what it is for things to be understood. And understanding, or making things intelligible, is (for Heidegger) a matter of ‘Discourse’.<sup>48</sup> This parallels the Wittgensteinian thought (demonstrated in the analysis of Chapter 2) that understanding meaning is a matter of grasping a practice in a form of life.<sup>49</sup>

---

<sup>43</sup> Taylor (1985) p. 97. This is the point I have made about the transcendental nature of normativity. What is important is the conceptual point that the normativity is such that it is, in principle, shareable in terms of embedded practices, whether or not it actually is shared in such practices.

<sup>44</sup> Taylor (1995) p. 169.

<sup>45</sup> Mulhall (1990) p. 110.

<sup>46</sup> Heidegger (1962) Section 12, p. 81.

<sup>47</sup> To use an expression associated with Gadamer (1960).

<sup>48</sup> See Mulhall op. cit. p. 118.

<sup>49</sup> cf. PI §§ 238-242.



## *Embodiment*

There is a straightforward sense in which I know what it is to be a body. But the descriptions that follow are part of the elucidation of the concept of person. To be a body means that I am susceptible to causal (including pathological) processes. To this extent, then, disease models provide us with an understanding of dementia. But, in addition, to be a body means that I occupy a space and, as a matter of fact, I share that space with others. Moreover, through my body I impinge on others, physically and verbally. So, how I communicate is a matter of my embodiment. The space occupied by our bodily selves and others is also a space in which values and concerns become known. This sense of 'public space' depends on having a language by which we can communicate our concerns. It is 'a common vantage point'.<sup>50</sup> In other words, our bodily involvement (our situatedness) in the space of language amounts to an involvement with shared concerns and values.

Taylor discusses the notion of embodiment as an important antidote to 'monological consciousness'.<sup>51</sup> According to this monological view,

'We are in contact with an "outside" world, including other agents, the objects we and they deal with, our own and others' bodies, but this contact is through the representations we have "within". ...But what "I" am, as a being capable of having such representations, the inner space itself, is definable independently of body or other.'<sup>52</sup>

This sort of consciousness leaves out 'the body and the other'.<sup>53</sup> It is an internalist and not an externalist account of the person because of the emphasis it places on psychological phenomena being understood solely from the point of view of internal (representationalist) function. Against this, asserts Taylor, philosophers such as

---

<sup>50</sup> Taylor (1985) p. 259.

<sup>51</sup> Taylor (1995) pp. 168-173.

<sup>52</sup> *ibid.* p. 169.

<sup>53</sup> *ibid.*

Heidegger, Merleau-Ponty and Wittgenstein, have seen the person (as an agent),

‘not primarily as the locus of representations, but as engaged in practices, as a being who acts in and on a world.’<sup>54</sup>

Not only does this description capture the sense of persons as being situated agents, but it also leads Taylor to emphasize the importance of embodiment. Thus,

‘Our body is not just the executant of the goals we frame, nor just the locus of causal factors shaping our representations. Our understanding is itself embodied. That is, our bodily know-how, and the way we act and move, can encode components of our understanding of self and world. ... My sense of myself, of the footing I am on with others, is in large part also embodied.’<sup>55</sup>

The importance of the body is also emphasized by Slors, who contends that ‘the body can play the part that is usually ascribed to the immaterial ego; it can provide a deeper psycho-biographical unity...’.<sup>56</sup> Slors makes use of the notion of narrative to give a fuller account of psychological connectedness than that given by Parfit, because - according to the narrative view - connectedness must also take into account the content of psychological states *in virtue of which* successive states have meaning:

‘Narrative connectedness between particular psychological contents, then, is a relation between contents such that one or more contents are a necessary prerequisite for another content’s full meaning and the intelligibility of its occurrence.’<sup>57</sup>

According to this view, whereas our psychological lives may be ‘gappy’ (lacking in the ideal fluidity and coherence and occasionally disrupted by loss of consciousness), there is a ‘basic narrative ... represented by our consecutive perceptual contents’.<sup>58</sup> And,

‘successive perceptions acquire narrative coherence in virtue of the fact that we

---

54 *ibid.* p. 170.

55 *ibid.* pp. 170-171. This quotation is thoroughly in keeping with Merleau-Ponty. For a summary of his notion of the ‘body-subject’ see Matthews (1996) pp. 89-94.

56 Slors (1998).

57 *ibid.*

58 *ibid.*

know them to be caused by one body's movements through a stable (not static) physical world with whose character and proceedings we are acquainted.'

So we must be situated in the world, of which we have an understanding (or a pre-understanding), in order to make sense of our perceptions, which are, however, the bodily perceptions of a situated being. Hence,

'we cannot but think of our past experiences and thoughts as being had by a person-stage whose objective whereabouts were represented by perceptual contents that are narratively related to our present ones.'<sup>59</sup>

Slors links the embodiment of persons to their situatedness through the notion of narrative. Moreover, he shows that the Locke-Parfit view needs to be expanded to take into account the reality of mental content, which acquires meaning (via narrative connectedness) within the context of the world in which the person, qua body, perceives and moves. Hence, according to philosophers such as Slors and Taylor, the body cannot just be thought of as standing over against psychological states. It is inextricably involved in such states.

### *Agency*

An agent acts 'in and on a world.'<sup>60</sup> Moreover, it is the human world and, therefore, it follows that the agent is both situated and embodied. Discussing the move from a linguistic turn to a practical turn in philosophy, Luntley suggests that this shift,

'makes visible a concept of practice and practical know-how that is not merely descriptive of socially constituted ways of doing things. ... it also offers a fresh way of understanding the practical and seeing how the practical is not rooted in the social, but in the way the individual relates in thought to the world.'<sup>61</sup>

For, according to Luntley, the subject of thought is an agent, engaged with the world.

Wilkes makes the point that Aristotle's account similarly stresses that the human being is

---

<sup>59</sup> Slors op. cit.

<sup>60</sup> Cited above: Taylor (1995) p. 170.

<sup>61</sup> Luntley (1999) pp. 344-345.

active.<sup>62</sup> Aristotle's human is an agent whose highest good is to live and do well. Thus,

'We become the people that we are by choosing, deciding, acting; we have the responsibility for shaping ourselves, our characters, and our lives'.<sup>63</sup>

Human beings are considered as active agents in the world, not as passive observers. An agent acts from a point of view and with a purpose. A human agent demonstrates intentionality, which (as Luntley suggests),

'consists not in its capacity for surveying and rearranging its inner symbols, but in its capacity for acting in and manipulating the world'.<sup>64</sup>

Furthermore, actions are causal and may well involve others, whether directly or indirectly. Agency involves context too.

It is these considerations that Taylor has in mind when he discusses agency. According to Taylor, Heidegger and Wittgenstein had to overcome the "disengaged", "view from nowhere"<sup>65</sup> approach to the human being. They had to recover,

'an understanding of the agent as engaged, as embedded in a culture, a form of life, a "world" of involvements, ultimately to understand the agent as embodied.'<sup>66</sup>

By 'engagement', Taylor implies that 'the world of the agent is shaped by one's form of life, or history, or bodily existence.'<sup>67</sup> Later he suggests that the arguments against disengaged agency tend to emphasize the notion of a background or pre-understanding which make the actions of the agent intelligible, but which remain largely unarticulated.<sup>68</sup>

Thus, the notion of agency itself involves a sense both of the embeddedness and embodiment of human persons.

---

62 Wilkes (1988).

63 *ibid.* p. 213.

64 Luntley (1999) p. 319.

65 *cf.* Nagel (1986).

66 Taylor (1995) pp. 61-62.

67 *ibid.* p. 62.

68 *E.g.* *ibid.* p. 70.



## *Summary*

In this section I have stressed the notion of dementia-in-the-world and the extent to which the person, too, must be conceived as embedded in a human worldly context. This led me to consider and expand upon the notion of the situated-embodied-agent. This elucidation of the person broadens the Locke-Parfit view, but remains open to further elucidation in the context of the human world where what counts, the meaning or significance of things, cannot be circumscribed and reflects the normatively-structured thoughts and language of human beings who must engage as agents in the world of concern and values.

### **6.3 The human-person-perspective and models of dementia**

At the start of this chapter I left hanging the thought that what is required is a perspective of dementia that allows a recognition of the normative nature of the world. I am now in a position to suggest such a perspective. I shall make four points concerning this human-person-perspective:

- It is the perspective from and in which we understand dementia-in-the-world.
- It brings into view the normative nature of the world and makes use of the conception of persons as situated-embodied-agents.
- It can accommodate other models of dementia, inasmuch as they are genuinely useful, but it is the lack of this perspective that makes them otherwise circumscribed.
- It is uncircumscribable, because what it is to be a person is open-ended.

#### *The human-person-perspective and dementia-in-the-world*

Dementia is dementia-in-the-world. It is a situated phenomenon. It has to be regarded in this light. To try to understand dementia without the background context of the world might succeed in explaining something, as (for example) the disease model clearly does,

but it cannot give us the broad understanding that will allow the different views - those of Mrs. Z as well as those of the neuroscientists - to come into focus at once. The broad understanding needs to accommodate the normative as well as the physical realms; it will provide a constitutive account as well as a causal one. For the point about dementia-in-the-world is precisely that a full understanding of dementia involves the world, with all that this entails when described in norm-rich detail.

