MODELS
OF
MENTAL ILLNESS
Systems and Theories of Abnormal Psychology

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Conceptual issues and philosophical presuppositions underlying various theories of mental illness are examined in this book. Initially, the author identifies basic controversial issues in the field of mental health and considers the concept of normality. He then discusses several approaches to mental health and mental illness. The medical or biological approach stresses the disease and constitutional models; the psychological approach reviews psychodynamic, developmental, behavioristic, and cognitive theories; the social-cultural approach deals with the macro-social and the micro-social models of mental illness; and the philosophical-moral formulations examine various approaches based on hermeneutics, phenomenology, existentialism, humanistic psychology, and moral philosophy. The final chapter of the book compares the various approaches, discusses the attempt to perceive mental illness from only one perspective, and advocates an eclectic point of view.

CHARLES C THOMAS • PUBLISHER
Springfield • Illinois • U.S.A.
sis may be viewed as an interaction of two self-referential systems. It may be described as an interference of two interactional patterns, similar to that of an interference of two ripple patterns on the surface of the pond, or to a moire pattern in textile fabric. It is a hybrid of the two relational fields and comes under the heading of the cybernetics of the second order—the cybernetics of observing systems (Howe & von Foerster, 1975). Keeney concludes (1979), “This hybrid relationship network constitutes relationship system in diagnosis.” In this kind of diagnosis no blame is put on any particular person and no cause is singled out to explain mental illness. An explanation that posits an agent or a cause is replaced by one based on the totality of simultaneous, reciprocal interactions.

To recapitulate, in addition to the anomie and alienation models of mental illness, distinguished in the context of macrosocial phenomena, the microsocial perspective is associated with the following additional models: the group version of the psychodynamic model, the experiential-existential, the behaviouristic, the group dynamic or social system, and the communication models. The last two are closely related to one another and deal with somewhat different aspects of the same social phenomena. The communication model is the most revolutionary and departs radically from the traditional paradigm of science. There is a similarity between the macrosocial anomie and the microsocial group dynamic (social system) models. Both attribute mental illness to a deficiency of role interactions within either macro or micro social systems. There is also a similarity between the macrosocial alienation and the microsocial experiential-existential models, particularly if the historicity aspect of the former is disregarded. Both attribute mental illness to subjectively felt meaninglessness of relations between the self and others.

In contrast to the macrosocial models that envisage only a prevention of mental illness through more or less sweeping social changes and reforms, the microsocial models offer concrete methods of group and family therapy. The latter models are more useful than the former, from the point of view of individual patients with concrete problems and from the point of view of the practitioners who treat them.

Chapter 6

PHILOSOPHICAL-MORAL MODELS

INTRODUCTION

The previous chapters presented models of mental illness that were based on the biological, behavioural, and social sciences. Although in the past two centuries the scientific outlook has had a great appeal, its application to the human mind and society has encountered widespread criticism. The critics often have argued that the legal and political system of our society is based on the assumption of individual freedom, moral responsibility, and mutual obligations of its citizens. They have argued further that subjective meanings and value judgements are the essential features of human conscious experience. Therefore, besides the natural order, which is the domain of science, there is also the moral order. Science, which stresses objectivity, predictability, and control of events, is not applicable to the moral order. The critics of science reject the deterministic metaphysics, the preoccupation with the general in contrast to the unique, and the reductionism of the scientific outlook. They stress that in addition to the animal aspect of human nature there is also a spiritual one that manifests in free moral choices and artistic creativity. This point of view is shared by both theists and humanists, irrespective of their differences with regard to the ultimate meaning of human existence. According to many of them, human experience and behaviour and, consequently, the social order should be approached by way of the humanities and moral philosophy rather than by way of natural sciences. Since the problems of mental patients are often moral, alternative models of mental illness have been proposed to those based on sciences.

The models of mental illness to be discussed in this chapter come from different philosophical traditions. They do not conform to one conceptual pattern and do not constitute one particular theory. They
have in common an attitude towards the mental patient and his problems. This attitude is characterized by the implicit or explicit belief that mental illness is not a disease but that it involves problems of living encountered by morally free and responsible individuals. Therefore, the psychiatric symptoms are manifestations of real, moral, and philosophical problems, and they are not caused by a disease. Psychotherapy is then not merely a matter of treating a psychotic or a neurotic patient by a doctor; but it is a personal encounter between two unique human beings. The patient is not a passive object, manipulated by the psychiatrist but rather an active, free agent making decisions regarding his fate. Further, these models are characterized by a rejection of positivistic philosophy and of scientism. They are antireductionist and refuse to reduce human behaviour to animal drives, conditioning, or to the social roles played by man. Instead, they stress the individuality, uniqueness, and freedom of each person. Thus, there is a denial of both biological and social determinism.

**HERMENEUTIC-LINGUISTIC MODELS**

**Hermeneutics and the Verstehen (Understanding) Method**

The problem of methodology of humanities and social sciences, the so-called “methods controversy” (Methodenstreit), became the focus of academic debates in Germany in the latter part of the nineteenth century. While the method of natural sciences (Naturwissenschaften) was based on observation, induction, and experimentation aimed at establishing general laws, there was no similar method applicable to humanities (Geisteswissenschaften). It was proposed that hermeneutics should become such a method. The word derived from the Greek hermeneutikos, which means explaining or clarifying (Bauman, 1978). Originally, hermeneutics was a method connected with biblical scholarship and the interpretation of ancient texts. Its purpose was to derive the meaning of ambiguous words or sentences from their context and in the process clarify the latter. This procedure was called the “hermeneutic circle.” During the Romantic period, the hermeneutic method was extended to literary and art criticisms. Its aim was to discover the personal message that a poet or an artist tried to convey. Friedrich Schleiermacher and Wilhelm Dilthey (1961), two important nineteenth century philosophers, established hermeneutics as the general method of the humanities. They described the method of understanding (Verstehen), which was applicable to the studies of history, culture, art, and literature. In its earlier version, understanding meant identifying empathically with another person, reliving the other’s mental experiences, and seeing the world through the eyes of the other. The later version equated understanding with grasping the cultural context and meaning of particular historical events or documents.

Two neo-Kantian philosophers, Wilhelm Windelband (1901) and Heinrich Rickert (1962), denied that humanities and natural sciences are two different realms of discourse, using two different methods. Instead they suggested that, depending on the purpose, two methods, the idiographic and the nomothetic, could be used both in the humanities and in the natural sciences. The first method was synthetic and was concerned with understanding (Verstehen) unique individual subjects and events in their unique contexts. The second method was analytical. It was concerned with classes of subjects or events, and with their explanation (Erklärung) in terms of generally valid scientific laws. It tended to analyze observed phenomena into elementary, basic units and variables for the purpose of generalizations.

The relevance of the idiographic and nomothetic methods to psychology and social sciences was widely discussed in the context of the method controversy. Max Weber, a German sociologist-philosopher, proposed two kinds of sociology, one the Verstehen, the other objective sociology, and these would complement one another (Weber, 1949). He also divided the method of understanding into direct understanding and explanatory understanding. The first was an everyday, commonsense, intuitive understanding of behaviour and utterances of other people. The second went beyond the immediately given understanding to uncover the motives of behaviour by grasping the meaningful connections between past and present episodes. While the first was concerned with the “what” of behaviour, the second was concerned with the “why” of it. Explanations that used the category of ideal types lay somewhere between
the Verstehen and the objective sociology. The ideal types constructed by the researcher helped him classify the observed phenomena. The methodology of hermeneutic understanding and the application of the ideal types played an important role in German psychology and psychiatry. For instance, Eduard Spranger claimed that psychology belonged to humanities rather than to natural sciences. In his important work on types of men, he used the Verstehen and ideal types methodology (Spranger, 1928).

Another thinker important for the humanistic tradition was Karl Jaspers (1883–1969). In his General Psychopathology (1963), he offered the method of descriptive phenomenology, which reconstructed another person’s momentary state of consciousness. Jaspers also offered the Verstehen method of establishing meaningful connections between present and past events in the biography of a person. The notion of ideal types is evident in the typology of physique and character offered by Ernst Kretschmer (1925). Pure pyknics and asthenics with their typical personalities were never encountered in real life. People only approached these ideal types to a greater or lesser extent. Particularly in the description of characters Kretschmer relied on empathy and the Verstehen method.

