

American Handbook of Psychiatry

**PSYCHIATRY
&
PHILOSOPHY**

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PSYCHIATRY AND PHILOSOPHY

Abraham Edel

The relations of philosophy and psychiatry have sometimes involved dialogue, sometimes confrontation, often illumination. But on the whole there has been little of what would itself be most desirable, cooperation on shared problems.

That there are many problems in common is clear enough from current literature. An obvious one lies in the field of value theory. Moral philosophy directly seeks firm bases for guiding practice, while psychiatry not only seeks scientific grounds for judging mental health but also is pressed to show that its conception of mental health does not smuggle in current social standards. Other common problems concern conceptions of the human being and methods of studying human behavior. Philosophy is still enmeshed in disputes about whether the methods that have proved so successful in the physical sciences can be extended to human action, and psychiatry here is beset with a variety of schools and methodological approaches. Again, other common problems are rooted in metaphysical presuppositions, especially about the relation of body and mind. Frequently these presuppositions are

cast as reality claims—for example, in psychiatry that the unconscious is a reality and not a fiction, or that human reality lies in the phenomenological field. Philosophers have the heritage of reality claims in their traditional schools of materialism, idealism, dualism, phenomenism, and the rest. How contemporary philosophy deals with these conflicts may suggest how to analyze psychiatric concepts in this domain. In this chapter I should like to approach these shared problems following the order indicated and then conclude with some reflections on the nature of the philosophical activity involved. After all, there has been controversy not only about what philosophy's role is in relation to psychiatry but also among philosophers themselves about what philosophy is up to.

Problems in the Theory of Value

Influential views in twentieth-century philosophy have made a sharp separation of fact and value (such as, G. E. Moore). This separation has often been helpful in detecting disguised norms or values masquerading as factual judgments. But elevating it to a philosophic dogma instead of recognizing it as a distinction relative to important contexts has made a mystery of the relations of the scientific and the ethical. Major energies in philosophy and science are consequently required to remove ethical judgments from the status of sheer fiat and to make them responsible to knowledge. Let us illustrate these problems from the viewpoint of both disciplines.

Medicine and psychiatry both employ concepts of illness and health, of needs, of what is normal and abnormal. The clearest root values in medicine are the undesirability of pain and of the inability to function. These get expanded and articulated into an ideal of health as we acquire knowledge of the physiological conditions of the kind of functioning that minimizes pain and breakdown. A major form of this articulation is in terms of an account of men's needs (Edel, ch. 6). The logic of "need" involves a value reference; for example, even tissue needs imply that if they are not satisfied (e.g., water, salt) then certain forms of breakdown inimical to survival will result. It is important to note that such knowledge may extend into *social* conditions for given states of society, so that a medical critique of social institutions becomes possible. Thus, the ideal of public health makes possible a moral critique of some urban conditions, such as the overcrowding that is productive of epidemics or economic arrangements that engender dangerous pollution. Such judgments are still *medical*, but as critiques they are only *partial*. For they cannot determine that other values may not outweigh the risks involved: they cannot decide whether to risk a 5 per cent increase in the incidence of cancer to assure a tremendous increase in electrical ground that death is a medical evil that there should be no cultural arrangements allowing an individual to commit suicide or to sacrifice his health to research. But the fact that medical critiques of value are partial does not belie their ability to go as far as they can on the basis of the knowledge that has been acquired. In

short, medical knowledge imposes constraints on value judgments, it helps render them more determinate, but it cannot settle them completely for all kinds of cases.

At present psychiatry is in a less favorable position than medicine to help such moral judgment because the scope of its established knowledge is less extensive. But where its knowledge exists we can see the same process of joining factual information to basic value criteria to yield a complex ideal of mental health. There is no sharp discontinuity between the general ideal of health and that of mental health. Where psychology utilizes knowledge of brain damage to criticize the use of certain drugs and additives, it is operating with the minimal value criteria given above. Where it brings its knowledge of the conditions that beget such phenomena as hysterical blindness or psychic impotence to bear on a critique of interpersonal relations, it is extending the medical criterion of the undesirability of pain at least to the undesirability of being anxiety-ridden.

Such knowledge and value judgment are often generalized through the concepts of normal and abnormal behavior and development. Controversy without end has centered around these concepts. Some insist that their scientific meaning must be cast as a statistical norm: to judge the normal as better than the abnormal simply smuggles in conformity to currently dominant value patterns. Others argue contrariwise that normality means

more than statistical distribution, for a statistically dominant behavior (say, mass hysteria or scapegoating) can be abnormal. In this view the judgment of abnormality refers to the *causal* analysis of the behavior (Wegrocki, cf. Devereux). A definite model is implicit. A human being is assumed to have certain energies aiming in a given direction, achievement of which would be reckoned a good. A distortion process takes place, whether through blocking or other interference, such that the original aim, *which is still being sought*, is not achieved, and a substitute compromise direction is taken, which is productive of intense anxiety discoverable in the quality of present experience and its affects. The behavior in this substitute direction is thus declared abnormal. A comparably more complex analysis involving stages is offered for abnormal development, for example, in Erikson's stages of man.