The message from the historical survey of Chapter 1 was that our judgements about dementia will reflect background understandings. Not only, therefore, does dementia-in-the-world imply that dementia has to be regarded as an embedded phenomenon, but, in addition, we (as persons) are embedded in the selfsame world. The importance of this point is that our understanding of the world, our grasp of the normatively-structured concerns and worldly points-of-view, will impinge upon our understanding of dementia. If our view of the world is one in which we have a limited idea of what constitutes cognitive phenomena, and cannot see that the normative structuring of such phenomena reaches right up to the world in which they are situated, if we operate with the limited 'cognitive paradigm', which the historical survey picked out, then our understanding of dementia will be limited too.

Dementia-in-the-world, therefore, highlights the importance of the worldly context from which and in which dementia must be understood if it is to be understood broadly. But the previous section also helped to establish that this worldly context is the human context of persons. The perspective from which and in which dementia-in-the-world has to be understood becomes, accordingly, the human-person-perspective. Dementia occurs, is studied by neuroscientists and dealt with by Mrs. Z, in the context of human persons. Judgements about Mr. Z are made in comparison with other human persons: the normative constraints that allow us to judge that he is profoundly disoriented reflect human practices deeply embedded in the world. Furthermore, our understanding of Mr. Z will reflect our grasp of the significance of the concerns and values that surround him and which are rooted in the world. It is partly our shared grasp of the concerns and

values that shape the world that allows us to understand Mr. Z. What we share, therefore, is the human-person-perspective, which is the perspective required to understand dementia-in-the-world.

*The human-person-perspective and the situated-embodied-agent view*

Now, the situated-embodied-agent view of the person helps us to understand dementia, because it helps to elucidate the human-person-perspective of dementia-in-the-world. This perspective involves all of the considerations that I outlined in considering the situated-embodied-agent view in the last section. So, the person is situated in a richly-textured context of culture, time and place; in a narrative history which has a past and future and which interconnects with the narratives of others; in a world shaped by certain normative concerns, which are themselves based upon deeply rooted practices and customs. And the situatedness is also a matter of embodiment, since to be a human person is to have a human body, which helps to provide the narrative continuity and connectedness that is a part of the wholeness of our lives. But our embodiment also contains the causal possibilities that explain and determine our lives (at least at a causal level). Meanwhile, as persons we are agents too: acting within the framework of our embodied and situated natures; reflecting both our experience of causal interactions with the world and our understanding of the world as structured in a systematic way by our thoughts (since the having of certain thoughts precludes others and means that our understanding of the world must be so to accord with such normative constraints).

Our understanding of persons helps to flesh out our understanding of dementia because both notions are embedded in the world. I have worked towards that embeddedness by an analysis of intentional mental states, an understanding of which is crucial to our understanding of both dementia and persons. Coming to understand that intentional psychological phenomena show a transcendental, constitutive and irreducible normativity has provided a means of assessing models of dementia. It has also led us to the human-person-perspective as the way to understand dementia most broadly. This is the work of

the main plot. The analysis of intentional psychological states is supported by the situated-embodied-agent view of the person, which was the concern of the sub-plot. I have now shown that taking the situated-embodied-agent view seriously is a means of enhancing the human-person-perspective, that is, of enhancing our understanding of dementia, by seeing that dementia has to be understood as an embedded feature of the human world, which brings into play constitutive as well as causal factors, not only physical features of the world, but normative features too. Thus, the sub-plot informs the main plot.

The human-person-perspective allows an understanding of dementia, which recognizes the normative nature of the world. For what it is to see dementia from this perspective is to see it within a normatively-structured context, in which we too are situated. The world of human persons is underpinned by, because thought and language are underpinned by, normatively-structured and deeply embedded worldly practices, where normativity is transcendental, constitutive and irreducible. The question I now wish to consider is how this perspective relates, both critically and constructively, to the models of dementia I previously considered.

### *The human-person-perspective and models of dementia*

As I commented in connection with each of the models I considered, there are ways in which these models provide useful clinical information. There is a useful account to be given concerning atrophy of the medial temporal lobe, concerning the loss of semantic memory and the malignant social environment in dementia. Where the first two models went wrong was in their inability to give an account of the normativity of intentional psychological states. Social constructionism allowed room for normativity, but misconstrued it by failing to recognize the importance of its transcendental nature. The human-person-perspective requires that the partial explanations of these models should be relocated in the normative realm of the situated-embodied-agent, where the situatedness involves an understanding of normativity as a transcendental, constitutive and irreducible



feature of intentional psychological states.

From this perspective, the brain can be studied as an organ of the body, but conclusions about dementia are reached within a context that sees embodiment as linked conceptually to the person's place in the world of others. The conclusions about the brain will be the same, but our attitude towards the conclusions cannot be reductionist. The conclusions will tell us about how the brain works and goes wrong, but will not tell us about what it is for a person to have dementia. Nothing in the brain can tell us *that*, because this is a matter of constitutive, normative concerns. What has significance for us is more clearly seen in the human-person-perspective. Because, this perspective immediately involves the realm of transcendental normativity, which is the reality that shapes our encounters and concerns in the world. This is a perspective of dementia-in-the-world. Once we have this perspective, the disease model of dementia can be viewed as circumscribed by a broader field of normative concerns.

Similarly, the cognitive neuropsychology model might still tell us about the functioning of parts of the organism, but it cannot tell us about personal level attributes, because it cannot accommodate normativity. The human-person-perspective allows us to note that there are losses of semantic memory in AD, and will allow us to hypothesize about and investigate the neuronal bases of such functional losses, but will also note that the losses are a matter of failure in the rational and normative realm. If cognitive neuroscientists retort that the proper concern of their study is the functional underpinning of personal level attributes and no more than that, the response must be that talk of representations and inner processing hold no significance without the contextual embedding provided by the human-person-perspective. Their talk, that is, is meaningless without the broader context. But the more fatal point is that their talk of internal representations, as if these carry mental content, is senseless without the perspective of mental content as embedded phenomena within an external context.

Talk of a 'malignant environment' by social constructionists can certainly be useful as a

guide to caring for people with dementia, but the human-person-perspective, as a development from the Wittgensteinian analysis of intentional mental states, is precisely intended to be cognizant of the need for transcendental normativity. Therefore, the human-person-perspective, when applied to the models of social constructionists, continues to have a broadening effect, bringing into focus a broader view of the world in which the person with dementia is situated. It is a view which involves normative constraints as embedded and transcendental features of the world, broadly conceived, not just as a consequence of discourse and social practices.

Having discussed each model in turn, it can now be seen that these particular models can be regarded as embedded within the broader human-person-perspective. Any particular model may contain errors, which will need to be corrected or jettisoned from the model, such as the *extreme* physicalist conception of the disease model, the representationalism of cognitive neuropsychology, or the over-emphasis on discourse in social constructionism. There is a general point, however, about what is genuinely, clinically and scientifically useful in such models: I suggest that if there is such *genuine* usefulness, then it is likely that the model can be accommodated within the human-person-perspective. Our more causal models, which tend to supply specific explanations, tell us only part of the story. The human-person-perspective will take these explanations into account, but will be more concerned with a broader understanding of what constitutes dementia.

### *The uncircumscribable human-person-perspective*

A similar line of argument was presented by Engel, whose recommendation of the 'biopsychosocial model' aims to counter the 'crippling flaw' of the 'biomedical model' which, 'does not include the patient and his attributes as a person, a human being. Yet', as he says, 'in the everyday work of the physician the prime object of study is a person ... within the framework of an ongoing human relationship ...'.<sup>69</sup> Engel uses a systems

---

<sup>69</sup> Engel (1980).

approach to locate the person in a hierarchy or continuum of natural systems that ultimately includes the biosphere. He explicitly discusses the interaction between different levels of the hierarchy and the movement between the different systems. Even this important account, however, of how models might be conceived in medicine does not appear, to me, to go far enough.<sup>70</sup>

Whilst Engel allows permeability between the boundaries of different systems or levels, the human-person-perspective suggests that the notion of boundaries is too concrete. The potential for a mistake here, I am suggesting, is made at the first step: talk of “models” itself brings to mind something definite and concrete. Talk of “systems” again suggests something circumscribable. As my earlier discussion of the concept of a person made clear, this is a concept which is uncircumscribable. There is always another field of concern, another way to describe the encounters between persons. It is not enough to expand outwards towards the biosphere, as Engel does, since the new fields of concern and ways of describing personal encounters should also add depth, precisely at the level of the person. Engel talks of experience and behaviour at the personal system level, but we also need to consider, *inter alia*, ethics, aesthetics, spirituality, sexuality, race, culture and politics at the personal level. Speaking of these things as different systems, rather than as involved in the one perspective, allows the possibility of a mistake, as if the human person can be thought of as separate from, say, political concerns. The person as a system within a hierarchy of systems needs to be regarded instead as a being whose embedding in the world means that others and the environment are not separate systems with which the person can interact, but are constitutively involved (at least potentially) in the very notion of the human person. This conception of the human-person-perspective reflects the reality of dementia-in-the-world, which itself shares roots with the Heideggerian notion of the human being as ‘Being-in-the-world’. But the nature of our engagement with the world, in which we are embedded, means that the human-person-perspective cannot be circumscribed

---

<sup>70</sup> McLaren (1998) has recently argued that ‘framework’ is a better notion than ‘model’ here. For the biopsychosocial framework is less than a model, since it does not reflect a well-formulated theory capable of making predictions.