The Verstehen Model of Mental Illness, Summary

Jaspers (1963) devotes a large section of his book General Psychopathology to the psychology of meaningful connections. The latter is one of the three approaches to psychopathology described by him. The other two are the descriptive phenomenology of the patient’s conscious experiences and the objective description of his behaviour according to the principle of nomothetic science.

The psychology of meaningful connections is based on the Verstehen method. It attempts to understand the development of a unique personality. It also tries to understand the unique motives, purposes, and the character structure of the individual. The Verstehen psychology takes its inspiration from the works of such great authors as Shakespeare, Goethe, Dostoyevsky, and Balzac, masters of understanding and portrayal of human characters. Jaspers thus developed, alongside the other models, the Verstehen model of mental illness. This model uses literary intuition for understanding the personality of a patient on the basis of his unique biography. The psychiatrist empathizes with the patient in a way a reader empathizes with the hero of a novel. The discerned themes in the history of the patient are based on an intuitive grasping of the meaningful connections, rather than on application of scientific laws. The model is par excellence an idiographic one, dealing with patients as unique individuals rather than as members of classes. The model can be further described as continuous, since the patient is understood in the same way as is a normal person.

Philosophy of Language and Symbolic Forms—Approaches to Mental Illness Through Language

An area of great interest to humanistic scholars and philosophers is the field of symbolic behaviour and symbolic products. This extremely difficult and complex subject has been investigated by linguists, logicians, philosophers, and literary critics. Logicians have developed a formal theory of signs and symbols known as “semiotics” (Morris, 1946). The latter is concerned with the denotation (extension) and with the sense (intention) of symbols. Meaning is explained in terms of reference and of implications rather than in terms of causality. The search for meaning in such symbolic products as natural language and myth is the task of the broad domain of hermeneutics. In Germany, there has been a long tradition of linguistic philosophy and the philosophy of other symbolic forms. Wilhelm Von Humboldt described the inner form of language, which was responsible for a deep-rooted, subjective view of the world, a spiritual attitude, controlling the formation of concepts (Isham, 1967). Friedrich Schelling conceived of art and mythology as systems of symbols with their own a priori categories. These ideas had a great influence on the later philosophical theories of Ernst Cassirer.

Ernst Cassirer (1874–1945) was a German neo-Kantian philosopher. He succeeded in extending the Kantian critique to broader areas of human experience than those of the Kantian pure and practical reason. He also regarded categories that crystallized experience as being specific to the mode of symbolic representation and as nonstatic but continually undergoing development (Cassirer, 1957). According to him symbolic representation is an essential function of human consciousness. Man lives in a symbolic world or, rather, in
several symbolic worlds. There are three symbolic systems, representing three types of reality and three corresponding modes of symbolic function. The first is the expressive function, which represents the primitive world of myth and magic. The second mode is the intuitive function, which represents the world of ordinary language discourse and of common sense. The third mode is the conceptual function, which constitutes the world of science. Thus, the humanities, sciences, and common sense use different symbolic forms, different thought processes, and different criteria of truth. The methods of enquiry used by the human and natural sciences are therefore different.

**Hermeneutic-Linguistic (Symbolic) Approach to Mental Illness**

Cassirer’s philosophy has had a great influence in English-speaking countries. It was popularized by Suzanne Langer in her book *Philosophy in a New Key* (1948). The philosophy of symbolic forms also influenced some psychiatrists and neurologists. One example is the neurologist Kurt Goldstein (1939, 1948). He was influenced by the neo-Kantian philosophy of Cassirer, by phenomenology, as well as by holistic gestalt psychology. In his studies of brain damaged patients, aphasias, and schizophrenics, Goldstein came to the conclusion that the basic disorder underlying various abnormalities of speech and behaviour in these patients is a disorder of symbolic functions.

The philosophy of symbolic forms also influenced the work of M. Edelson (1971), who has reformulated Freudian psychoanalytical theory in terms of symbolic implications rather than as causal explanation. He has replaced the concept of cathexis (energy) by that of intentionality (meaning). Thus, the withdrawal of cathexis would mean the absence of intentionality, meaning, or significance (Wilden, 1968). According to Edelson psychoanalysis belongs to the humanities rather than to the natural sciences. Consequently, it should be approached by way of hermeneutics rather than by way of the natural science method. The new action language, proposed by R. Schafer (1976), for psychoanalysis redefines it in a similar way. In terms of action language the individual, who is a free agent, initiates purposeful actions for reasons related to the meanings of situations. The relationships between meanings and actions are implicative rather than causal.

The hermeneutic reinterpretation of Freudian theory by Paul Ricoeur. In his *Freud and Philosophy* (1970), Paul Ricoeur used the hermeneutic method to interpret Freud’s texts and arrived at a conclusion similar to Edelson and Schafer regarding the nature of the psychoanalytical discipline. Ricoeur defines symbol as a sign (signifier) that possesses more than one meaning—usually two meanings. Symbols are equivocal and have double meaning. Usually one meaning is obvious, and the other is hidden and has to be deciphered. The task of hermeneutics is an interpretation of the hidden meaning. The method used by Ricoeur is described as hermeneutic phenomenology (Ihde, 1971) in contrast to structural phenomenology. While the latter lay bare the essential structures of experience, the former focuses its attention on the problematic of language. The interpretation of the full meaning of symbols and of cultural myths by hermeneutics reveals the foundation and roots of language. Ricoeur’s hermeneutic method may be characterized as dialectical. Contrary approaches, such as the subjective experience and the objective scientific description, that oppose one another result in a synthesis. Symbols have two opposing purposes: that of revelation and that of dissimulation of meaning. Accordingly, hermeneutics has also two contrasting purposes: one is the restoration of meaning and the other is demystification, or the exposition of false meaning. The latter purpose motivates the philosophies of Karl Marx, Friedrich Nietzsche, and Sigmund Freud. Marx and Engels (1947) exposed false consciousness engendered by idealistic philosophy. Nietzsche (1966) uncovered selfish and base motives underlying our system of morals. Freud showed that our conscious motives and meanings are only a facade covering the unconscious ones. On the other hand hermeneutics when applied to biblical texts has the purpose of restoring meaning so the divine message (kerygma) might be revealed.

Another dialectic relation is the one between the archeology of subject, a concern of the Freudian theory, and the teleology of consciousness, as presented by Hegel in his *The Phenomenology of Mind* (1949). Freud’s archeology of subject goes outside the phenomenological Cogito, given in immediate conscious experience, to the unconscious and forgotten roots of meanings and motives. It reconstitutes the individual’s past history, so as to make his experi-
ence and behaviour understandable. The present apparent meaning is interpreted in the light of past meanings and is demystified by the revelation of the concealed real meaning buried in the deep strata of the past experience. While the Freudian archeology of the subject is concerned with the hermeneutics of demystification, the Hegelian teleology of consciousness is concerned with the hermeneutics of restoration and revelation. According to Hegel (1949), in the dialectical spiral of collective mind development, contradictory phases are reconciled by their synthesis, which gradually reveals their true meaning in the light of the purpose (telos) of the development. There is similarity between the existential project and the Hegelian telos, both reveal meaning by pointing to the future. The Freudian and the Hegelian points of view complement one another, and each is implied by the other.

Ricoeur denies that psychological phenomena can be explained in terms of energetics as products of conflicting forces. Their explanation is in terms of the exegesis of their hidden meaning carried out by hermeneutics. According to Ricoeur, psychoanalysis, in contrast to experimental psychology, is not an empirical, natural science dealing with the facts of behaviour but rather a humanistic discipline based on the method of hermeneutics. Therefore, it should not be judged by the canons of natural sciences. To quote Ricoeur, "No, psychoanalysis is not a science of observation; it is an interpretation, more comparable to history than to psychology" (1970). Psychoanalysis, according to him, is the "semantics of desire." Desires are represented by ambiguous symbols with double or multiple reference. For him the unconscious is the interface between the biological and symbolic processes. Based on this prelinguistic substratum, there rises a hierarchy of symbols that increase in their creativity. The lowest level of sedimented symbolism is constituted by stereotyped and fragmented remains of symbols. It is the level of dream symbolism, of legends, fairy tales, and neurotic symptoms. This is the language of the unconscious, which is outside the sphere of pure consciousness, as studied by the Husserlian phenomenology. At a higher level are symbolic processes on which the linguistic and social structures are based. They are the clockwork of the society. Finally, at the highest level come the prospective symbols, which use the second level symbols to create new meanings. They are oriented towards the future and are the domain of the teleological hermeneutics of restoration (revelation). Man, thus, is characterized by a polarity. The lower pole is constituted by his biological aspect and the higher pole by the telos of his consciousness, his mythopoetic aspect as the creator of new meanings.