Seen in this way the concept of normality joins in a definite pattern components of statistical distribution, causality, and value. But it does not determine where that kind of pattern is to be found and where a distinction of normal and abnormal is relevant. Thus, it may hold adequately for the understanding of extreme alcoholism; but whether it holds for all homosexuality or only some forms (as well as some forms of heterosexuality) is still debatable. General attacks on the concept of mental health (such as by Szasz) as bootlegging social values would then be equivalent to denying that there is adequate causal knowledge of the processes involved, as well as an adequate analysis of the precise values involved. Extended philosophical

analysis of these problems is required, but the shift should definitely be such as to spotlight the kind of knowledge that would justify the psychiatric conception and to ask whether we have it and if it is attainable and where it applies, rather than wholesale argument for one or another general model throughout the whole area.

If philosophy can help psychiatry in this way, psychiatry can repay the debt in many different ways. Thus, moral philosophy long remained stuck with the assumption that a man can get a correct account of his own basic values only by introspection. When two men thus find themselves in ultimate value disagreement—one respects all human beings, the other only his own group or race and regards the rest of humanity as simply a means —there is no further basis of judging between them (Edel, ch. 3). Here psychiatry, with the concept of mechanisms of defense, opened up the possibility that what is held in consciousness as an ultimate value may be serving quite different intrapsychic functions; most dramatically in reaction formations in which the very rigor with which a value is held in consciousness (cleanliness, helpfulness, nonviolence) may in the specific cases reflect the strength of the opposing impulse. These concepts do not settle issues of moral conflict but open up the possibility of going beyond introspective ultimacy. Again psychoanalytic theory has had marked impact on moral psychology in its theories of the source and operations of conscience and of the moral emotions generally (shame, guilt, pride, and so forth; cf. Fromm, Lewis, Lynd,

Piers and Singer). For here, too, it has strengthened the interest in genetic accounts and removed the apparent intuitive authority that older moral philosophies assigned to these all too human processes. Such contributions, which are numerous and multiple in their impact, do not mean basing ethics on science, but bringing science to bear in refining and deepening ethical awareness of its presuppositions.

Man and His Powers

How to understand man and his behavior is the second set of shared problems. Philosophy is involved in metaphysical considerations of the mind-body problem (Hook), in epistemological exploration of the sources of knowledge, and in methodological analyses of psychology, the social sciences, and history. Psychiatry is plunged directly into these problems, for as part of medicine it is an art or technology of therapy of the human being. Indeed, if we take “psychiatry” literally as the cure of the psyche, and understand the psyche (as Aristotle did in the classical foundations of psychology) as the manifold functions of man from moving and eating at one extreme to sensing and abstract thinking at the other, we might even say that medicine is a part of psychiatry!

Given such breadth, both philosophy and psychiatry are compelled to work out some model of the human being. Suggestions are sought from the

many fields whose data and methods are brought to bear upon the inquiry. For example, philosophy developed the idea of determinism in the context of the growing physical sciences, tried it out on the realm of human action, and then grappled with the consequences for traditional notions of freedom and initiative in morality and in history. As philosophers became self-conscious about the relation of their models to the different fields of knowledge, they fashioned systematically the philosophy of social science as a branch of their work. Similarly psychiatry, in developing a theory of therapy, draws upon a host of sciences from biochemistry and pharmacology to psychology, and to disciplines not organized as systematic science, such as history (biography), cultural anthropology, even literature (phenomena of symbolism), and so forth. Moreover, in the selection of its sources—in what it follows as well as what it ignores—psychiatry often enshrines specific models of man that are made the basis of its directives in therapy. Thus, psychiatry at a given time may have a particular primary focus corresponding to the model of man that it employs and to the area of human knowledge that has impinged strongly upon it.

Of course these interrelations are never one-way. The development of special fields is itself influenced by current general models of man. In this process philosophy generalizes the model from one field, suggesting it thereby to others. But the central philosophical contribution here is to criticize rigorously the structure and presuppositions of the models.

The common concerns of philosophy and psychiatry may be illustrated in three presently controversial issues. The first is the problem of primary focus—whether a model of man should be cast in terms that are intraindividual, interpersonal, group and institutional, or historical-evolutionary. The second is the demand for seeing man not merely as fashioned and determined, but as an active being, decisional and responsible. The third is the methodological crisis precipitated by the current revolt against the scientific models, which in effect challenges traditional modes of inquiry in the psychological and social sciences.

The notion of primary focus is suggested by a comparison of schools in both philosophy and psychiatry. Philosophical issues about egoism and individualism, the relation of the individual to others and to society as a whole, and about the bases and objects of loyalty and obligation rest on presuppositions about what selves are, how they are related, and what community and society involve (Dewey). When philosophy looks to psychology to clarify these foundations, it finds the same positions embedded in different schools. Hence a mutual effort at clarification and the search for evidence is required.