## *Summary*

In the above paragraphs I have presented the human-person-perspective, which is the broad perspective intended to answer the central question of this thesis: how are we to understand dementia? I shall now summarize the points I have made:

- Dementia-in-the-world suggests the rich context into which dementia fits. Dementia is understood within and from this context: the context in which, as situated-embodied-agents, we are all located. And it is this worldly context that provides the human-person-perspective within which we understand dementia.
- The human-person-perspective allows an understanding that recognizes the normative nature of the world. Our understanding of persons, as situated-embodied-agents, helps to flesh out the human-person-perspective. So the main plot and the sub-plot are mutually supporting.
- It is a failure to recognize the transcendental, constitutive and irreducible normativity of intentional psychological states that accounts for the circumscribed nature of other models of dementia; but this suggests the possibility that other models might be accommodated within this broader human-person-perspective too.
- The human-person-perspective is uncircumscribable, because what it is to be a human person is open-ended. That is, the concerns that shape our understanding of ourselves as persons cannot be pinned down once and for all. Instead, it is always possible for new fibres to be added to the thread that makes up our conception of ourselves as human beings.



#### 6.4 The person with severe dementia

I have still not specifically answered the question about people with severe dementia. The question is: can they be considered as persons at all? The Locke-Parfit view suggests that they might *not* qualify for consideration as persons. I suggest that the human-person-perspective supports the opposite view. It does so partly because it is premised upon the Wittgensteinian analysis of psychological mental states, which broadens our conception of what constitutes such states. An externalist construal of intentional mental states suggests that we do not have to rely solely on a person's verbal ability to describe inner psychological phenomena. What it is to be in a particular mental state can be shown externally. This does not just apply to intentional states, but might also apply, for instance, to being in pain. Even in severe dementia, however, leaving aside signs of distress, there might be some evidence of comprehension, of recall, of intention or of motivated action.

Moreover, even in the most severe cases of dementia, from the human-person-perspective the situated nature of persons means that there is a sense in which personhood is sustained by our embeddedness. Thus, we are embedded in our histories or narratives and these are kept alive to some extent by those who care for us. MacIntyre suggests that the notion of the unity of the self 'resides in the unity of a narrative which links birth to life to death as narrative beginning to middle to end.'<sup>71</sup> Behaviour (the behaviour of someone with severe dementia perhaps) has to be characterized, on his view, within a setting with a history,

'a history within which the histories of individual agents not only are, but have to be, situated, just because without the setting and its changes through time the history of the individual agent and his changes through time will be unintelligible.'<sup>72</sup>

Moreover, 'The narrative of any one life is part of an interlocking set of narratives.'<sup>73</sup>

---

<sup>71</sup> MacIntyre op. cit. p. 205.

<sup>72</sup> *ibid.* pp. 206-207.

<sup>73</sup> *ibid.* p. 218.

We are embedded, at root, in a realm of shared human concerns which it is practically and rationally difficult to set aside. On these grounds, when Wiggins considers wilful killing, he states:

‘consider how much, how many habits of mind and feeling, you ... have to put aside coolly to contemplate simply cutting off ...another person. Obviously, all these things can be laid aside. But the point is not that they *cannot* be put aside, but the psychic and visceral cost - and the prima facie irrationality - of doing so.’<sup>74</sup>

We simply cannot help acknowledging our mutual embeddedness in a context of shared concerns, interrelated narratives and normative constraints.

I wish to pursue this by considering how the notion of ‘care’ intersects with the notion of a situated being. The notion of ‘care’, as it relates specifically to humans, involves some sense of shared concerns and the potential for interaction at a human level. Therefore, to care for someone with severe dementia is to recognize a mutual situatedness. This will reflect a variety of factors, from the shared culture and history, to the shared human form and the agentive acts that are made sense of in the context of human exchanges.

Of course, it is open to anyone to deny that it makes sense to talk in terms of these factors in connection with Mr. Z when he reaches the terminal stages of his illness. But, in that case, an account must be given of situatedness that does *not* accommodate those with even severe dementia. What this will involve is a restricted account of situatedness and, by implication, a restricted account of what it is to be a person, which is not open to the full elucidation of personhood from the human-person-perspective. Since intentional psychological phenomena are constitutive of persons, the externalist view implies that persons cannot be regarded solely in terms of their inner states and must be situated in the human world of which they are a part. Hence, a full elucidation of what it is to be a person, involving as it does (on my view) an externalist view of the person as a situated being, will also involve a notion of the mutual sharing of concerns which is characteristic

---

<sup>74</sup> Wiggins op. cit.

of caring between persons, even caring for persons with severe dementia.

Engagement with Mr. Z, for instance, whether as wife or nurse, even if this involves little more than careful feeding or cleaning, exemplifies the values of care as understood in our culture. But such actions also help to construct care: 'It is in our actions and the way we treat one another that values come into being and are preserved in being'.<sup>75</sup> Murphy, for example, has suggested that through good clinical care dignity and the identity of a person may be preserved:

'Loss of dignity derives from the way we care for our sufferers from dementia, not from the illness itself.... More than at any other time of life the sufferer needs his personal identity preserved'.<sup>76</sup>

This, then, is an example of how, through care, which is a reflection of our engagement with the world in which we are situated, personhood can be preserved even in severe dementia. This requires that the elucidation of 'care', which involves an acknowledgement of our situatedness, intersects with our notion of the person as a situated being.

The idea that care is constructed might seem more in keeping with the tenets of social constructionism and, accordingly, at odds with arguments I used earlier against that model. This is not the case, however, since social constructionism is *correct* to look to our public, shareable practices. The point against social constructionism is that those practices have to be regarded as embedded in the world in such a way as to secure transcendental normativity, so that their publicity is a secondary feature, rather than in itself the ground of the normativity. In the present case, our notions of care need public instantiation, by careful attention to Mr. Z, but they also reflect a deeper engagement between the values that underpin care and the manner in which the world is normatively structured by our embeddedness in it. The normativity of our thought and language is a feature of the world and helps to shape it.

---

<sup>75</sup> Luntley (1995) p. 218.

<sup>76</sup> Murphy (1984).

I have already noted that the whole notion of situatedness derives support from Heidegger, but he also used the notion of care precisely to establish and highlight the engaged nature of a *Dasein*'s being-in-the-world. Taylor put it thus:

'Heidegger argues that things are disclosed first as part of a world, that is, as the correlates of concerned involvement, and within a totality of such involvements'.<sup>77</sup>

Macquarrie summarized Heidegger by saying:

'*Dasein* is always in a world, and Heidegger talks of "Being-in-the-world" as the basic constitutive state of *Dasein*. Thus the *Dasein* is considered in concrete, embodied existence.... The "Being-in" which characterizes our everyday relation to the world is called by Heidegger "concern"...'.<sup>78</sup>

The full technical meaning Heidegger gave to "concern", or "care", need not detain us, except to notice that the concept was used to tie the human existent into the world (i.e. to situate *Dasein*) and what was stressed was embodied existence. The nurse's caring for Mr. Z is not in a simple sense the same sort of care as that to which Heidegger refers, but there is a relationship between the two. The care given to Mr. Z is given against the background of engagement with the world, which is characterized by Heidegger's concept of "care". It is a background which is impervious to facile change:

'the whole hurly-burly of human actions, the background against which we see any action'; and it is this background which 'determines our judgment, our concepts and reactions'.<sup>79</sup>

## Conclusions and Implications

In this chapter, building on the Wittgensteinian analysis of Chapter 2, I have given substance to and supported the view of the person as a situated-embodied-agent. I have suggested that this human-person-perspective is necessary for our understanding of

---

<sup>77</sup> Taylor (1995) p. 73.

<sup>78</sup> Macquarrie (1968). pp. 14-15.

<sup>79</sup> Z § 567.



dementia-in-the-world: it accommodates the models that shape our understanding already, but broadens the perspective to include the normativity that is a feature of our world.

There are implications to the human-person-perspective of dementia. The perspective is practically helpful. It is clinically helpful in that it allows us to make sense of personhood in - and the work of caring for - those with severe dementia. We can ground our approach to such patients in a context of shared norms and values, where a person's narrative and the care given to them coalesce. The perspective becomes helpful, too, in our dealing with ethical dilemmas. The view of persons as situated in interconnecting histories helps us, for instance, to discuss advance directives, end of life issues generally, the involvement of families in matters of consent and the notions of best interest and autonomy. In addition, regarding the patient as a situated-embodied-agent might help to make our care more attentive to the nuances of what is of value to people with dementia. This is the 'missing dimension' of care alluded to by Murphy<sup>80</sup> and the person-centred approach of Kitwood.<sup>81</sup>

There is still, inevitably, much left undone. I shall emphasize just three implications for further research that stem from this thesis. First, at various points, and repeatedly in this chapter, I have made reference to hermeneutic philosophers, such as Heidegger, Gadamer and Merleau-Ponty. There is room for further work along two plains: first, the analogies between hermeneutic philosophy and the work of Wittgenstein are already fruitful and might be more so;<sup>82</sup> secondly, hermeneutic philosophy seems a promising area for making further connections between philosophy and clinical practice.<sup>83</sup>

Connected to this point is a second general implication of this thesis. The notion of the person I have put forward suggests that in medical ethics we should concentrate on actual

---

<sup>80</sup> Murphy (1988).