Phenomenology and psychoanalysis complement one another. They both aim at making the subject a free agent aware of his intentionalities. A neurotic subject is alienated from the true meaning of the desires emanating from the id. He is also alienated from the moral code of the super-ego. These alien influences constrain his freedom. Psychoanalysis is conceived of as a discourse aiming at the hermeneutic clarification of symbolic products of the language of the unconscious. By this clarification the sphere of ego intentionalities is extended. "Where id was, there shall ego be" states Freud (1964).

Ricoeur has incorporated the biological notions of psychoanalysis into the concept of man conceived of as a product and a creator of symbolic forms. Moreover, he has brought about, by his dialectic method, a rapprochement between psychoanalysis and phenomenology. He has moved the psychoanalytical theory from the field of natural-biological sciences to that of humanities. It should be noted that Carl Gustav Jung, in his analytical psychology, was also concerned with symbolic functions and implicitly used the hermeneutic method.

**Structural-Linguistic Approach to Mental Illness**

The **structural-linguistic reinterpretation of Freudian theory by Jacques Lacan**. Jacques Lacan has interpreted psychoanalysis in terms of structural linguistics. The early work of Lacan (1966, 1968) was influenced by the phenomenology of Hegel and of Merleau-Ponty and by the Sartrean version of existentialism. However, later in life he abandoned phenomenology for structuralism. Influenced by the linguist Ferdinand de Saussure (1966), Lacan applied a structural linguistic model to psychoanalysis, which he reinterpreted in terms of linguistic discourse between the conscious and the unconscious (Lacan, 1968; Wilden, 1968).

To understand Lacan's position it is necessary to make a few remarks about the structuralist movement. French structuralism emerged as a reaction against both phenomenology and existentialism.
It was inaugurated by the structuralist anthropology of Claude Levi-Strauss (1963, 1969) and the sociology of Marcel Mauss (1954). It was adumbrated by structural linguistics, as exemplified by the work of de Saussure (1966) and of the Prague school. Two members of that school, N. S. Trubetzkoy and R. Jakobson, made an outstanding contribution to phonology by describing the structure of rules that underlie the differentiation of phonemes (Lacan, 1968). The structuralists believe that behind the appearance of things, the phenomena, there is an underlying, hidden, invariant structure. The latter is a system of relationships that can be expressed by a set of logical or mathematical rules. This system presents a symbolic order in which the meaning and the function of each element depends on the totality of elements and on their relationships. The symbolic order underlying social phenomena can be partitioned into several subsystems representing certain aspects of social and physical reality such as language, kinship (e.g., marriage rules), economic relationships, religion, art, and science.

The subjectivism of phenomenology and existentialism is rejected. The point of gravity is shifted from the individual to the society. The human mind reflects the social, cultural, and linguistic orders, which in their turn may be expressions of innate mental structures or potentialities. The unconscious, the reality of which was denied by the phenomenologists and existentialists, plays an important role in structuralist philosophy (Mauriello, 1975). It is a depository of structure, the system of rules regulating language, cognition, and social relationships. Since the unconscious, in contrast to the preconscious, contains the rules common to the whole society and not the individual memories, it is collective. As far as the individual is concerned, it represents the "other," the society. Human, social, and linguistic behaviour occur in the course of time, and form the diachronic aspect of social reality. In contrast, the symbolic structure of behavioural rules, which is timeless, constitutes its synchronic aspect. According to Levi-Strauss (1969) the rule forbidding incest and the rule regulating the exchange of women in marriage are the basic rules of the social order. Lacan calls the rule forbidding incest the Name-of-the-Father law. He relates it to the Oedipus complex and to the mythical symbolic father of Totem and Taboo (Freud, 1953b). In primitive societies, which change slowly, the collective unconscious is expressed in the form of myths. The latter play an important role in shamanistic practices. The shaman relies on the collective myths in bringing about a cure in the way the psychoanalyst relies on private dreams. Consequently, myths can be described as collective dreams and individual dreams as private myths.

There is an intimate relationship between the structure of culture and that of language. Lacan is particularly concerned with the linguistic structure and its bearing on psychodynamic processes. He follows the linguistic theory of de Saussure. The latter distinguished two aspects of linguistic phenomena that he called language (la langue) and speech (la parole): The first is concerned with the synchronic rules of grammar and syntax, the second with the diachronic flow of speech, implementing the synchronic rules. According to de Saussure a linguistic sign has two aspects: the signifier (S) and the signified (s). Their relationship is usually denoted by the algorithm S/s. However, both de Saussure and Lacan deny that there is any one to one correspondence between a single signifier and a single signified. Rather, there is polyvalency with one signifier relating to many signified and one signified to many signifiers. To put it differently, the totality of signifiers refers to the totality of signifieds, and the meaning of a signifier is determined by other signifiers as well as by the signifieds. This is de Saussure's diacritical theory of meaning. The relationship between the signifier and the signified is quite arbitrary and depends on the structure patterns of the signifiers and the signifieds. An absence as well as a presence of a desired object may be indicated by this arrangement. According to Lacan, the unconscious, which is a collective unconscious, is the locus of deep language structure. It is equated with the system of signifieds giving meaning to the conscious signifiers and through them imposing an order on the domain of the Real. The domains of the Symbolic, the Imaginary, and the Real, according to Lacan, coexist and intersect in the subject. The Real is synonymous with what is real for the subject. The Imaginary constructs the ideal self, the alter ego, which becomes the Other. This image of the ideal self originates in childhood during the hypothetical stage of the mirror (le stade du miroir). The child at this stage when confronted with his reflection in a mirror has conceptual difficulties in reconciling the sameness and the otherness of the reflection in relation to the self. The ideal self
becomes an aspect of the Other represented by the unconscious. The Symbolic, which constitutes the primary order, represents deep, unconscious structures and gives a meaning to the other two domains.

The Freudian ego defences are reinterpreted by Lacan in linguistic terms as symbol dynamisms. The Freudian mechanism of displacement is explained in terms of the speech figure of metonymy. In the metonymic structure, the missing signifier is replaced by signifiers that constitute its context. It is a displacement from one signifier to others in terms of the context of the message rather than in terms of the code. A desire is displaced diachronically from one signifier to other signifiers.

The Freudian mechanism of substitution and symptom formation is conceived in terms of the metaphoric figure of speech. One signifier is substituted by another on the basis of an unconscious code, which translates one signifier into another. Moreover, there is a return of the repressed and "the passage of the signifier into the signified" (Lacan, 1968), which distorts the signification of the message. The substituted signifier and the signified exist synchronically with the substituting signifier. A hysterical symptom may be regarded as a metaphor expressing a repressed thought. According to Freud (1957b) the mechanism of disavowal of reality rather than repression is the defence mechanism used in psychosis. Lacan equates the disavowal of reality with a rejection of the Name-of-the-Father law and, consequently, a rejection of the symbolic system. There is a dissociation of the signifier from the signified system. As a result, in severe psychosis all communication ceases, but speech does not. There is a coalescence between consciousness and the unconscious. The psychotic knows that he wants to murder his father and sleep with his mother, and he controls his desires by a disavowal and splitting of the ego. Since a psychotic cannot communicate, reality loses its significance and becomes meaningless.

Lacan presents a structural linguistic model of mental illness. Similarly to von Humboldt and to Levi-Strauss, he equates being human with the possession of language. Therefore, he tends to play down the biological aspect of man. The unconscious is identified with the deep-structure of language rather than with biological instincts and drives. Intentionality and reference replace causality.

This theme is developed further by Alphonse de Waelhens (1978), whose main interest is philosophical anthropology. Combining the psychoanalytical, linguistic, and existentialist approaches, de Waelhens proposes a theory of the unconscious and offers a model of schizophrenia and of paranoia. He stresses the primacy of language in the constitution of self-identity, in the experience of reality, and in the structuring of the unconscious. The discourse with the other in which meanings are elucidated, instead of the Cartesian cogito, is the ultimate touchstone of the experience of reality. This discourse has two strands of meanings. One strand is that of manifest meanings concerned with rational conscious thought. The other strand is concerned with latent, unconscious meanings and constitutes the existential framework of the rational conscious thought. As a result, there is an ambiguity of the meaning characterizing all the thoughts and utterances of the subject. The purpose of psychoanalysis is the elucidation of the latent meaning of the discourse.