In psychiatry each of the schools seems committed to its own primary focus. The Freudian view focuses on the internal economy of the individual and the career of instinctual demands and energies. Other people are objects

assessed by the extent to which they satisfy these demands. Freud even sought to extend this view to group life, tracing the changes in libidinal ties as needs for the larger group organization emerged. In general, this is a broad reductive program based on an intrapsychic focus. It was somewhat modified by ego psychology, which, exploring the conflict-free bases of ego development (Rapaport), showed how other people can be perceived on a nondemand basis. In such approaches as Sullivan's, although there is careful attention to the self-system or the experiential feedback from the functioning of ego machinery, the primary focus seems to shift to interpersonal relations in the explanation of personal development. An existentialist view like Martin Buber's proceeds more directly because it is not concerned with the machinery of development, and focuses on the basic dialogue or direct relation of men. In such approaches both what goes on within the individual and what goes on in society are now dependent phenomena reflecting the character of interpersonal relations. Buber thus treats both the individual pursuit of pleasure and the emphasis on collective institutions as a retreat from the primary I-Thou relation. With an interpersonal focus even the character of a man's relation to the cosmos (as in religion, for example) might be seen as a reflection of the type and quality of interpersonal relations. Focus on groups and institutions, as in sociological approaches, sees the individual in his whole development as the intersection of roles in the ongoing life of the society. At times it threatens to reduce the individual to a point of intersection

of social demands, and intrapsychic factors are seen as simply necessary conditions to provide raw materials for the social shaping. Finally a historical focus sets all problems of understanding man in terms of a changing process in which the character of institutions, roles, interpersonal relations, and even the quality of intrapsychic events can be understood only in a framework of directional social movement. Thus, for example, the character of human aggressive behavior is taken neither as an inherent property of the id nor as a special feature of interpersonal orientation, but as an internalized reflection of a predatory capitalism at its particular stage of historical development.

The conflict of focuses here quite transparently reflects the different psychological schools and social and historical disciplines. In the long run these solutions must be empirical—which model of man will prove more fruitful in inquiry and in therapeutic guidance. But there are also possibilities of integrated models, not simply piling model on model in an intellectual compromise. But most of all, as we shall see shortly, to have related the models to the different disciplines in the study of man can make us sensitive to their limited and possibly changing character. For it scarcely makes scientific sense to invest all theoretical hope in one particular stage of development of one among many modes of regarding the human being.

Our second illustration—the demand for providing a more active conception of man— touches a powerful philosophical tendency in recent

thought. It is basically a revolt against a deterministic conception of man, which itself had grown as the scientific approach moved on from physics and biology into the psychological and social sciences. Different philosophical strategies were employed. Some simply took a moral stand and reiterated the demand for free will (Berofsky) as the necessary condition for human responsibility (echoing Kant's dictum that "I could have acted otherwise" is a presupposition of any blame or guilt or obligation). Others fashioned a new quasi dualism between "action" and "behavior" (Kenny) in which the former already entails initiation by the self; in a similar way the existentialists insisted that choice is pervasive in human life and any disguising of it is inauthentic or bad faith (Sartre)." Still others adopted the sharp distinction between the perspective of the spectator and that of the agent, hoping to show that the legitimate determinism of the spectator's view is misapplied in the agent's own understanding of his decision.

Parallel strategies are found in psychiatric theory with the same end in view—that of restoring a kind of active and responsible dignity to the human being. The Freudian model is criticized as reducing the individual to a passive product of causal drives and forces. It is argued that the patient should not be shaped, reconditioned, or readjusted, but his activity should be elicited with perhaps blocks removed or the social situation restructured to allow the emergence of constructive capacities. A new respect is even proposed for the active forces at work in neurosis, since this represents an effort within a given

life to work out a unique convergence of problems.

The controversies over what should be the primary focus generally remain within a scientific tradition. In contrast, the activist conception of man is often cast in antiscientific terms: a possibly legitimate ethical ideal is made the basis for ruling scientific approaches out of bounds in the study of man. Accordingly there is no way of avoiding a basic philosophical reckoning on these questions. Such a reckoning obviously has already led us into the basic methodological controversies about the character and limits of scientific inquiry into human beings. These controversies cannot, of course, be settled here, but it is important at least to keep them from simply recapitulating outworn issues and using outworn pictures of science.

In the first place the picture of science and its method has undergone great transformation in the twentieth century (Nagel). Instead of the sharp contrast of quantitative science and qualitative man with its dualism of matter and spirit, the logic of measurement has shown that types of order constitute a whole range of varying strength and degree; the quest for order cannot be barred from any domain on dogmatic grounds, but what kind of order will be found is an empirical issue. Similarly, instead of the old Laplacean world determinism, there is simply the search for what kinds of determinisms may be discoverable. Probabilities have made inroads on fixed laws; the physical determinist image has been supplemented if not wholly

supplanted by the picture of evolutionary changes with complex patterns of interaction over time; attempts to understand process over time as well as to control application where different systems have to be invoked has led to operational systems approaches in which placeholders remain open to receive readings that are not necessarily anticipated or predicted but that will thereafter aid in control within a given delimited field. And such changes hold for the physical sciences and their related technologies, for example, meteorology, space science, geology; they are not novel issues when they become typical in the study of man.