<sup>81</sup> Kitwood (1997).

<sup>82</sup> E.g. Glendinning (1998).

<sup>83</sup> See Philpott (1998) and Widdershoven (1999). Both papers are followed by a number of commentaries and replies, which further emphasize my point. See also Bracken (1999).

cases because of the crucial importance of context and the narratives in which persons are inevitably embedded. What people, including people with dementia, actually say is important in understanding their values. Shared values, in particular, are worked out in discourse. This suggests, therefore, both the importance of good communication in clinical practice and the utility of qualitative research methods in medical ethics. There is a difficulty here, since I would not wish to suggest that what is ethical is decided by what people say; nevertheless, what they say and do reveals their concerns and values. There is work to be done, therefore, on two further fronts: first, there is qualitative empirical work to understand best the root concerns and values of people; secondly, there remains the conceptual work of a metaphysical nature to help delineate the links between the normativity of thought and language and the norms and values that inform actual human practices.<sup>84</sup>

The third implication of the thesis concerns research on the ageing brain. If we are to understand dementia from the human-person-perspective, what impact does this have on clinical research? There is an immediate sense in which the human-person-perspective simply makes clear the limited, but perfectly respectable and still rather vast, field in which brain research is carried out. Brain research itself tells us nothing about meaning, but it is carried out within the broader realm of normative and meaningful concerns. More than this, however, the human-person-perspective does not make things more simple, but more complex. It tends to suggest that individual brains have to be understood within an individual context and narrative. How this human brain relates to this narrative becomes just as important as anything that can be said about this brain simply as one amongst many human organs. The really difficult task would be to link each brain to each individual human life. Indeed, research on the ageing brain is tending to show that nothing is simple: some dementias break the mould and involve delirium as an essential feature;<sup>85</sup> many cases of Alzheimer's disease involve vascular damage or vascular risk factors;<sup>86</sup> 30% of cases meeting clinical criteria for vascular dementia show

---

<sup>84</sup> Cf. Luntley (1995) and Taylor (1989).

<sup>85</sup> McKeith *et al.* (1996).

<sup>86</sup> See Esiri (1997) and Skoog (2000).

Alzheimer's pathology;<sup>87</sup> new criteria for different types of dementia emerge.<sup>88</sup> The complexity must, to some extent, reflect individuality. The human-person-perspective encourages the view of the individual by making us consider the situated nature of dementia-in-the-world. To this it might be objected that brain research will remain a causal enterprise, whereas the human-person-perspective is intended to provide a constitutive account of dementia. But, the view of what it is for Mr. Z to have dementia, with all that this entails in the rational and normative realm, must influence our understanding of Mr. Z's brain, precisely because it is the brain of this particular human person. The particularity here leads to an appreciation of the complexity.

I started the thesis with the question, how are we to understand dementia? My answer is: from the human-person-perspective. This perspective, as is clear from this chapter, is multifarious, uncircumscribable, anthropomorphic, external-involving, normatively-constrained, potentially public, narratively-driven and able to accommodate models that seek to understand specific aspects of the condition. Such models, however, must relate back to the broader human-person-perspective if they are to avoid philosophical and *clinical tunnel vision*. This is a feature that stems from the two-way traffic between philosophy and medicine.<sup>89</sup> I have to conclude that there is no one way to understand dementia, but any understanding must be from the human-person-perspective, which is in accord with the situated-embodied-agent view and reflects an externalist construal of intentional psychological states, as suggested by the Wittgensteinian analysis. Within this broader perspective, the human-person-perspective, the elucidation of what it is to have dementia, is as open-ended as the elucidation of what it is to be a person.

---

<sup>87</sup> Kalaria (2000).

<sup>88</sup> Burns and Hope (1997).

<sup>89</sup> Fulford (1991a).

## References

- Agich, G. J. (1993). *Autonomy and Long-Term Care*. Oxford University Press, New York.
- (1994). Key concepts: autonomy. *Philosophy, Psychiatry, & Psychology* 1, 267-269.
- Alzheimer, A. (1907). Über eine eigenartige Erkrankung der Hirnrinde. *Allgemeine Zeitschrift für Psychiatrie und Psychisch-Gerichtliche Medizin* 64, 146-148. Translated in R. H. Wilkins and I. A. Brody (1969). Alzheimer's disease. *Archives of Neurology* 21, 109-110.
- Anscombe, G. E. M. (1975). The first person. In *Mind and Language*, (ed. S. Guttenplan), pp.45-65. Clarendon Press, Oxford.
- (1976). The question of linguistic idealism. *Acta Philosophica Fennica* 28, 188-215. Reprinted in *The Collected Philosophical Papers of G.E.M. Anscombe, Volume One: From Parmenides to Wittgenstein*, pp. 112-133. Blackwell, Oxford (1981).
- (1991). Wittgenstein. Whose philosopher? In *Wittgenstein Centenary Essays*, (ed. A. Phillips Griffiths), pp. 1-10. Cambridge University Press, Cambridge.
- Armstrong, D. M. (1968). *A Materialist Theory of the Mind*. Routledge & Kegan Paul, London.



- Arrington, R. L. (1991). Making contact in language: the harmony between thought and reality. In *Wittgenstein's Philosophical Investigations* (eds. R. L. Arrington and H.-J. Glock). Routledge, London.
- Baker, G. P. and Hacker, P. M. S. (1984). *Scepticism, Rules and Language*. Blackwell, Oxford.
- Barber, R., Gholkar, A., Scheltens, P., *et al.* (1999a). Apolipoprotein E epsilon4 allele, temporal lobe atrophy, and white matter lesions in late-life dementias. *Archives of Neurology*, **56**, 961-965.
- (1999b). Medial temporal lobe atrophy on MRI in dementia with Lewy bodies. *Neurology* **52**, 1153-1158.
- Bayles, K. A. (1982). Language function in senile dementia. *Brain and Language* **16**, 265-280.
- Beauvois, M. F. and Derouesné, J. (1981). Lexical or orthographic agraphia. *Brain* **104**, 21-49.
- Berger, A. (1998). Amyloid clearly implicated in Alzheimer's disease. *British Medical Journal* **317**, 102.
- Berrios, G. E. (1987). Dementia during the seventeenth and eighteenth centuries: a conceptual history. *Psychological Medicine* **17**, 829-837.
- (1989). Non-cognitive symptoms and the diagnosis of dementia: historical and clinical aspects. *British Journal of Psychiatry* **154** (suppl. 4), 11-16.
- Blackburn, S. (1984). The individual strikes back. *Synthese* **58**, 281-301.

- Blennow, K. and Skoog, I. (1999). Genetic testing for Alzheimer's disease: how close is reality? *Current Opinion in Psychiatry* 12, 487-493.
- Bloor, D. (1973). Wittgenstein and Mannheim on the Sociology of Mathematics. *Studies in History and Philosophy of Science* 4, 173-191.
- (1996). The question of linguistic idealism revisited. In *The Cambridge Companion to Wittgenstein*, (eds. H. Sluga and D. G. Stern), pp. 354-382. Cambridge University Press, Cambridge.
- (1997). *Wittgenstein, Rules and Institutions*. Routledge, London.
- Boghossian, P. A. (1989). The rule-following considerations. *Mind* 98, 507-549.
- Bolton, D. (1997). Encoding of meaning: deconstructing the meaning/causality distinction. *Philosophy, Psychiatry, & Psychology* 4, 255-267.
- and Hill, J. (1996). *Mind, Meaning, and Mental Disorder: The Nature of Causal Explanation in Psychology and Psychiatry*. Oxford University Press, Oxford.
- and Hill (1997). Commentary on "Reasons and Causes". *Philosophy, Psychiatry, & Psychology* 4, 319-322.
- Boorse, C. (1975). On the distinction between disease and illness. *Philosophy and Public Affairs* 5, 49-68.
- Bracken, P. J. (1999). Phenomenology and psychiatry. *Current Opinion in Psychiatry* 12, 593-596.

- Brock, D. W. (1988). Justice and the severely demented elderly. *Journal of Medicine and Philosophy* **13**, 73-99.
- Bub, D. and Kertesz, A. (1982). Evidence for lexicographic processing in a patient with preserved written over oral single word naming. *Brain* **105**, 697-717.
- Buchanan, A. (1988). Advance directives and the personal identity problem. *Philosophy and Public Affairs* **17**, 277-302.
- Budd, M. (1989). *Wittgenstein's Philosophy of Psychology*. Routledge, London.
- Burns, A., Luthert, P. Levy, R., *et al.* (1990). Accuracy of clinical diagnosis of Alzheimer's disease. *British Medical Journal* **301**, 1026.
- and Hope, T. (1997). Clinical aspects of the dementias of old age. In *Psychiatry in the Elderly*, (2nd ed.) (eds. R. Jacoby and C. Oppenheimer), pp. 456-493. Oxford University Press, Oxford.
- Russell, E. and Page, S. (1999). New drugs for Alzheimer's disease. *British Journal of Psychiatry* **174**, 476-479.
- Butler, R. N. (1963). The life review: an interpretation of reminiscence in the aged. *Psychiatry* **26**, 65-76.
- Butler, S. (1993). Functional neuroanatomy. In *Seminars in Basic Neurosciences*, (eds. G. Morgan and S. Butler), pp. 1- 41. Gaskell, London.
- Churchland, P. M. (1984). *Matter and Consciousness: A Contemporary Introduction to the Philosophy of Mind*. Bradford Book, MIT Press, Cambs., Mass..