The schizophrenic has never attained Lacan's stage of the mirror and has never established himself vis-à-vis the other. He has never separated himself as an autonomous being from the mother and has never reached the stage of the Oedipus complex. Therefore, he has never submitted himself to The-Name-of-the-Father law. As a result, the schizophrenic has not entered the linguistic symbolic order and is not capable of conducting a meaningful discourse with the other. His language is a pseudolanguage in which the signifiers are confused with the signified. Words are treated as concrete things. There is no distancing from and no transcending the immediate meaning of the situation, and there is no reaching for further meanings. As a result, a subjectivity open to the world is never established.

The schizophrenic is characterized by (a) a fragmented body-image, (b) a lack of accession to the symbolic order, (c) a profound disturbance of the Oedipal triangle, (d) a confusion of sexual roles and bisexuality, and (e) a tendency to confuse birth and death.

In paranoia, the stage of the mirror has been attained and there is only a confusion of sexual roles. However, the capability for fully meaningful discourse is absent, as the intersubjective validation of truth is replaced by an apodictic conviction about the truth of one's beliefs.

The reformulation of the Freudian theory by Ricoeur and Lacan in terms of philosophy of language and symbolic processes rejected
Freud's reductionistic, biological theory of human mind and presented it as a humanistic discipline.

Neither Ricoeur nor Lacan offers an explicit model of mental illness. However, on the basis of their reinterpretation of Freudian theory, it can be inferred that they consider mental illness to be a disorder of language and symbolic processes. Thought is seen as an autonomous system that is to a great extent independent of the biological substratum. Mental illness could be explained as a process of semantic distortions, misapplications of symbolic reference, and misuses of linguistic rules. Since these disorders may vary in degree, the linguistic model is a continuous one. Alfred Korzybski's (1941) application of semantics to the problem of mental health may be regarded as an early example of this model. De Waelhens, who offers a definite model of mental illness, combines the existentialist approach with the linguistic one. His model is a discontinuous one. According to him madness is a different mode of being-in-the-world from that of a normal person. It is an existence in a different order of reality.

PHENOMENOLOGICAL-EXISTENTIALIST MODELS

Phenomenology and Existentialism

Phenomenology, particularly Edmund Husserl's philosophical phenomenology, should not be identified with existentialism—the intents and purposes of the two philosophies are different (Spiegelberg, 1960). While in Germany there has been a tension and an antagonism between the Husserlian phenomenologists and the existentialists in France, phenomenology and existentialism have been closely associated with one another. The tension between phenomenology and existentialism is largely due to the fact that while the Husserlian phenomenology has had a rationalistic appeal existentialism has appealed to the irrational voluntarism in men.

Both phenomenology and existentialism stem from the tradition of German transcendental idealism. Two problems posed by Immanuel Kant, the problem of the limitation of human pure reason and, therefore, of human knowledge (Kant, 1966b), and the problem of an apparent contradiction between the freedom of will of the noumenal (metaphysical) self and the causal determinacy of the phenomenal self (Kant, 1959) have given impetus to many attempts at their solution.

Phenomenology and existentialism, following the tradition of German transcendental idealism, are based on the Leibnitzian model of human mind, in contrast to empiricism and to experimental psychology, which are founded on the Lockean model (Allport, 1955; May, Angel, & Ellenberger, 1958). According to the Leibnitzian view, human mind is an active agent initiating cognitive and conative acts, by which it moulds and creates reality. The mental act is of basic importance for both phenomenology and existentialism. To make a gross generalization, phenomenology has been mainly concerned with the first problem of Kant and has tried to lay a foundation of human knowledge that is absolutely certain. It has concerned itself with epistemology. Existentialism, on the other hand, has applied itself to Kant's second problem, namely how to reconcile freedom of choice and moral responsibility with the causal determinism of the experienced world. To put it differently, existentialism has applied itself to the problem of the ultimate meaning of human life; it has been concerned with the questions of ontology—the meaning and nature of being—and of ethics—the moral predicament of man.

The Rise of Phenomenology

We may ask, "What does the concept of phenomenology mean?" There is more than one meaning of the term. The first meaning of phenomenology is an approach to science that stresses a pure observation and description without any preconceived ideas or attempts at causal and theoretical explanations. Any preconceived conceptual categorization is eschewed. The observer registers naturally-occurring types and groupings of phenomena.

The second meaning of phenomenology refers to a description of consciousness, of conscious states in all their richness and fullness, without a reduction to some presupposed basic elements such as sensations. Examples of this type of phenomenology are William James's stream of consciousness (James, 1950) and the stream of consciousness literature exemplified by James Joyce's Ulysses. However, in a more technical sense, the description of states of
consciousness of self or another person is based on a standardized technique. The examination of one's own consciousness uses the method of inner perception, which is not to be confused with introspection (Spiegelberg, 1960).

The third meaning of the concept of phenomenology refers to Husserl's phenomenological philosophy. Edmund Husserl (1859-1938) (1962) was an influential German philosopher who developed a school of phenomenological philosophy and started the so-called phenomenological movement. Husserl was a student of Franz Brentano, an Austrian philosopher who also taught philosophy to the young Sigmund Freud. Brentano (1874) proposed the theory of Act Psychology, which maintained that the proper subjects of psychology are mental acts or intentionalities. By these acts the individual relates himself meaningfully to the contents of his conscious experience. The intentionalities have become the subject of the Husserlian phenomenology (Husserl, 1962). They constitute the structure of the pure consciousness studied by his phenomenological method. By mental acts (intentionalities) relations of reference are established between the subject and the object. Consequently, consciousness is not a container filled with sensations and ideas from which the homunculus-ego infers the existence of the external world of objects (resembling a radar operator inferring the presence of planes and ships from the blips on a radar screen). Rather, consciousness is open to the world of real objects. It is to be found in the relations themselves of the subject to the objects. Consciousness is a dynamic activity (acts) rather than stuff (substance); it is doing rather than being.

Husserl has made a clean break with the Cartesian metaphysics of body-mind relationship, according to which the body, res extensa, the machine, and the mind, res cogitans, the ghost, were two entirely different substances. He has also abandoned the Cartesian epistemology, which leads inevitably to the position of Solipsism of or Humean scepticism. The phenomenologists' call of Zur Sache to the matter at hand was to put an end to metaphysical conundrums of unsolvable riddles. After all, the ultimate reality is the concrete experience. Husserl was mainly concerned with the problems of epistemology—the ultimate foundation of knowledge. His phenomenological method included the transcendental-phenomenological reduction, or *Epoche*. This involved suspending or bracketing judgement as to the physical or mental nature of objects and intuiting their meaning by phenomenological reflection (Spiegelberg, 1960). It was a suspension of the natural, commonsense, everyday attitude towards the external world and an assumption of a reflective attitude. In this way the factualness of objects is transcended and the source of their meaning in pure consciousness is revealed.

In the early phase, Husserl spoke of only descriptive phenomenology, using the method of transcendental-phenomenological reduction to grasp the meaning of concrete objects and situations. Later on, he went further and developed a second phenomenological method of eidetic reduction aimed at grasping the general essences of things and ideas, the so-called *Wesensschau* as a version of Platonic ideas. Husserl thought that this method would lead to an absolute, noncontingent knowledge. Many phenomenologists did not follow him in his quest for *Wesensschau* but stuck to the descriptive phenomenology of concrete intentionalities (Spiegelberg, 1960). This is true of the phenomenological method of Eugene Minkowski, Kurt Schneider, Erwin Straus, Jan Van der Berg, and Maurice Merleau-Ponty (Spiegelberg, 1972). These phenomenologists have been concerned not only with the problem of knowledge but also with the application of phenomenological method to the experiences of concrete individuals in their concrete worlds, to their feelings, perceptions, bodies, movements, and to their acts. There have been many phenomenological philosophers (Spiegelberg, 1960). Only a few, who are important for the concerns of the present chapter, will be discussed.