The growth of the social sciences and their methods has done much to diminish the dogmatic picture of science as a whole. Although behaviorist reduction programs are still widespread, there is nothing to prevent the responsible incorporation of phenomenological description within scientific psychologies. The relation of different levels of phenomena in the data of scientific work remains an open question for inquiry. We are no longer committed to the old set of levels spun off from the traditional distinction of sciences. No reduction program can be ruled out as a logical possibility; but none is guaranteed simply by being propounded.

The distinction of spectator and agent perspectives is indeed significant for some intellectual purposes. But it cannot be absolutized, since there can be an observer's study of the agent at work. How far prediction is possible

here is an empirical issue; although philosophical attempts have been made to render decision logically inaccessible to scientific study, they have not been wholly successful. At best what has been shown is that decision can always be looked at from the agent's perspective in the context of action. Thus, the occurrence of action and decision need not constitute absolute breaks in the web of scientific inquiry, nor need they require a wholly different methodology.

This is, of course, a summary statement of the aim of a scientific view that has expanded its self-picture in the light of the growth of contemporary philosophy and contemporary knowledge. It would require an extended elaboration. Nor does it regard itself as a final picture, for there are points at which questions of general direction are not yet resolved and can only await the progress of inquiry. For example, we cannot tell how far there will emerge an integrated model of man to supplant the multiplicity of models that now exist. Sometimes there is an attempt to prejudge this from the nature of model-making as selective and abstractive; it is said that the use of a model is a way of looking sharply at one phase of existence that shuts out other phases. But if the result is simply different selective pictures, we cannot bar the possible discovery of a unifying theory to cover them all; and if it is a conflicting picture in which the viewings are incompatible and would distort each other's perspective, there may be a discoverable theory that would permit corrections. (Laughing and crying, or observing and acting, may be

incompatibles, but not only do we shuttle rapidly from one to the other but a unified theory does not seem out of reach.) Even more, types of integration may come in different patterns: the victory of one model by successful reduction of the rest, the discovery of fresh terms in which the others are systematized, a minimally comprehensive scheme in which the elements of each of the present models would be expanded to allow place for variables from the others, and so forth. Certainly the rapid growth of the physical sciences and of their modes of interrelation shows that there can be no antecedent dogmatic decision about the forms that interrelation will take.

Within psychiatry there has been ample discussion about the extent to which inquiry is scientific. No question seems to arise about experiments in physiology and pharmacology, but the situation of psychoanalysis is vigorously argued both ways (cf. Hook, Kubie, Pumpian-Mindlin, Rapaport). Actually there need be no single general answer. A full investigation could separate the different components of method. It is one question whether a psychoanalytic session can be regarded as a scientific experiment (just as one can ask about a classroom hour of teaching). It is quite another to ask whether there are low-level laws—for example, “Subjects who draw the head as the last feature of their picture usually show disturbance in interpersonal relations” (Machover)—or whether appeal to childhood experience to explain adult behavior is to be construed as a kind of temporal “action at a distance” or posits an intervening continuum in principle capable of being

traced (neural traces, muscular residues). Thus, there need be no contradiction between using childhood traumas as explanatory and a principle like Allport's "functional autonomy," in which the cause is always of the present, or Lewin's" principle of "contemporaneity."

It is to be noted that the growth of social psychiatry and the use of cultural materials add fresh dimensions to the scientific understanding of mental illness (cf. Opler). But this brings with it some of the same methodological controversies. For example, the phenomenological approach may interpret culture largely as a system of symbols and use it to look for basic symbols of the human condition and the structure of the life-world. The scientific approach will want to see the genetic basis of symbols, how energies took such form and what causal relations underlie symbolic relations. On a hoped-for integrated model of man, the meaning of the symbol or the human act as symbolic can be revealed only in the full cultural, institutional, and historical development of the people, if it has a generic hold, and in the biography of the individual, if it is idiosyncratic. Universal symbols are possible on both approaches, but in the scientific they require a causal explanation of invariance.

In general, while methodological principles that are accepted guide inquiry, the methodologies themselves have presuppositions about what the world and man are like. A comprehensive view of the relations of psychiatry

and philosophy cannot be without some reckoning of such basic outlook.