- and Churchland, P. S. (1992). Intertheoretic reduction: a neuroscientist's field guide. In *Neurophilosophy and Alzheimer's Disease*, ( eds. Y. Christen and P. Churchland), pp. 18-29. Springer-Verlag, Berlin. (First published in *Seminars in the Neurosciences*, 1990, 2, 249-256.)
- Churchland, P. S. (1986). *Neurophilosophy: Toward a Unified Science of the Mind-Brain*. Bradford Book, MIT Press, Cambs., Mass..
- Corder, B., Saunders, A. M., Strittmatter, W. J., *et al.* (1993). Gene dose of apolipoprotein E type 4 allele and the risk of Alzheimer's disease in late onset families. *Science* 261, 921-3.
- Coulter, J. (1979). *The Social Construction of Mind. Studies in Ethnomethodology and Linguistic Philosophy*. Macmillan Press, London and Basingstoke.
- Damasio, A. R., Damasio, H. and van Hoesen, G. W. (1982). Prosopagnosia: anatomic basis and behavioural mechanisms. *Neurology* 32, 331-341.
- Damasio, H. and Damasio, A. R. (1992). Memory, language and decision-making: contributions from the lesion method in humans. In: *Neurophilosophy and Alzheimer's Disease* (eds. Y. Christen and P. Churchland), pp. 108-122. Springer-Verlag, Berlin.
- Danziger, K. (1987). New paradigm or metaphysics of consensus? A response to Harré. *New Ideas in Psychology* 5, 13-17.
- Davidson, D. (1980). *Essays on Actions and Events*. Clarendon Press, Oxford.
- (1995). Externalism. In *The Oxford Companion to Philosophy*, (ed. T. Honderich), p. 265. Oxford University Press, Oxford.



- Davies, B. and Harré, R. (1990). Positioning: the discursive production of selves. *Journal for the Theory of Social Behaviour* **20**, 43-63.
- Dennett, D. C. (1969). *Content and Consciousness*. Routledge & Kegan Paul, London and Henley.
- (1978). *Brainstorms. Philosophical Essays on Mind and Psychology*. Bradford Books, Montgomery, VT. (References here are to (1997) Penguin edition, Harmondsworth.)
- (1987). *The Intentional Stance*. MIT Press, Cambridge, MA.
- (1991). *Consciousness Explained*. Allen Lane The Penguin Press, Harmondsworth.
- De Renzi, E., Perani, D., Carlesimo, G. A., *et al.* (1994). Prosopagnosia can be associated with damage confined to the right hemisphere - an MRI and PET study and a review of the literature. *Neuropsychologia* **32**, 893-902.
- Dresser, R. (1995). Advance directives, self-determination, and personal identity. In *Advance Directives in Medicine* (eds. C. Hackler, R. Moseley and D.E. Vawter), pp. 155-170. Praeger, New York.
- Drury, M. O'C. (1973). *The Danger of Words*. Routledge & Kegan Paul, London.
- Dummett, M. (1958-9). Truth. *Proceedings of the Aristotelian Society* **59**, 141-162. (Also in *Philosophical Logic* (ed. P.F. Strawson) pp. 49-68. Oxford University Press, Oxford.)

Dworkin, R. (1986). Autonomy and the demented self. *The Millbank Quarterly* 64 (suppl. 2), 4-16.

----- (1993). *Life's Dominion: An Argument about Abortion and Euthanasia*. Harper Collins, London.

Edwardson, J. and Morris, C. (1998). The genetics of Alzheimer's disease. *British Medical Journal* 317, 361-362.

Eldridge, R. (1986). The normal and the normative: Wittgenstein's legacy, Kripke, and Cavell. *Philosophy and Phenomenological Research* 46, 555-575.

Ellis, A. W. and Young, A. W. (1988). *Human cognitive neuropsychology*. Lawrence Erlbaum Associates, Hove and London.

Engel, G. L. (1980). The clinical application of the biopsychosocial model. *American Journal of Psychiatry* 137, 535-544.

Esiri, M. (1997). Neuropathology. In *Psychiatry in the Elderly*, (2nd ed.) (eds. R. Jacoby and C. Oppenheimer), pp. 79-103. Oxford University Press, Oxford.

Evans, G. (1982). *The Varieties of Reference*, (ed. J. McDowell). Oxford, Clarendon Press.

Fodor, J. A. (1976). *The Language of Thought*. The Harvester Press, Hassocks, Sussex. (First published 1975; Crowell, Scranton, PA.)

----- (1985). Fodor's guide to mental representation: the intelligent auntie's vade-mecum. *Mind* 94, 76-100.

- (1987). *Psychosemantics: The Problem of Meaning in the Philosophy of Mind*. MIT Press, Cambridge (Mass.).
- and Pylyshyn, Z. W. (1988). Connectionism and cognitive architecture: a critical analysis. *Cognition* 28, 3-71.
- Fogelin, R. J. (1996). Wittgenstein's critique of philosophy. In *The Cambridge Companion to Wittgenstein*, (eds. H. Sluga and D. G. Stern), pp. 34-58. Cambridge University Press, Cambridge.
- Folstein, M. F., Folstein, S. E. and McHugh, P. R. (1975). "Mini-Mental State": a practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research* 12, 189-198.
- Förstl, H., Howard, R., Burns, A. and Levy R. (1991). 'The strange mental state of an old man who thought he would be slaughtered' - an early report of dementia with delusion (1785). *Journal of the Royal Society of Medicine* 84, 432-434.
- Fulford, K.W.M. (1989). *Moral Theory and Medical Practice*. Cambridge University Press, Cambridge.
- (1991a). The potential of medicine as a resource for philosophy. *Theoretical Medicine* 12, 81-85.
- Gadamer, H-G. (1960). *Wahrheit und Methode*. Tübingen. (Translated as *Truth and Method*, revised edition (1988), New York.)

- Gadanne, V. (1989). Does introducing the social require eliminating the mental? A commentary on Rom Harré: 'Metaphysics and methodology: some prescriptions for social psychological research'. *European Journal of Social Psychology* 19, 455-461.
- Gaita, R. (1991). Language and conversation. In *Wittgenstein Centenary Essays*, (ed. A. Phillips Griffiths), pp. 101-115. Cambridge University Press, Cambridge.
- Garver, N. (1996). Philosophy as grammar. In *The Cambridge Companion to Wittgenstein*, (eds. H. Sluga and D. G. Stern), pp. 139-170. Cambridge University Press, Cambridge.
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist* 40, 266-275.
- (1991). *The Saturated Self*. Basic Books, New York.
- Gillett, G. (1989). Representation and cognitive science. *Inquiry* 32, 261-276.
- (1992). *Representation, Meaning, and Thought*. Clarendon Press, Oxford.
- Gillon, R. (1986). *Philosophical Medical Ethics*. John Wiley, Chichester.
- Glendinning, S. (1998). *On Being with Others: Heidegger - Derrida - Wittgenstein*. Routledge, London and New York.
- Glover, J. (1988). *I: The Philosophy and Psychology of Personal Identity*. Penguin Books, Harmondsworth.



- Goldfarb, W. (1985). Kripke on Wittgenstein on rules. *Journal of Philosophy* **82**, 471-488.
- Goodglass, H. and Kaplan, E. (1983). *The Assessment of Aphasia and Related Disorders* (2nd ed). Lea & Febiger, Philadelphia.
- Grayling, A. C. (1991). Wittgenstein's influence: meaning, mind and method. In *Wittgenstein Centenary Essays*, (ed. A. Phillips Griffiths), pp. 61-78. Cambridge University Press, Cambridge.
- Hacker, P. M. S. (1972). *Insight and Illusion. Wittgenstein on Philosophy and the Metaphysics of Experience*. Oxford University Press, Oxford.
- (1987). Languages, minds and brains. In *Mindwaves: Thoughts on Intelligence, Identity and Consciousness*, (eds. C. Blakemore and S. Greenfield), pp. 485-505. Blackwell, Oxford.
- (1993). *Wittgenstein: Meaning and Mind, Volume 3 of an Analytical Commentary on the Philosophical Investigations, Part I: Essays*. Blackwell, Oxford.
- (1996). *Wittgenstein's Place in Twentieth-Century Analytic Philosophy*. Blackwell, Oxford.
- Hacking, I. (1982). Wittgenstein the psychologist. *New York Review of Books* **29**, 42-44.
- Hardy, J. A. (1992). An anatomical cascade hypothesis for Alzheimer's disease. *Trends in Neuroscience* **15**, 200-201.

Harré, R. (1983). *Personal Being. A Theory of Individual Psychology*. Blackwell, Oxford.

----- (1989a). Language and the science of psychology. *Journal of Social Behavior and Personality* 4, 165-188.