Merleau-Ponty (1962, 1963) made an exhaustive phenomenological analysis of perception and of the structure of human behaviour, taking as his point of departure the concrete-man-in-the-concrete-world. One can only separate man from his world by secondarily abstracting one from the other. For Merleau-Ponty, to-be-in-the-world is to perceive the world. Meaning emerges from the perception of the world. He believes that man seeks meaning because he is condemned to meaning. The perceived world is the real world, an inexhaustible source of meaning. The perceived world is both the physical and social and, therefore, intersubjective. In contrast to Husserl, Merleau-Ponty believes that phenomenology should be
concerned not with pure consciousness but with the world of concrete life and social human existence. His phenomenology of the full bodied man-in-the-concrete world is important for the understanding of schizophrenic patients. The structure of behaviour embodies inseparably both consciousness and objectively observed movements. They are welded together in one gestalt. Merleau-Ponty’s phenomenology is concerned not only with knowledge and meaning but also with the existence of the individual. Accordingly, this type of phenomenology has been of a much greater importance for psychiatry and psychology than the transcendental phenomenology of Husserl.

Two other phenomenological philosophers have to be mentioned. The first was Max Scheler (1874–1928)—a very influential German social philosopher of the first quarter of the twentieth century. Scheler (1954) was concerned with the problems of sympathy, ethics, and the hierarchy of values, conceived to exist objectively. In his philosophical work he used the phenomenological-hermeneutic method described by Ricoeur. Scheler’s main contribution was in the field of phenomenology of emotions, both normal and abnormal. He even published an essay on pension (compensation) neurosis (Spiegelberg, 1972). His theories were important for the understanding of human personality, interpersonal relations, and psychotherapeutic processes. They influenced such phenomenological psychiatrists as Kurt Schneider, H. C. Rümke, Paul Schilder, and V. E. von Gebsattel. The second phenomenological philosopher, more recent, was Alfred Schutz (1932), a phenomenologically-oriented social philosopher. He was particularly interested in the phenomenological analysis of intersubjectivity, which was the main focus of his philosophy. He was concerned with the phenomenology of the social world (Spiegelberg, 1960), and he made some important contributions to the structural analysis of this world.

The Impact of Phenomenology on Psychiatry

Philosophical phenomenology has had a great impact on psychiatry and psychology in Europe. However, these enterprises should not be confused as their purposes are different. While Husserl’s transcendental phenomenology of pure consciousness is concerned with the ultimate foundations of human knowledge, phenomenological psy-
because it occurs in the private space and has the character of an image. However, it is also like a percept because it is clearly cut and complete in detail, is stable, and cannot be voluntarily controlled.

The descriptive phenomenological approach has been widely used in Europe. Willy Mayer-Gross (1914) offered a phenomenological description of abnormal feelings of happiness. In a later study, Mayer-Gross (1924) provided a description of subjective experiences in mental confusion and dreamy states. Jakob Wysch (1937) described the inner states of acute and chronic schizophrenics. Kurt Schneider (1920), who was influenced by the philosophical anthropology of Max Scheler, studied the phenomenology of depression. In describing human personality, Scheler distinguished four levels: the sensuous, the vital, the psychic, and the spiritual. Kurt Schneider described two kinds of depression: endogenous and reactive. In the first, the emotional disturbance was at the vital level of the personality, in the second at the psychic level. In a subsequent publication, Kurt Schneider (1921) discussed the phenomenology of love and sympathy. He examined the disturbances of these sentiments by using the conceptual framework of Scheler’s theory of emotions. He described four disturbances: (1) weakening of love and sympathy, (2) estrangement (Entfremdung) of feelings, (3) failure to experience feelings for others because of an immersion in one’s own feelings, and (4) intensification of feelings for others based on the intensity of one’s own feelings. In the estrangement of feelings there was a loss of their genuineness and authenticity. This was related to the syndrome of depersonalization, described by Schneider as due to a loss of authenticity of self. Feelings appeared only as contents of consciousness without being assimilated into the ego.

Emotions and feelings were also studied by the Dutch psychiatrist H. C. Rümke (1924), who published a monograph on the phenomenology of feelings of happiness. He analyzed happiness as a state of consciousness and described the subjective ways in which it was experienced. He distinguished the autochthonous feelings of happiness from the responsive ones and from the ones due to intoxication. Two other Dutch phenomenologists should be briefly mentioned: the psychiatrist J. H. Van den Berg (1955), who has studied the phenomenology of patient-doctor relationship, and the biologist F. J. J. Buylendijk (1952, 1962, 1968), who has written on the phenomenology of encounter, pain, and the psychology of women.

**The genetic-structural and categorical phenomenology**

In contradistinction to the strictly descriptive phenomenology, the genetic-structural and the categorical varieties seek the underlying structure and the categories of experience, which would explain its general character and its total gestalt (pattern).

Eugene Minkowski (1953, 1970) has studied the phenomenology of time and space experience in psychiatric patients. He was influenced by Henri Bergson’s (1960) theory of time, particularly by the latter’s concept of flowing time (durée réelle). In his book, *Lived Time*, Minkowski (1970) has distinguished the subjectively experienced lived time from the objective, abstract time of physics and astronomy. The lived time is characterized by a subjective feeling of flow, of duration, and of becoming. The flow of lived time is characterized by subjectively felt speed, by a feeling of relatedness to the past, and by an openness to the future. The latter is anticipated, lived, and planned for. In depression, lived time moves very slowly or is even at a standstill. The access to the future is blocked; it does not exist, and there may be a return into the past. In mania, on the other hand, lived time is speeded up. The experiences of certain schizophrenics and mystics are characterized by timelessness, or by being outside time. Some schizophrenics also experience a feeling of disconnection between the past, the present, and the future and an absence of synchrony with objective social time causing a loss of contact with the external world. Minkowski was also concerned with the phenomenology of space. The lived space, in contradistinction to the physical space, is characterized by an orientation in relation to the self and by subjectively felt vastness or constriction. It could be clear space, with open horizons and a possibility of movement from one point to another. On the other hand, dark space is characterized by obscurity, a lack of horizon, impenetrability, and inaccessibility. It is associated with the subjective world of persecutory delusions inhabited by paranoid schizophrenics. There is also luminous space, characteristic of mystical and ecstatic experiences.

Lived time and space together constitute the underlying structure of experience and determine its meaning. According to Minkowski,
depression is characterized by a slowing of lived time and a blocking of future. In schizophrenia, the experience of space dominates that of time and is characterized by morbid geometrism (Minkowski, 1953). In addition to the categories of time and space, other categories of experience, such as causality and materiality, have been studied by phenomenologists (May, Angel, & Ellenberger, 1958). The experienced events may be perceived as determined by the subject or by external agents. They may be perceived as due to chance or to the intentions of some conscious beings. In depression, events appear to be determined by the past history; in mania, they appear to be due to chance. Paranoics tend to perceive all happenings as due to evil human intentions. The materiality (substance) of the world is absent in the derealization syndrome. Some patients may perceive all things as if they were made of stone or metal, as hard or soft, as fluid or viscous, and so on.

Erwin Straus (1966) has described the forms of spatiality and the phenomenology of lived movements. The main concern of his phenomenology (Straus, 1963) is the meaningful world of sensory experience in all its full richness. In the world of immediate sensory experience, events are meaningfully connected and lead from one to another. The individual through his sensory experience is directly related to and communicates with the outside world—the Allon. Psychopathology, according to Straus, is to be conceived of in terms of I-World (I-Allon) relations. This relation has been severed in depersonalization. In schizophrenic auditory hallucinations, voices have become autonomous and are dissociated from the speakers. They have ceased to be the voices of real persons.

The study of the phenomenology of obsessional-compulsive states by Victor von Gebhardt (1954) provides another example of the genetic-structural analysis. Von Gebhardt has analyzed the world as experienced by the compulsive neurotic. The disturbing aspect of the world (the disturbing symptom) is its character of ugliness, dirtiness, and repulsiveness, which the patient finds disgusting. Everything in the compulsive neurotic's world has the physiognomy of rot, decomposition, and decay. This is a counter-world of decay and destruction, the world of anti-ideas. The patient is fighting against that world, which is, however, in the final analysis of his own making because of a failure on his part to realize himself (May, Angel, & Ellenberger, 1958).