Body, Mind, and “Reality”

Contemporary psychiatry, psychology generally, and philosophy are all characterized by a revolt against dualism, particularly in its Cartesian form (such as, Ryle). In psychiatry at the moment, the attack is spearheaded by the phenomenological approach; in psychology the most militant is a reductive behaviorism; in philosophy the revolt often takes the form of a functionalist theory of mind, or else some theory of the identity of mind and body. Very often in all of these the debate takes the form of a reality claim. Traditional philosophy has been beset by metaphysical controversies about whether matter or mind is the ultimate reality. Behaviorist psychology not merely reacted against introspection by making the study of behavior the sole permissible experimental method, but occasionally proclaimed behavior the sole reality. Psychiatry not merely finds itself arguing that the unconscious is as real as the conscious, but even has to defend the conscious against the restrictive claims of the organic. For example, in a symposium on “Integrating the Approach to Mental Disease” (Kruse), we find an exchange in which Alexander says that nostalgic feelings stimulate the parasympathetic nervous system and Gerard objects, “That is where you introduce a gremlin, feelings do not stimulate neurons.” and Alexander replies, “It is observed that the secretion decreases when the nostalgic mood wanes.” Psychiatry in particular

has had the burden of spanning the dualistic gap, to provide some notion of the meaning of an act or to deal with purposive categories in diagnosing from acts. Otherwise, it would simply be left with the "mysterious leap from the mind to the body," for example, in studying conversion phenomena (cf. Deutsch)."

Philosophy is the clearest place in which to see what reality claims amount to. For traditional metaphysical systems were cast in terms of reality claims, each offering its own candidate for the post of the ultimately real. Of course, "reality" is an elusive term. Sometimes it is used in the hospitable all-comprehensive sense in which it is bestowed on everything: sometimes it is relegated, as in Kantian philosophy, to an unknowable beyond anything specific. In the vast mass of metaphysical theories, however, the candidates are specifically characterized: macro-objects of ordinary life, micro-objects of physical science (such as atoms), consciousness and its constituents, minds, God, and universals or ideal objects. Positivistic philosophy denies any meaning to "reality" except as emotive (cf. Ayer). But if we pay attention to the way the candidate's behave and the policies they adopt when they are thought (by their supporters) to have won out, there is a definite pattern in the controversies. Concepts of reality can be seen to embody programs of explanation and reduction: those entities are assigned reality that are most effective in an explanatory mode for phenomena, and those entities are dispensed with that can be understood as functions of the accepted basic

entities in their operation. So a naturalism dispenses with God and with substantive minds, as well as interpreting universals as modes of organization. (Dewey; cf. James). A physical materialism (such as, Hobbes)" installs the microentities that make a system of the most advanced physics of the day. A Berkeleian idealism" prunes reality into constructs of sensory building blocks. Even a Kantian relegation of reality to noumena, neither empirically nor rationally reachable, is carrying out a task—it is openly devised as a way to reconcile morality with seemingly destructive scientific presuppositions. All these and other concepts of reality (such as, Hume's-phenomenalism) are products of interaction between specific inquiries in the context of their typical problems at a given stage of the growth of knowledge and the results achieved at that stage, together with the methods of inquiry that have proved successful. That is why the growth of science, the success of its methods, and its expansion to all areas of inquiry have given such great strength to a scientific naturalism and its concept of reality. But the consequence has been that the competition among concepts of reality has been simply transferred to the differences resulting from the uneven development of the many sciences. This is clear even in the history of materialism itself, which has taken first dominant physical-mechanical form, then biological form, then historical form; this has involved reconciling the methods of physics, evolutionary biology, and sociohistorical disciplines, a task by no means completed (cf. Sellars). Such intrascientific conflicts are the

major sources of differing concepts of reality today—except for attempted philosophical reinterpretations of the scientific enterprise itself. Outright irrational mysticisms are outworn, and attempts to hem in science with no trespass signs are too busy moving the signs as the forbidden territory is overrun by fresh discoveries.

If we look at Cartesian dualism in this light, then the center of gravity is considerably shifted both in the interpretation of Descartes' work and in the battles over the Freudian unconscious and the contemporary phenomenological critiques. Let us explore this briefly.

The many-sided Cartesian metaphysics of the seventeenth century is often blamed for having enshrined the sharp separation of body and mind (Descartes) carrying with it the sharp separation of method of inquiry in the physical and psychological sciences—the mathematical treatment of the quantitative and the introspective treatment of the qualitative. In this way it generated the honorific battle between an objective, external, publicly observable natural world and an inner, subjective, inaccessible world. But in debating such issues one is likely to neglect the scientific context of Descartes' scheme. The strength of his dualism lay in isolating physics from the interference of the mental, the religious, and the teleological-metaphysical, so that it could go ahead with mathematical methods; Descartes cannot be berated for the troubles this brought to a barely existing psychology. No more

can Galileo be blamed for his choice; as Philip Frank has somewhere pointed out, it lay not between a simple and a complex physics, but between a simple physics with a complex theology and a complex physics with a simple (traditional) theology! Having made his choice, Descartes then projected the mechanistic program of explaining matter and motion, animal life and all biological functions, even emotional reactions—all the way to the threshold of consciousness—in material or physical terms. But he put a barrier of triple-plated steel between all this and consciousness itself. Although philosophical criticism could compel refinement in his categories, discover puzzles and paradoxes in the theory of interaction of body and mind, and work out alternative schemes, so long as the growth of physics was protected, its explanatory domain enlarged, and so long as psychology could manage to get along either by separate introspective procedures or by correlating mental phenomena to physical-organic events as bases, the schema was not likely to be abandoned.