----- (1989b). Metaphysics and methodology: some prescriptions for social psychology research. *European Journal of Social Psychology* 19, 439-453.

----- (1992). What is real in psychology. A plea for persons. *Theory and Psychology* 2, 153-158.

----- (1993). *Social Being*. (Second edition. First published 1979.) Blackwell, Oxford.

----- (1994). Emotion and memory: the second cognitive revolution. In *Philosophy, Psychology and Psychiatry*, (ed. A. Phillips Griffiths), pp. 25-40. Cambridge University Press, Cambridge.

----- and Gillett, G. (1994). *The Discursive Mind*. Sage, Thousand Oaks, London and New Delhi.

Harrison, P. (1993). Alzheimer's Disease and Chromosome 14. Different gene, same process? *British Journal of Psychiatry* 163, 2-5.

Hatfield, F. M. and Patterson, K. E. (1983). Phonological spelling. *Quarterly Journal of Experimental Psychology* 35, 451-468.

- Heidegger, M. (1962). *Being and Time* (trans. J. Macquarrie and E. Robinson). Blackwell, Oxford.
- Hodges, J. [R.] (1994). *Cognitive Assessment for Clinicians*. Oxford University Press, Oxford.
- , Salmon, D. P. and Butters, N. (1992). Semantic memory impairment in Alzheimer's disease : failure of access or degraded knowledge? *Neuropsychologia* **30**, 301-314.
- , Salmon, D.P. and Butters, N. (1993). Recognition and naming of famous faces in Alzheimer's disease : a cognitive analysis. *Neuropsychologia* **31**, 775-788.
- Holmes, C., Cairns, N., Lantos, P. and Mann, A. (1999). Validity of current clinical criteria for Alzheimer's disease, vascular dementia and dementia with Lewy bodies. *British Journal of Psychiatry* **174**, 45-50.
- Homer, A. C., Honavar, M., Lantos, P. L., *et al* (1988). Diagnosing dementia: do we get it right? *British Medical Journal* **297**, 894-896.
- Hopkins, J. (1975). Wittgenstein and Physicalism. *Proceedings of the Aristotelian Society* **75**, 121-146.
- Hope, T. (1994a). Personal identity and psychiatric illness. In *Philosophy, Psychology and Psychiatry*, (ed. A. Phillips Griffiths), pp. 131-143. Cambridge University Press, Cambridge.
- (1994b). Commentary on "The Alzheimer's disease sufferer as a semiotic subject". *Philosophy, Psychiatry, & Psychology* **1**, 161-162.

- , Keene, J., Fairburn, C. G., Jacoby, R. and McShane, R. (1999).  
Natural history of behavioural changes and psychiatric symptoms in  
Alzheimer's disease: a longitudinal study. *British Journal of Psychiatry*  
**174**, 39-44.
- Huff, F. J., Corkin, S. and Growdon, J. H. (1986). Semantic impairment and anomia  
in Alzheimer's disease. *Brain and Language* **28**, 235-249.
- Hughes, J. C., Graham, N., Patterson, K. and Hodges, J. R. (1997). Dysgraphia in  
mild dementia of Alzheimer's type. *Neuropsychologia* **35**, 533-545.
- (in press). Ethics and the anti-dementia drugs. *International Journal of*  
*Geriatric Psychiatry* **15**.
- Hume, D. (1739). *A Treatise of Human Nature*, (ed. D. G. C. Macnabb (1962)).  
Fontana/Collins, Glasgow.
- (1772). *Enquiries Concerning Human Understanding and Concerning the*  
*Principles of Morals*, (ed. L. A. Selby-Bigge, from posthumous edition  
of 1777: with revision by P. H. Nidditch). Clarendon Press, Oxford.
- Hundert, E. M. (1989). *Philosophy, Psychiatry and Neuroscience: Three Approaches to*  
*the Mind*. Clarendon Press, Oxford.
- Jaspers, K. (1923). *Allgemeine Psychopathologie*. Springer Verlag, Berlin. (English  
translation by Hoenig, J. and Hamilton, M. W. (1963). *General*  
*Psychopathology*. Manchester University Press, Manchester.)



- Joachim, C. L., Morris, J.H. and Selkoe, D. J. (1988). Clinically diagnosed Alzheimer's disease: autopsy results in 150 cases. *Annals of Neurology* 24, 50-56.
- Jobst, K. A., Smith, A. D., Szatmari, M., *et al* (1992). Detection in life of confirmed Alzheimer's disease using a simple measurement of medial temporal lobe atrophy by computed tomography. *Lancet* 340, 1179-1183.
- , Hindley, N. J., King, E. and Smith, A. D. (1994). The diagnosis of Alzheimer's disease: a question of image? *Journal of Clinical Psychiatry*, 55 (11, suppl), 22-31.
- Kalaria, R. N. (2000). Pathological substrates of vascular dementia. Conference abstract from *Non-Alzheimer Cognitive Impairment*, A Joint Meeting of the International Psychogeriatric Association and the Royal College of Psychiatrists' Faculty of Old Age. Newcastle, April 2000.
- Kandel, E. R. (1998). A new intellectual framework for psychiatry. *American Journal of Psychiatry* 155, 457-469.
- Kant, I. (1929). *Critique of Pure Reason*. Translated by Norman Kemp-Smith, Macmillan Press, London. [A = First Edition; B= Second Edition.]
- Katona, C. and Levy, R. (eds.) (1992). *Delusions and Hallucinations in Old Age*. Gaskell, London.
- Kenny, A. (1982). Wittgenstein on the nature of philosophy. In *Wittgenstein and His Times*, (ed. B. McGuinness), pp. 1-26. Blackwell, Oxford.
- (1984). *The legacy of Wittgenstein*. Basil Blackwell, Oxford.

- Kim, J. (1985). Psychophysical laws. In *Actions and Events. Perspectives on the Philosophy of Donald Davidson*, (eds. E. Le Pore and B. P. McLaughlin), pp. 369-386. Basil Blackwell, Oxford.
- Kitwood, T. (1989). Brain, mind and dementia: with particular reference to Alzheimer's disease. *Ageing and Society* **9**, 1-15.
- (1990). The dialectics of dementia: with particular reference to Alzheimer's disease. *Ageing and Society* **19**, 177-196.
- (1993a). Person and process in dementia. *International Journal of Geriatric Psychiatry* **8**, 541-545.
- (1993b). Towards a theory of dementia care: the interpersonal process. *Ageing and Society* **13**, pp. 51-67.]
- (1995). Exploring the ethics of dementia research: A response to Berghmans and ter Meulen: A psychological perspective. *International Journal of Geriatric Psychiatry* **10**, 655-657.
- (1997). *Dementia Reconsidered: The Person Comes First*. Open University Press, Buckingham.
- and Bredin, K. (1992). Towards a theory of dementia care: personhood and well-being. *Ageing and Society* **12**, 269-287.
- Kripke, S. A. (1982). *Wittgenstein on Rules and Private Language: an Elementary Exposition*. Blackwell, Oxford.

- Larsson, T., Sjogren, T. and Jacobsen, G. (1963). Senile dementia: a clinical, sociomedical and genetic study. *Acta Psychitrica Scandinavica* **29** (suppl. 167).
- Lawlor, B. A. (ed.) (1995). *Behavioral Complications in Alzheimer's Disease*. American Psychiatric Press, Washington.
- Lazerowitz, M. (1967). Wittgenstein on the nature of philosophy. In *Ludwig Wittgenstein: the man and his philosophy*, (ed. K. T. Fann), pp. 131-147. Harvester, Sussex.
- Lesser, R. (1989). Selective preservation of oral spelling without semantics in a case of multi-infarct dementia. *Cortex* **25**, 239-250.
- Levy-Lahad, E., Wijsman, E. M., Nemens, E., *et al.* (1995). A familial Alzheimer's disease locus on Chromosome 1. *Science* **269**, 970-972.
- Linsky, L. (1967). Wittgenstein on language and some problems of philosophy. In *Ludwig Wittgenstein: The Man and his Philosophy*, (ed. K. T. Fann), pp. 171-180. Harvester, Sussex. (First published in *The Journal of Philosophy* **54**, (1957).)
- Lishman, W. A. (1998). *Organic Psychiatry. The Psychological Consequences of Cerebral Disorder* (3rd ed.). Blackwell, Oxford.
- Locke, J. (1690). *An Essay Concerning Human Understanding* (edited and abridged by A. D. Woozley (1964)). William Collins/Fount Paperbacks, Glasgow.
- Lockwood, M. (1989). *Mind, Brain and the Quantum: The Compound 'I'*. Blackwell, Oxford.

- Lovestone, S. (1997a). Molecular biology and molecular genetics of dementia. In *Psychiatry in the Elderly*, (2nd ed.) (eds. R. Jacoby and C. Oppenheimer), pp. 123-141. Oxford University Press, Oxford.
- (1997b). Muscarinic therapies in Alzheimer's disease: from palliative treatments to disease modification. *International Journal of Psychiatry in Clinical Practice* 1, 15-20.
- Luntley, M. (1991). The transcendental grounds of meaning and the place of silence. In *Meaning Scepticism*, (ed. K. Puhl), pp. 170-188. De Gruyter, Berlin.
- (1995). *Reason, Truth and Self: The Postmodern Reconditioned*. Routledge, London.
- (1999). *Contemporary Philosophy of Thought: Truth, World, Content*. Blackwell, Oxford.
- Lyman, K. A. (1989). Bringing the social back in: a critique of the biomedicalization of dementia. *The Gerontologist* 29, 597-605.
- MacIntyre, A. (1985). *After Virtue: A Study in Moral Theory*, (2nd ed.). Duckworth, London.
- Macquarrie, J. (1968). *Martin Heidegger*. Lutterworth Press, London.
- Malcolm, N. (1986). *Nothing Is Hidden*. Blackwell, Oxford.
- (1989). Wittgenstein on language and rules. *Philosophy* 64, 5-28.