The study of depersonalization by J. E. Meyer (1957) may serve as a final example. Meyer has discussed depersonalization from the phenomenological-existential point of view. He has stressed the fact that depersonalization and derealization phenomena are manifestations of the ego-outer world relations. He believes that obsessional-compulsive neurosis and depersonalization are two opposite poles of the same type of disturbance, which can be described as being either too close to or too far away from the external world. The obsessional-compulsive neurotic is completely controlled by the external world. He comes into a close contact with the world and cannot detach himself from it. The external world is too real for him. In contradistinction, the depersonalized patient has lost contact with the world. There is an unbridgeable gap between him and the external world.

**The phenomenological model of mental illness, summary**

This model stresses the subjective world experienced consciously by the patient. It is concerned with description and understanding rather than with the causal explanation. It is not concerned with the historical origin of symptoms or their development. Even genetic-structural phenomenological analysis is not concerned with the genesis of the phenomena but with their underlying structure and the physiognomic features of the experience. In contrast to the psychodynamic model, which posits the unconscious with its dynamic forces, the phenomenological model limits itself only to the consciousness of the patient. It tries to understand his experience in terms of the phenomenological features and in terms of the appearance of his subjectively perceived world. The phenomenological model, in contradistinction to the psychodynamic one, does not concern itself with motivation. Since mental patients dwell in subjective worlds, which are qualitatively different from one another and from the world of normal persons, the phenomenological model may be described as a discontinuity model. Because it is a noncausal, the phenomenological model is only concerned with the understanding of patients as unique human beings and is not concerned with their treatment. Therefore, the phenomenological model is compatible with and may complement both the medical and the psychodynamic models. It reveals a new dimension of the patient and may help to arrive at the
diagnosis, in addition to providing an understanding of him as a unique human being. In contrast to some other philosophical-moral models, this model is not antiscientific; it supplements rather than supplants the scientific approach. The phenomenological description of the perceptual world of the patient may be supplemented by an experimental investigation of his perceptual processes (Ittelson & Kutash, 1961; Weckowicz, 1972).

The Rise of Existentialism

Existentialism is a philosophy of the predicament of man or, to put it differently, a philosophy that examines the question, “What does it mean to be man?” While Husserl was mainly concerned with epistemology, existentialists are concerned with ontology—the meaning and the nature of being. Modern existentialists have adopted Husserl’s phenomenological method of the analysis of pure consciousness and have applied it to the analysis of being. Heidegger’s version of the phenomenological method—hermeneutic phenomenology—not only deals with here and now consciousness but also examines the totality of man’s life. It stresses the historicity of man, the existential time from birth to death (Heidegger, 1927).

Existential themes have tended to occupy philosophers since time immemorial. This preoccupation becomes more intense whenever there is a cultural crisis, when the old values are questioned, when the existing social order is disintegrating, and when the hitherto prevailing Weltanschauung is no longer meaningful nor valid. At such times, questions are asked about the meaning of human life and death and the meaning of individual existence.

Existential themes can be discerned in the writings of St. Augustine (1961), in the poetry of Omar Khayyam (Weckowicz, 1981), and in the writings of Pascal (1967). In the nineteenth century, Søren Kierkegaard and Friedrich Nietzsche turned to existentialist themes as a form of protest against such dehumanizing philosophies as positivism and rationalism. These two philosophies came into prominence against the background of social disintegration and psychological alienation brought about in the wake of the Industrial Revolution. Their teachings tended to disregard the meaning of unique individual existence and to lose the individual, as it were, in the objective world of things or in philosophical abstractions. Both Kierkegaard and Nietzsche strongly protested against this devaluation of the importance of the individual.

Søren Kierkegaard (1813-1855) (1941) passionately attacked rationalism and objectivity both in philosophy and theology. He insisted on subjective or personal meaning of truth and saw man condemned to loneliness, guilt, “sick unto death,” and fear and trembling because he was irrevocably confronted with making choices for good or evil. He stressed the necessity of commitment to a particular faith and a way of life.

Another precursor of existentialism, Friedrich Nietzsche (1844-1900) (1966), rejected value systems based on the natural order and reason. He sought to elucidate the irrational, unconscious sources of man’s drive to power and greatness, as well as of madness and of self-destruction. Nietzsche also stressed the importance for the individual to become his real self. Thus, Nietzsche may be regarded as a precursor of both existentialism and psychoanalysis.

The rise of existentialism in Europe in the twentieth century is associated with the social upheaval of the two world wars, crumbling social and political orders, the threat of a nuclear holocaust, the rise of mass society, and the alienation of man both from his culture and from himself (Schacht, 1970). There is more than one variety of existentialism. The existential themes were taken up by Karl Jaspers (1955), who rediscovered Kierkegaard and developed the method of elucidation of existence based on the Kierkegaardian leap of faith. Another important philosopher, Martin Buber (1958), was concerned with both theology and philosophy. He developed a theory of the relationship between subjects. According to him there were two types of relationship: I-it and I-Thou. The I-it relationship is impersonal, manipulative, and devoid of a reciprocity. The I-Thou relationship is intersubjective. It is an encounter of two conscious beings, of two personalities, who are aware of the reciprocity of their mutual experience. The I-Thou relationship is genuine and engages the total personality, while the I-it relationship is not genuine and is maintained with only a part of the person. The I-Thou relationship may characterize the relation between man and God, particularly during a mystical experience. The interpersonal relations between people may be of the I-Thou or the I-it character. In the latter case,
the other person is treated as an object to be manipulated and used for one’s own ends. The encounter, which is the backbone of the existential psychotherapy, is based on Buber’s notion of the I-Thou relationship. For example, Sidney Jourard (1964) has developed the self-disclosure therapy system based on this notion.

Both Jaspers and Buber developed their versions of existentialist philosophy independently from Heidegger. However, the mainstream of twentieth century existentialism originated in, or at least was considerably influenced by, the systematic philosophy of Martin Heidegger. The latter examined existentialist themes in the light of his method of hermeneutic phenomenology. In his most important book, Sein und Zeit (Being and Time), Heidegger (1927) is concerned with ontology—the problem of being in general. Human beings are special kinds of beings. They are beings who are conscious of their own being. He has asked the question, “What is the predicament of human beings who are conscious of their being?” The predicament is their finitude and temporality. Thrown into the world without the ability to exercise any choice in the matter, they are faced with the absolute certainty of their death, total dissolution, and nothingness. Heidegger calls the being conscious of its own being, which is always being-in-the-world, Dasein, literally translated as “There is.” The Dasein is embedded in the network of meaningful involvements with his world. It seeks self-understanding, searching for the meaning of its existence and of the world it encounters. The Dasein orients itself in time, relating to the past, while at the same time projecting itself towards the future. The method of intuitively grasping by understanding the meaning of Dasein in relation to the general problems of being is called Daseinsanalytik. It is an ontological analysis of Dasein or Existenz, not to be confused with Binswanger’s Daseinsanalyse, which is an attempt to establish a philosophical anthropology. Each Dasein is characterized by an individuality, Jemeinigkeit, but his world is also Mitwelt; he shares his world with the others with whom he communicates. The Dasein is confronted by the facticity of his world, which to some extent limits his freedom, but he also has the possibility of making free choices and of facing his existence and his death. The most important choice is that of an authentic life as against an inauthentic life. The Dasein shows concern (Sorge) about his destiny; at the same time, he tends to escape into the facticity of the world, to be occupied by social conventions and trivia (Das man). He tries to escape from anxiety (Angst), which is not a fear of any particular object or situation but rather the fear of nothingness, the consequence of the temporality of human existence. However, death gives meaning to the human life and the human life gives meaning to death. The authentic existence has to face squarely this predicament. You have, after all, to live your own life and to die your own death, as was so poignantly portrayed by Leo Tolstoy in The Death of Ivan Ilyich (1960).