In Freud's conceptual scheme we do not have a reconstruction of the Cartesian, but an expansion of the mental side in such a way as to threaten the established borders. In short, he added to consciousness, which had monopolized the domain of the mental, the unconscious, which in a well-behaved Cartesianism should be interpreted in physical terms. The reverberations still continue. There are programs of reduction that maintain that everything that can be said in terms of the unconscious can be said

equally well without it. Others attempt to apportion the expanded domain of phenomena that Freud revealed between the strictly organic, operating on a mechanical-physical model, and the strictly conscious, operating on a finalistic or purposive model; they berate the unconscious as a strange and confused hybrid of the mechanical and the purposive (Peters). We need not enter into the multiplicity of arguments—logical, empirical, metaphysical, valuational—that have centered about the unconscious (cf. Edel). But it is important to note that Freud’s installation of the unconscious in the domain of mental phenomena was not uncritical. His panegyric of the unconscious in *The Interpretation of Dreams* (Freud) as the true psychic reality is probably just a touch of sibling rivalry with consciousness. More typical is the care to be found, for example, in the 1915 paper on “The Unconscious.” Here Freud differentiates an unconscious idea, which continues after repression as an actual formation, from an unconscious affect, which cannot exist since an affect is a process of discharge. The paper shows that he is grappling within a whole system of existent ideas about neurological processes to work out a concept that will help explain the range of phenomena that he was so insightfully reinterpreting. The advance of the problem since then has followed a typical scientific path, for it consists less in answering the question in the terms in which it was asked than in weakening, and even transcending, the sharp contrasts and vigorous dichotomies with which it began. The phenomena of the unconscious expand to yield a whole continuum from

unawareness of vegetative and neurological processes, through unconscious automatization in the learning process, forgetting, unconscious expressive movement, through gradations of fantasy, daydream and other quasi-dream phenomena, dreams, and so on (Beliak). They are differentiated, of course, by the types of conflict that they express and in which they play a part. On the other side of the old divide, consciousness stretches out to bridge the gap by incorporating phenomena of peripheral awareness, the unnoticed that is capturable in memory, subliminal perception outside of awareness but affecting awareness (Klein). Indeed, the whole range from deepest unconscious to most explicit conscious begins to be captured in a designedly all-embracing concept of *registration* of experience, which minimizes automatic commitment to the older entities. The problem of the mental and the physical may yet remain, but the battle of the conscious and the unconscious has deservedly abated, except for the schools of the psychological establishments.

Moreover, a similar process can be suggested for the conflict of the physical-causal and purposive models of explanation in these domains. The objection is far from fatal that the Freudian unconscious operates purposively (as in the idea of repressed desires for a goal) and yet interacts causally (as psychic energies pushing for an outlet). It shows rather that there is an intermediate domain in human affairs between the clearly purposive and the clearly mechanical, in which there are partial purposes, purpose in the

making, precursor phenomena to full-fledged purposes. It is a challenge to the psychologist to refine his two traditional models rather than, having enshrined them, to deny the existence of discovered embarrassing borderlands.

In such processes of scientific advance coupled with such modes of philosophical analysis, we get beyond the sheer conflict of reality claims and come to understand how the mantle of “reality” is the reward waiting for variables that will turn out to occupy strategic roles in explanation. It is important to note the same lesson with respect to principles as well as concepts. Take, for example, what is increasingly asserted in textbooks of Freudian psychology as a basic law or presupposition— the principle of *psychic determinism*.^[1] A philosopher reading such formulations is often puzzled. Does psychic determinism mean the determinism of psychic phenomena (an old materialistic view) or rather the *psychic* determinism of psychic phenomena? If the latter, does it refer to *all* psychic phenomena? (But some psychic consequences come from brain damage. And if psychic phenomena can have organic consequences as in conversion symptoms and psychosomatic illness, why not the reverse?) If the principle simply means that many psychic phenomena spring from the unconscious segment of the mental, then it would no longer be a basic principle but a secondary consequence. On the other hand, if we look to the proposed principle in the context of the problems from which it emerged, and the way it functions, we

see it in a quite different light. Thus, the principle may have operated first as a suggestion of general direction, turning attention from the kinds of explanations in the medical textbooks of Freud's day to proposed psychological explanations— of dreams, parapraxes, and so forth. Or again, in the therapeutic situation it may serve as a rule of procedure—never to accept the patient's attempt to close an avenue by saying "I just *happened* to think of it (feel that way, etc.)." Or the principle may sum up successful lessons in a variety of types of cases where a psychological explanation edged out a physiological one. For example, Freud explains a *deja vu* phenomenon in terms of repressed wishes utilizing a past experience as signal. This is probably more successful than, say, Bergson's physiological conjecture that occasionally there is a break in a present experience so that the completing second part already sees the first part with a sense of the past. Or again, the principle of psychic determinism may function in a theoretical attempt to broaden the concept of a "psychological phenomenon" by insisting that where a mental phenomenon is physiologically initiated (for example, conscious pain by a brain tumor), it be not left in isolation but be explored in terms of the total behavioral response of the individual, or his phenomenological patterning of the experience, or the impact within it of his personality structure, and so on. All such contexts to which the principle of psychic determinism may be attached should, of course, be distinguished and analyzed; but in none of them does it seem to emerge as a general formulable

principle capable of mustering its own evidence or antecedently required as a general truth.