- Margolin, D. I. (1992). Clinical cognitive neuropsychology: and emerging speciality. In *Cognitive Neuropsychology in Clinical Practice*, (ed. D. I. Margolin), pp. 9-17. Oxford University Press, Oxford.
- Matthews, E. (1996). *Twentieth-Century French Philosophy*. Oxford University Press, Oxford.
- McLaren, N. (1998). A critical review of the biopsychosocial model. *Australian and New Zealand Journal of Medicine* 32, 86-92.
- McDonough, R. (1989). Towards a non-mechanistic theory of meaning. *Mind* 98, 1-21.
- (1991). Wittgenstein's critique of mechanistic atomism. *Philosophical Investigations* 14, 231-251.
- McDowell, J. (1984). Wittgenstein on following a rule. *Synthese* 58, 325-363.
- (1991). Intentionality and interiority in Wittgenstein. In *Meaning Scepticism*, (ed. K. Puhl), pp. 148-169. De Gruyter, Berlin.
- (1994). The content of perceptual experience. *The Philosophical Quarterly* 44, 190-205.
- McGinn, C. (1984). *Wittgenstein on Meaning*. Blackwell, Oxford.
- McGuffin, P., Owen, M. J., O'Donovan, et al. (1994). *Seminars in Psychiatric Genetics*. Gaskell, London.

- McKeith, I. G., Galasko, D., Kosaka, K., *et al.* (1996). Consensus guidelines for the clinical and pathological diagnosis of dementia with Lewy bodies (DLB): report of the Consortium on DLB International Workshop. *Neurology* **47**, 1113-1124.
- McKenna, P. J. (1991). Memory, knowledge and delusions. *British Journal of Psychiatry* **159** (suppl. 14), 36-41.
- McKhann, G., Drachman, D., Folstein, M., *et al.* (1984). Clinical diagnosis of Alzheimer's disease: report of the NINCDS-ADRDA Work Group under the auspices of Department of Health and Human Services Task Force on Alzheimer's disease. *Neurology*, **34**, 939-944.
- McShane, R., Gedling, K., Keene, J., *et al.* (1998). Getting lost in dementia: a longitudinal study of a behavioural symptom. *International Psychogeriatrics* **10**, 253-260.
- Mead, G. H. (1934). *Mind, Self and Society*. Chicago University Press, Chicago.
- Mellow, A. M. and Aronson, S. M. (1995). Pharmacotherapy of behavioral symptoms in dementia: nonneuroleptic agents. In *Behavioral Complications in Alzheimer's Disease*, (ed. B. A. Lawlor), pp. 209-220. American Psychiatric Press, Washington DC.
- Mendez, M. F., Martin, R. J., Smyth, K. A. and Whitehouse, P. J. (1992). Disturbances of person identification in Alzheimer's disease. A retrospective study. *Journal of Nervous and Mental Diseases* **180**, 94-96.

- Midgley, M. (1996). *Utopias, Dolphins and Computers*. Routledge, London and New York.
- Moody, H. R. (1992). *Ethics in an Aging Society*. The Johns Hopkins University Press, Baltimore.
- Morris, R. G. (1997). Cognition and ageing. In *Psychiatry in the Elderly*, (2nd ed.) (eds. R. Jacoby and C. Oppenheimer), pp. 37-62. Oxford University Press, Oxford.
- Morton, A. (1990). Why there is no concept of a person. In *The Person and the Human Mind: Issues in Ancient and Modern Philosophy*, (ed. C. Gill), pp. 39-59. Clarendon Press, Oxford.
- Mulhall, S. (1990). *On Being in the World*. Routledge, London.
- Murphy, E. (1984). Ethical dilemmas of brain failure in the elderly. *British Medical Journal* **288**, 61-62.
- (1988). Psychiatric implications. In *Consent and the Incompetent Patient: Ethics, Law, and Medicine*, (eds. S. R. Hirsch and J. Harris), pp. 65-73. Gaskell, London.
- Nagel, T. (1986). *The View from Nowhere*. Oxford University Press, Oxford.
- Nebes, R. D. and Brady, C. B. (1988). Integrity of semantic fields in Alzheimer's disease. *Cortex* **24**, 291-299.
- , Martin, D. C. and Horn, L. C. (1984). Sparing of semantic memory in Alzheimer's disease. *Journal of Abnormal Psychology* **93**, 321-330.

Norberg, A. (1994). Ethics in the care of the elderly with dementia. In *Principles of Health Care Ethics* (eds. R. Gillon and A. Lloyd), pp.721-731. John Wiley & Sons, Chichester.

O'Brien, J. and Barber, B. (2000). Neuroimaging in dementia and depression. *Advances in Psychiatric Treatment* **6**, 109-119.

Oliver, C. and Holland, A. J. (1986). Down's syndrome and Alzheimer's disease: a review. *Psychological Medicine* **16**, 307-322.

Owen, M., Liddell, M. and McGuffin, P. (1994). Alzheimer's disease. An association with apolipoprotein E4 may help unlock the puzzle. *British Medical Journal* **308**, 672-673.

Parfit, D. (1971). Personal identity. *Philosophical Review* **80**, 3-27. (Reprinted in *The Philosophy of Mind* (ed. J. Glover), pp. 142-162. Oxford University Press, Oxford.)

----- (1984). *Reasons and Persons*. Oxford University Press, Oxford.

----- (1987). Divided minds and the nature of persons. In *MindWaves: Thoughts on Intelligence, Identity and Consciousness* (eds. C. Blakemore and S. Greenfield), pp. 19-26. Blackwell, Oxford.

Park, S. B. G. and Young, A. H. (1994). Connectionism and psychiatry: a brief review. *Philosophy, Psychiatry, and Psychology* **1**, 51-58.

Patterson, K. (1986). Lexical but nonsemantic spelling? *Cognitive Neuropsychology* **3**, 341-367.



- , Graham, N. and Hodges, J. R. (1994). Reading in Alzheimer's type dementia: a preserved ability? *Neuropsychology* 8, 395-407.
- Pears, D. (1988). *The False Prison. A Study of the Development of Wittgenstein's Philosophy. Volume II.* Clarendon Press, Oxford.
- Pericak-Vance, M. A., Bebout, J. L., Gaskell, P. C. Jr., *et al* (1991). Linkage studies in familial Alzheimer disease: evidence for chromosome 19 linkage. *American Journal of Human Genetics* 48, 1034-1050.
- Perry, E. K. (1994). Cholinergic component of cognitive impairment in dementia. In *Dementia*, (eds. A. Burns and R. Levy), pp. 143-157. Chapman & Hall Medical, London.
- Pettit, P. (1990a). The reality of rule-following. *Mind* 99, 1-21.
- (1990b). Affirming the reality of rule-following. *Mind* 99, 433-439.
- Philpot, M. and Burns, A. (1993). Jobst *et al*'s "Detection in life of confirmed Alzheimer's disease using a simple measurement of medial temporal lobe atrophy by computed tomography". *British Journal of Psychiatry* 163, 809-812.
- Philpott, M. J. (1998). A phenomenology of dyslexia: the lived-body, ambiguity, and the breakdown of expression. *Philosophy, Psychiatry, & Psychology* 5, 1-19.
- Polden, E. R. (1989). Social work and people with dementia: putting principles into practice. *International Journal of Geriatric Psychiatry* 4, 173-1989.

- Radden, J. (1999). The philosophy of mind and psychiatry. *Current Opinion in Psychiatry* 12, 589-592.
- Rapoport, S. I. (1992). Alzheimer's disease: disruption of mind-brain relations. In *Neurophilosophy and Alzheimer's Disease*, ( eds. Y. Christen and P. Churchland), pp. 86-107. Springer-Verlag, Berlin.
- Rhees, R. (1967). Wittgenstein's builders. In *Ludwig Wittgenstein: The Man and his Philosophy* (ed. K. T. Fann), pp. 251-264. Humanities Press, New Jersey; Harvester Press, Sussex. (First published in *Proceedings of the Aristotelian Society* (1959-60) 60.)
- Robertson, G. S. (1983). Ethical dilemmas of brain failure in the elderly. *British Medical Journal* 287, 1775-1777.
- Rorty, A. O. (1990). Persons and *Personae*. In *The Person and the Human Mind: Issues in Ancient and Modern Philosophy*, (ed. C. Gill), pp. 21-38. Clarendon Press, Oxford.
- Rösler, M., Anand, R., Cicin-Sain, A., *et al* (1999). Efficacy and safety of rivastigmine in patients with Alzheimer's disease: international randomised controlled trial. *British Medical Journal* 318, 633-640.
- Roth, M. (1996). Euthanasia and related ethical issues in dementias of later life with special reference to Alzheimer's disease. *British Medical Bulletin* 52, 263-279.
- St Clair, D. (1994). Genetics of Alzheimer's Disease. *British Journal of Psychiatry* 164, 153-156.