The French philosopher Jean-Paul Sartre, during his existentialist period, had a great influence not only on the French existentialist movement but also on the general intellectual climate of Europe. He and the existentialist-phenomenologist Merleau-Ponty (1962, 1963) have made a lasting impact on both psychology and psychiatry. Sartre’s existentialism, as presented in his book Being and Nothingness (1956) as well as several of his plays, short stories, and essays, is perhaps the most radical version of existential philosophy. It stresses subjectivity of experience and the absurdity of the human predicament. Consciousness, the pour soi, is nothingness (nonbeing). In contrast to inanimate objects, the en soi, it can only attain being by relating to other objects. Sartre’s most famous pronouncement is that “existence precedes essence.” The meaning of this statement is that consciousness—pour soi—creates its own nature out of nothingness. By free acts and free choices, man constantly transcends himself. To put it still differently, he is what he does, hence his aspiration to godliness. Many Christian existentialists, for instance, Paul Tillich (1952, 1962) and Gabriel Marcel (1965), have rejected this position and assumed the presence of a polarity between essence and existence. According to Sartre, pour soi or human consciousness, in contrast to causally determined objects, en soi, is free and projects itself into the future by anticipating events. Since freedom of action and choice has its roots in nothingness, it produces anguish or existential anxiety, which tends to be suppressed by bad faith, an approximate equivalent of Heidegger’s inauthentic existence. The predicament of man is that he has to make free choices and to establish his human dignity in a Godless, absurd world, devoid of any purpose or grand design.

Sartre has developed a method for understanding concrete human beings and their psychological experiences. This method is
called by him "phenomenological existential analysis," and it is modeled on Freudian analysis. However, there are important differences; he rejects the notion of unconsciousness and substitutes for it the prerreflective consciousness. He also rejects the division of the psyche into id, ego, and super-ego, while regarding psyche as a total gestalt. His most famous existential analyses are those of Jean Genet, a thief who was also a literary figure (Sartre, 1952), that of P. Ch. Baudelaire, and more recently that of Gustave Flaubert.

In later years Sartre dissociated himself from existentialism and came closer to the position of humanistic Marxism, based on the writings of the young Marx. He criticized his own earlier assertions, expressed during his existentialist period, about the absolute moral autonomy and the freedom of the individual. Both the moral autonomy and freedom are restricted by the fact that the individual lives in an exploitative society full of violence. The individualistic moral theory was replaced by a dialectical sociology that attempted to reconcile Marxism with existentialism (Sartre, 1960). The existentialist phenomenology of Merleau-Ponty was already briefly described in the discussion of phenomenology.

The Impact of Existentialism on Psychiatry

Continental psychiatry has been greatly influenced by existentialist philosophy. In France, Angelo Hesnard (1957), Daniel Lagache (1956), and Antoin Vergote (1958), and the early Lacan were influenced by Sartre and Merleau-Ponty. By rejecting Freudian metapsychology and by replacing the concept of transference with that of existential encounter, they produced a phenomenological-existentialist reinterpretation of Freudian psychoanalysis. Heidegger's formulations made a great impact on a group of Swiss psychiatrists, Ludwig Binswanger (Needleman, 1963), Medard Boss (1963), and Roland Kuhn (1963), as well as on a group of young German psychiatrists, Heinz Hafner, Karl Peter Kisker, and Hubert Tellenbach (Spiegelberg, 1972). This latter group, under the leadership of Walter von Bayer, has formed the new Heidelberg School of Psychiatry. While the older Heidelberg school, following the lead of Karl Jaspers, limited itself to phenomenology, the new school has an existentialist orientation. The three Swiss psychiatrists mentioned earlier have been trained in Freudian psychoanalysis and have been practicing it as a method of psychotherapy. They added Daseinsanalyse as an anthropological framework to help them to understand their patients better. A new dimension was added, making for a fuller and richer picture of man. While biological and psychodynamic factors accounted for some aspects of the life history of the patient, the Daseinsanalyse accounted for other aspects. Thus, an attempt was made to create a phenomenological anthropology: a framework within which human beings could be fully understood. It was an example of philosophical anthropology applied to the problem of mental illness. Such an anthropology offers a philosophical interpretation for the discoveries of science concerning the nature of man and of the human condition. It studies both man as a creature of the natural order and man as the creator of cultural values, transcending his biological nature. Philosophical anthropology has developed in Germany and has synthesized the contributions of Dilthey's Lebensphilosophie, phenomenology, existentialism, as well as those of Marx, Nietzsche, and Freud. Max Scheler and Helmuth Plessner were important philosophical anthropologists. Viktor von Gemboldt (1954) laid the foundations of philosophical anthropology as applied to medicine. He has adopted the general conceptual frameworks of Heidegger's Sein und Zeit. Von Gemboldt regarded neurosis as a disturbance, a blocking, of becoming. However, the most important contributions of philosophical anthropology to the problem of mental illness were made by Binswanger.

Phenomenological anthropology of Ludwig Binswanger

Binswanger was one of Freud's early Swiss followers, and, despite his subsequent involvement with the phenomenological and existential movements, he and Freud remained on friendly terms. The main feature of Binswanger's phenomenological anthropology is the concept of Daseinsanalyse (Binswanger, 1942). In this concept, the stress is put not on being as such but on concrete being-in-the-world, on the concrete individual-in-his-world. Thus, Binswanger's concerns are ontic rather than ontological, with concrete individuals rather than with general categories of being. The accent of Daseinsanalyse is on the existentialist Mitwelt—the relatedness to other human beings—rather than on the Umwelt and
the *Eigenwelt*. In existentialist terminology the *Umwelt* is the world of man as a biological organism without self-awareness, the *Mitwelt* is the world of social relationships and encounters with others, and the *Eigenwelt* is the world of self-reflection and self-identity, the world in which man transcends his biological and social determinants. Heidegger's concept of concern is developed by Binswanger into that of love. Love has spiritual connotations and transcends Freud's biological libido. It is an encounter between two unique individuals, a unique I-Thou relationship, a We-ness. Love, in its spirituality, transcends man's temporality. An example of the *Daseinsanalyse* of a schizophrenic patient is provided by the case histories of Ilse and Ellen West (May, Angel, & Ellenberger, 1958; Binswanger, 1957b). Schizophrenic *Dasein* is characterized by the breaking apart of the consistency of natural experience, splitting of experience into rigid alternatives, different experiential worlds, and the attempt to cover up the attrition caused by these tensions. For example, the patient Ellen West alternates between the airy world of fantasy, the earthy world of practical affairs, and the subterranean world of desires. These worlds are characterized by different spatiality, temporality, and motility. The air world is a world of flying, of freedom, of irresponsibility, of winged wishes, of highest ideals, and of ethereal dreams. It is oriented towards an inauthentic future. The subterranean world has a sepulchral quality. It is a world of crawling, constrained and bound by an inauthentic past. It is a world of pressing down of burdening encumbering desires. The earthy world of striding and practical pursuits is characterized by a disintegrating temporality (falling apart). Each world has its characteristic spatialization, lighting and colouring, and material consistency. It represents a particular contextual totality. The world of a manical patient is characterized by lightness, softness, brightness, colourfulness, and luminosity (Binswanger, 1960). The unfolding *Dasein* of a particular person represents a unique structure of meanings. It cannot be reduced to general psychological mechanisms as in the case of psychoanalysis. The meaning of events in the course of history of the individual and the meanings of his acts are quite unique. They have to be interpreted from the point of view of his *Dasein*.

One important innovation of *Daseinsanalyse* is the claim that the schizophrenic's experiences can be intuitively understood in the same way as those of a psychoneurotic. The contrary claim of Karl Jaspers (1963) that schizophrenic mental processes are incomprehensible is rejected.

Since the death of Binswanger, the most important representative of the *Daseinsanalyse* school is Medard Boss, who calls his method the phenomenological *Daseinsanalytik*, thus indicating a closer adherence to Heidegger's ontology. Boss (1963) is also a psychoanalyst, as was Binswanger, and regards his phenomenological *Daseinsanalytik* as a frame of understanding rather than as a psychotherapeutic method. He is interested in the relation between psychoanalysis and *Daseinsanalyse*. For Boss, psychoanalysis is concerned with man as a creation of nature (*homo naturae*). The Heideggerian nonnaturalistic conception of man corrects the limited psychoanalytical approach and reveals man as a manifestation of being in the ontological sense. Thus, *Daseinsanalytik* discloses the philosophical meaning of man's existence. The function of psychotherapy is liberation of the patient's phenomenal experience both in the waking state and in dreams. Experience provides its own meaning. It is taken on its face value and is not interpreted. Patients do not have feelings of guilt, which are a manifestation of an illness, or of unconscious complexes. They are guilty of forfeiting their potentialities and of not realizing their being. They are also guilty because they are alienated from nature as a whole (separation guilt). Perhaps Boss's most important contribution is his phenomenological analysis of dreams. He rejects both the Freudian and the Jungian theories of dreams. For him, dreams are not a symbolic expression of unconscious complexes, conflicts, or archetypes. They are the expressions of *Dasein* and have to be taken as phenomena in their own right, similar to those occurring in waking life.