In general, it is not surprising, given the strain that the Freudian approach and its career have imposed on the dualistic conceptual scheme, that there should be many contemporary attempts in psychiatry at large-scale conceptual revision. Current phenomenological psychiatry is perhaps the most drastic. It has all the earmarks of a wholesale revolt against the established conceptions, and like many powerful revolutions it passes readily into a new imperialistic dogmatism. Aware of the way in which dualism fashioned all theoretical constructs on the assumption of the distinctness of body and mind, it wants to avoid asking questions about experience in terms of the constructs. It thus wishes to separate the directly experiential from interpretations in terms of psychological and physical theory.

Phenomenology generally is characterized by the demand for initial description of the direct field of experience. In this respect its clearest scientific example is Gestalt psychology and its study of the visual field. The field is strictly accepted in its own terms in the beholding; the relations of its parts (for example, figure and ground) and the configurations of its elements are discerned and described. The question of the relation of the phenomenological qualities to the physical bases of vision and the physical constitution of the objects beheld, as well as to psychological reactions of the

beholder, is a secondary matter of correlation *after* the phenomenological job is done. In phenomenological approaches to psychiatry (cf. Van Den Berg), emphasis likewise falls first on the doctor's shifting his attitude from merely being a spectator to somehow entering into the patient's world as the patient sees and lives it. Hence phenomenological case description tends to be rich and sympathetic, to discover fine nuances in the patient's world. One would have expected, however, that in the light of the initial program, the phenomenologically oriented scientist would have gone on from his enriched phenomenological base to look for phenomenological-physical and phenomenological-psychological relations. Instead, because he takes the "Lebenswelt" of the individual to be the real, because he mistrusts the scientific world view and its attempt to trace

This is true also for existentialist psychiatry (cf. May, Angel, and Ellenberger). the continuity of man and the natural world, because he suspects traditional approaches to man and psychology to be residues of dualism, the phenomenological psychiatrist remains within the phenomenological domain. This approach seeks instead to develop the second main task of philosophical phenomenology, that is, to lay bare the essential structure of the real and to find it in phenomenological terms. It is assumed that everyday living is definitely structured and that the basic form is invariant for human beings. This would contrast with a sociocultural view that regards form as expressive of function and function as depending on the

institutional and cultural tasks to be found in the lives of social groups. However, if the level of search for structure is general enough, it may be that sociocultural invariants and phenomenological structures converge. But differences in method would still remain. Thus, where an evolutionary naturalism would seek the consequences of the shift from animal posture to man's upright position, a phenomenological approach would pass over genetic and developmental considerations to give (such as, Straus) instead a view of the centrality of standing up in relation to the I and my world and its transcending character in which is embedded motility and a contrapositive sensory relation to the rest of the world. Yet since Straus refers to it as rising up against gravity, perhaps a more outright study of phenomenological-physical relations would furnish a richer comparative phenomenological description of new experiences of weightlessness beyond the gravitational field!

By refusing to seek "external" relations and remaining within the phenomenological reality, the phenomenological approach is also compelled to find the marks of normality within the field. It cannot appeal to different lines of causation to distinguish the normal from the abnormal, as is done in the scientific conception. The phenomenological answer is that each man's life-world has a discoverable norm, the disintegration of which constitutes sickness. The claim for an external standard— comparable to physical measurements demonstrating the illusory character of a visual presentation

—is met with the general argument that the scientist’s measuring is itself within the phenomenological world. In many respects, then, the approach is like Berkeleian idealism, which, having reduced all material objects to sensations, goes on to distinguish the abiding sensory order (God’s ideas) from flickering copies in the human mind. It may be that in the long run Lukacs’s rebuke to Scheler had a point: when Scheler said we could do a phenomenological study even of the devil, provided that we bracketed the question of his reality, Lukacs retorted that when the study was done, Scheler would open the brackets, and there would be the devil standing before him!

On the whole the constructive elements in the phenomenological approach, in contrast to its attempt to become a self-enclosed system, are capable of being integrated in a scientific approach, especially if the broader conception of science considered above is kept in mind. The growing knowledge of the physical and social conditions for the existence of consciousness and its forms seems too well rooted to justify a return to a philosophical idealism.