- St George-Hyslop, P. H., Tanzi, R. E., Polinsky, R. J., *et al.* (1987). The genetic defect causing familial Alzheimer's disease maps on chromosome 21. *Science* **235**, 885-890.
- Sabat, S. R. (1991). Turn-taking, turn-giving, and Alzheimer's disease: a case study of conversation. *The Georgetown Journal of Language & Linguistics* **2**, 161-175.
- and Harré, R. (1992). The construction and deconstruction of self in Alzheimer's disease. *Ageing and Society* **12**, 443-461.
- (1994). The Alzheimer's disease sufferer as a semiotic subject. *Philosophy, Psychiatry, & Psychology* **1**, 145-160.
- Sadler, J. Z. and Agich, G. J. (1995). Diseases, functions, values, and psychiatric classification. *Philosophy, Psychiatry, & Psychology* **2**, 219-231.
- Schellenberg, G. D., Bird, T. D., Wijsman, E. M., *et al.* (1992) Genetic linkage evidence for a familial Alzheimer's disease locus on chromosome 14. *Science* **258**, 668-671.
- Schulte, J. (1993). *Experience and Expression: Wittgenstein's Philosophy of Psychology*. Oxford University Press, Oxford.
- Shallice, T. (1988). *From Neuropsychology to Mental Structure*. Cambridge University Press, Cambridge.

Skoog, I. (2000). Vascular factors in Alzheimer's disease. Conference abstract from *Non-Alzheimer Cognitive Impairment*, A Joint Meeting of the International Psychogeriatric Association and the Royal College of Psychiatrists' Faculty of Old Age. Newcastle, April 2000.

Slors, M. (1998). Two conceptions of psychological continuity. *Philosophical Explorations* 1, 61-80.

Smith, A. D. and Jobst, K. A. (1996). Use of structural imaging to study the progression of Alzheimer's disease. *British Medical Bulletin* 52, 575-586.

Smith, P. (1990). Human persons. In *The Person and the Human Mind: Issues in Ancient and Modern Philosophy*, (ed. C. Gill), pp. 61-81. Clarendon Press, Oxford.

Smythies, J. R. (1992). Neurophilosophy. *Psychological Medicine* 22, 547-549.

Spitzer, M. (1994). Associationism. *Philosophy, Psychiatry, & Psychology* 1, 135-137.

Stern, D. G. (1995). *Wittgenstein on Mind and Language*. Oxford University Press, Oxford.

Stich, S. C. (1983). *From Folk Psychology to Cognitive Science: The Case Against Belief*. Bradford Books/MIT Press, Cambridge (Mass.).

Strawson, P. F. (1959). *Individuals. An Essay in Descriptive Metaphysics*. Methuen, London.



- Stroud, B. (1996). Mind, meaning, and practice. In *The Cambridge Companion to Wittgenstein*, (eds. H. Sluga and D. G. Stern), pp. 296-319. Cambridge University Press, Cambridge.
- Summerfield, D. M. (1990). On taking the rabbit of rule-following out of the hat of representation: a response to Pettit's "The reality of rule-following". *Mind* **99**, 425-431.
- Szasz, T. S. (1960). The myth of mental illness. *American Psychologist* **15**, 113-118.
- Taylor, C. (1985). *Human Agency and Language. Philosophical Papers I*. Cambridge University Press, Cambridge.
- (1989). *Sources of the Self: The Making of the Modern Identity*. Cambridge University Press, Cambridge.
- (1995). *Philosophical Arguments*. Harvard University Press, Cambridge, Mass..
- Thomas, E. (1981). *Selected Poems and Prose*, (ed. D. Wright). Penguin, Harmondsworth.
- Thornton, T. (1997a). Intention, rule following and the strategic role of Wright's order of determination test. *Philosophical Investigations* **20**, 136-147.
- (1997b). Review article: reasons and causes in philosophy and psychopathology. *Philosophy, Psychiatry, & Psychology* **4**, 307-317.
- (1998). *Wittgenstein on Language and Thought: The Philosophy of Content*. Edinburgh University Press, Edinburgh.

- Tomlinson, B. E., Blessed, G. and Roth, M. (1970). Observations on the brains of demented old people. *Journal of Neurological Science* 11, 205-242.
- Toulmin, S. (1969). Ludwig Wittgenstein. *Encounter* (January), 58-71.
- (1980). Agent and patient in psychiatry. *International Journal of Law and Psychiatry* 3, 267-278.
- Tulving, E. (1972). Episodic and semantic memory. In: *Organization of Memory* (eds. E. Tulving and W. Donaldson). Academic Press, New York and London.
- Tyrer, P. and Steinberg, D. (1993). *Models for Mental Disorder: Conceptual Models in Psychiatry*. John Wiley, Chichester.
- Veatch, R. M. (1973). The medical model: its nature and problems. *Hastings Center Studies* 1, 59-76. Also published in: *Ethics of Psychiatry: Insanity, Rational Autonomy, and Mental Health Care* (ed. R. B. Edwards), pp. 108-129. Prometheus Books, New York.
- Vygotsky, L. (1934). *Thought and Language* (trans. E. Hanfmann and G. Vakar, (1962)). MIT Press, Cambridge, Mass..
- Wakefield, J. C. (1992). The concept of mental disorder: on the boundary between biological facts and social values. *American Psychologist* 47, 373-388.
- (1995). Dysfunction as a value-free concept: a reply to Sadler and Agich. *Philosophy, Psychiatry, & Psychology* 2, 233-246.

- Ward, A. (1993). The failure of Dennett's representationalism: a Wittgensteinian resolution. *Journal of Philosophical Research* 18, 285-307.
- Warrington, E. K. (1975). The selective impairment of semantic memory. *Quarterly Journal of Experimental Psychology* 27, 635-657.
- and James, M. (1967). An experimental investigation of facial recognition in patients with unilateral cerebral lesions. *Cortex* 3, 317-326.
- Widdershoven, G. A. M. (1999). Cognitive psychology and hermeneutics: two approaches to meaning and mental disorder. *Philosophy, Psychiatry, & Psychology* 6, 245-253.
- Wiggins, D. (1987). The person as object of science, as subject of experience, and as locus of value. In *Persons and Personality. A Contemporary Inquiry*, (eds. A. Peacocke and G. Gillett), pp. 56-74. Blackwell, Oxford.
- Wilkes, K. V. (1988). *Real People. Personal Identity without Thought Experiments*. Clarendon Press, Oxford.
- Wittgenstein, L. (1953). *Philosophical Investigations* (eds. G.E.M. Anscombe and R. Rhees, trans. G. E. M. Anscombe). Blackwell, Oxford.
- (1958). *The Blue and Brown Books* Blackwell, Oxford.
- (1961). *Tractatus Logico-Philosophicus* (trans. D. Pears and B. McGuinness). Routledge and Kegan Paul, London. (First published with translation by C. K. Ogden in 1922; second revised ed. with corrections, 1933.)

- (1969). *On Certainty* (eds. G. E. M. Anscombe and G. H. von Wright, trans. D. Paul and G. E. M. Anscombe). Blackwell, Oxford.
- (1974). *Philosophical Grammar* (ed. R. Rhees, trans. A. Kenny). Blackwell, Oxford.
- (1978). *Remarks on the Foundations of Mathematics* (eds. G. H. von Wright, R. Rhees and G. E. M. Anscombe, revised edition). Blackwell, Oxford.
- (1980). *Remarks on the Philosophy of Psychology Vol. I* (eds. G. E. M. Anscombe and G. H. von Wright, trans. G. E. M. Anscombe). Blackwell, Oxford.
- (1980). *Remarks on the Philosophy of Psychology Vol. II* (eds. G. H. von Wright and H. Nyman, trans. C. G. Luckhardt and M. A. E. Aue). Blackwell, Oxford.
- (1980). *Culture and Value* (eds. G. H. von Wright with H. Nyman, trans. P. Winch). Blackwell, Oxford.
- (1981). *Zettel* (eds. G. E. M. Anscombe and G. H. von Wright, trans. G. E. M. Anscombe). Blackwell, Oxford.
- (1992). *Last Writings on the Philosophy of Psychology. Vol II. The Inner and the Outer, 1949-1951.* (eds. G. H. von Wright and H. Nyman, trans. C. G. Luckhardt and M. A. E. Aue). Blackwell, Oxford.



World Health Organization. (1992). *The ICD-10 Classification of Mental and Behavioural Disorders. Clinical Descriptions and Diagnostic Guidelines*. WHO, Geneva.

Wren, T. E. (1987). The psycho-heresy of Rom Harré. *New Ideas in Psychology* **5**, 25-31.

Wright, C. (1981). Following a rule. In his *Wittgenstein on the Foundations of Mathematics*, pp. 21-38. Duckworth, London.

----- (1986). Rule following, meaning and constructivism. In *Meaning and Interpretation*, (ed. C. Travis), pp. 271-297. Blackwell, Oxford.

----- (1989). Critical Notice: Colin McGinn, *Wittgenstein on Meaning*. *Mind* **98**, 289-305.

-----