What Philosophy Does

My concluding aim is to render explicit the conception of the work of philosophy involved in the previous discussion of its relation to psychiatry. Before going on to this, however, I should like to criticize a quite different

mode of relation utilized by some philosophers who were especially interested in psychoanalytic theory. They saw the origins of basic philosophizing as lying in the disguised emotional quest for security against death, for subtle modes of expressing aggression, and for projecting fears and desires. Lazerowitz analyzed detailed metaphysical puzzles in such terms; for example, the Heraclitean “everything changes” means emotionally that everything dies, and yet dying is lived through since changing is living, and so the doctrine serves as an emotional phoenix ever rising from the ashes. J. O. Wisdom” saw the unconscious origin of Berkeley’s idealism in an interpretation of matter as a poison within the system to be gotten rid of at all costs. Feuer formulated a general account of the projective base of philosophical work and sought evidence in specific analysis of dreams and ideas in case studies of Descartes, Spinoza, and Kant.

I have elsewhere attempted an evaluation of genetic accounts of philosophical doctrines to determine where they add to the meaning of the doctrine and where they show only specific functions (psychological or social) that the doctrine may have also served (Edel). Thus, Berkeley may have had the emotional attitude to matter that Wisdom speaks of, but his doctrine also has sound arguments against a particular conception of matter (the Lockean), embodies an analysis of verification for scientific statements that gives a critique of Newton, and serves to fight atheism on behalf of the then established religion! Only if other tasks—philosophical, scientific,

cultural, and social—are deemed empty, can one set the projective as the core. If, however, the thesis is that *all* philosophy has these psychological elements, then fresh distinctions would have to be drawn within the psychoanalytic materials themselves between the kind of philosophizing that expresses projective and neurotic elements and the kind that is realistic, faces problems clearly, and so forth. It follows, therefore, that a sound sense of what understanding psychoanalytic theory can bring to the view of philosophical activity should not brand philosophy generally as illusory, but rather should sharpen the criteria for a more realistic contribution of philosophy to the understanding of the world and man.

This whole view of philosophy as emotional expression was really cashing in on a contemporary uncertainty about what philosophy is doing. It reflected a state in which philosophy had isolated itself from the contexts of its problems in the growth of the many fields of human inquiry and the needs of human direction in practice. Not being simply empirical, and no longer permitted to legislate a priori about the ultimate nature of reality, philosophy could then only be seen as engaged in either linguistic analysis of emotive expression or personal decisional commitment.

In the conception of philosophizing implicit in this study, I have followed a quite different path. Philosophical ideas and principles do not constitute an isolated domain developed and certified apart from the realms

of their application. They are intellectual products closely related to the problems and developments of human inquiries, and to the tasks of cultural patterning and social guidance. They thus have embedded presuppositions that reflect the stage of scientific and social development at given times. To understand the philosophical ideas involves seeing them operating in the different fields, unpacking the presuppositions as well as the traditional linguistic patterns and established and emerging human purposes embedded in them. Philosophizing is the continual task of clarifying and understanding the conceptual network that is being employed in ordinary life and in specialized inquiries, comparing and correlating the shape that it takes in different areas, evaluating the extent to which it advances or impedes the goals and helps solve the problems of these inquiries. Such clarifying activity is not, however, merely lighting up the conceptual schemes; evaluating involves being continually critical along many different dimensions. In this way philosophy is often altering, even subverting, traditional foundations. Old categories with embedded presuppositions, in terms of which whole areas have been organized and inquiry guided, may thus be shaken or even shattered. New categories—for philosophy may be inventive, sometimes sensing what is needed, sometimes picking up a theme from some special field and generalizing it—point to fresh modes of inquiry. Indeed, philosophy in its grander traditional formulations has served as an intellectual workshop in which categories and models taking rise in one area of inquiry, or one

phase of human life, have been generalized, given stricter logical form, and tried speculatively on other or even all areas of inquiry and human action, whether descriptive or explanatory or normative and regulative. In this sense philosophy has a constant and indispensably creative role in which it serves at minimum as an intellectual broker, at maximum as intellectual inventor of possible and possibly productive structures. In the contemporary world, with the rapidity of change in all fields, it is not surprising that there will be an awareness of intellectual turning points at which conceptual schemes need reconstruction. For example, a philosopher of science warns a congress of psychologists that the philosophical formulations that were relied upon in the development of a narrow operationalism in psychology have now been abandoned by the philosophers of science themselves (Feigl). Ideally, one might hope, such a reckoning by the philosophers would include what kind of psychology a strict operationalism had encouraged and what kinds of results it got in its psychological work.

Such a philosophical interpretation of conceptual schemes and their application can do much to alleviate the common evil suffered in both philosophy and psychiatry—the hardening of school conflicts. Psychiatry has been perhaps more adversely affected, but only because the immediacy of therapeutic work exerts a greater pressure on it, while philosophy can wait at leisure for school diseases to run their course! Both have to learn or relearn the experimental character of intellectual constructions and become more

fully aware of how the great dichotomies of a particular period in the development of knowledge, such as the mind-body cleavage, have permeating scope, and how their reconsideration in the light of advancing knowledge and reflection requires thoroughgoing intellectual reconstruction, and how this cannot be done without wide cooperative reflection on the philosophical and scientific sides together.

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Notes

- [1] There is not complete uniformity in this. For example, while Brenner and Monroe give the principle a basic role, Fenichel does not even include "psychic determinism" in his extremely rich index!