Another important follower of Binswanger is Roland Kuhn (1954) who has given a phenomenological interpretation of the Rorschach test. According to him, some Rorschach inkblot responses, such as masks, are a manifestation of the anonymous mode of *Mitwelt*. This mode is characteristic of men living in anonymous collectivities.

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*As a gross oversimplification, one could state that phenomenological psychiatry is mainly concerned with the *Umwelt*, existential psychiatry with the *Mitwelt*, and existential philosophy with the *Eigenwelt*. 
Logotherapy of Viktor Frankl

So far we have discussed existential psychiatrists who have used the Heideggerian philosophical system as the framework for their theories of mental illness and psychotherapy. However, several psychiatrists and psychotherapists in their orientation follow existential philosophy without committing themselves to the Heideggerian system and terminology. One of these is Victor Frankl (1963, 1968, 1973), who developed his method of existential analysis of ontological analysis together with his method of logotherapy, independently of the Daseinsanalytik of Heidegger and of the Daseinsanalyse of Binswanger. Frankl was originally a follower of Alfred Adler, but he became dissatisfied with the latter’s exclusive emphasis on biological and social motivations. He believes that in every man and in every psychoneurosis there is, in addition to the biological, psychological, and sociological dimensions, also a spiritual one. Every man has the will to meaning and wants to find meaning in his life, in his death, and even in his suffering. Men can give meaning to their lives by realizing certain existential eternal values: creative, experiential, and attitudinal values. The first are concerned with artistic and scientific achievements, the second with the experience of goodness, truth, and beauty, and third with giving meaning to one’s suffering and death. A confrontation with death, with nonbeing, produces an increased vitality and immediacy of existence. It enhances the consciousness of oneself, of one’s world, and of others around him. In the routine of suburban life, this feeling of vitality and immediacy of existence, as well as the consciousness of oneself, tends to be reduced, is vapid, humdrum, unreal, and submerged in conformity. A proper attitude towards one’s death and one’s suffering gives meaning to one’s life and realizes attitudinal value. The confrontation with death and suffering and with the human nature at its rawest during his death camp experiences led Frankl to adopt the philosophy of existentialism (Frankl, 1963). He is an existentialist philosopher who not only has preached his philosophy from an armchair but also, like Socrates, has lived it. His experiences in the concentration camp produced his passionate commitment to the existentialist Weltanschauung. The latter stresses freedom of will, will to meaning, and reverence for human life. For Frankl, every human existence has its significance and dignity, and every neurosis and psychosis has a spiritual dimension. In his psychiatric credo he states, “An incurable psychotic may lose his usefulness but yet retain the dignity of a human being” (1963).

Frankl distinguishes two types of psychoneurosis. The first is due to a conflict of biological drives and should be treated by psychoanalysis or by Adlerian psychotherapy. The second is a product of moral conflict and arises as a result of spiritual problems. One such problem is the existential frustration, which results from meaninglessness, and may manifest itself as a psychoneurosis. Frankl calls this a noögenic neurosis. It is an existential neurosis suffered by people who find their lives devoid of meaning. The meaninglessness of such barren lives produces existential anxiety, resulting in neurotic symptoms. Sometimes noögenic neurosis assumes the proportions of a collective affliction, distorting the lives of whole groups of people. Such a collective neurosis is characterized by a planless and fatalistic attitude towards life, by collective thinking, by fanaticism, and by submergence in a collectivity. It robs man of his freedom, his responsibility, and his spirituality. Logotherapy is the treatment for noögenic neurosis.

Frankl perceives the doctor’s role as one not only of treating the body but also as that of ministering to the spiritual needs of the soul of the patient. Thus, the doctor reverts to the role of a medicine man in primitive society, where medical practice and priesthood were not separated. Noögenic neurosis is not a manifestation of psychopathology but rather a resultant of the human condition. Anxiety and guilt accompanying it are not imaginary symptoms of an illness but valid experiences, expressing spiritual realities. To quote Frankl (1973), “We would certainly not be entitled to brand something as ‘true’ because it was ‘healthy,’ or, vice versa, something as ‘false’ because it was ‘sick.’” His method of logotherapy deals with existential frustration and with the ultimate meaning of life and death. It stresses the freedom of the individual and the responsibility for his life. Its aim is to lead the patient from the state of a “patient” to that of an “agens.” Schizophrenia, according to Frankl (1973), is a manifestation of an extreme passivity in which an active subject becomes a passive object. However, even in the most deteriorated schizophrenic there is an intact spiritual core and therefore hope for recovery. Frankl
passionately takes a stand against reductionistic and deterministic theories of human behaviour and of mental illness. These theories degrade and dehumanize man. To quote him again, “I am absolutely convinced that the gas chambers of Auschwitz, Tremblinka, and Maidanek were ultimately prepared, not in some Ministry or other in Berlin, but rather at the desks and in the lecture halls of nihilistic scientists and philosophers” (1973).

**The existential analysis of R. D. Laing**

Existentially oriented psychiatry has been practised in England by a group of psychiatrists at the Tavistock Clinic in London. Under the leadership of R. D. Laing, D. G. Cooper, and A. Esterson, Sartre’s and Merleau-Ponty’s phenomenological-existential analysis and Martin Buber’s and Alfred Schutz’s analysis of intersubjectivity has been used with schizophrenic patients and applied to their interpersonal relationships. In the *Divided Self*, Laing (1965b) presents the existential model of schizophrenia based on Sartrean phenomenological-existential analysis of the subjective experiences in schizophrenic patients. He tries to understand the lives of his patients in terms of their unique being-in-the-world. He also focuses on the family interpersonal relationships and patterns of communication (Sedgwick, 1971).

Laing’s model of schizophrenia based on family communication networks was discussed in the previous chapter. However, even when focusing on family patterns of intercommunication, Laing never abandoned the individual patient’s subjective experience perspective as his frame of reference. Following Lionel Trilling (1955), Laing contrasts the basic existential position of ontological security with one of ontological insecurity. Franz Kafka’s heroes, as for instance Gregor Samsa in *The Metamorphosis* (Kafka, 1972) who is turned into a beetle, are characterized by an ontological insecurity. They have difficulty in maintaining their self-identity and are lacking in the feeling of reality and of continuity in time. As a result, they are continuously threatened by annihilation and nonbeing. According to Laing, schizophrenic patients and schizoid individuals are, similarly to Kafka’s heroes, characterized by this ontological insecurity. They feel more unreal than real and more dead than alive (Laing, 1965b). Their identity, autonomy, and sense of temporal continuity are all ways in question. They also may feel partially divorced from their bodies or disembodied. These individuals are obsessed with a fear of annihilation, and they desperately contrive to preserve their existence by various defensive strategies. Since they lack personal autonomy, relating to other people is associated with a fear of being engulfed by others and of losing their identity. Their defence against engulfment is isolation and a withdrawal into a world of autistic fantasy. However, the autistic fantasy is destructive, it produces an existential void, a feeling of emptiness and nothingness. This feeling is associated with a fear of implosion of the external world into the subject, bringing about his instantaneous annihilation. The external world is seen as a malign persecutor. Under the withering gaze of the persecutor, the ontologically insecure individual may shrink and become petrified and depersonalized. He becomes an object, an en soi, in the regard of the other, and he loses autonomy and spontaneity and is turned into a lifeless automaton. Sometimes the individual plays possum, pretending to be dead, or turns himself into a stone in order to stay alive. In Tillich’s words he avoids his “non-being by avoiding being” (1952). Laing’s (1965b) patient, Julie, a chronic schizophrenic, illustrates many of these points. She is a ghost in the weed garden, inhabiting a desolate, and landscape scorched by the rays of a black sun, in the glare of which she has shrivelled and withered to nothingness. The black sun is the gaze of the persecuting external world, which is also her mother. She is a ghost, a phantom, empty, and devoid of life. And, yet, deep down there is “something of great worth deeply lost or buried inside her, as yet undiscovered by herself or by anyone” (Laing, 1965b).

An ontologically insecure person is disturbed not only in his relation to the others and the external world but also in his relation to himself. The unity of mind and body, stressed by Merleau-Ponty (1962), that characterizes the ontologically secure individual is absent in the ontologically insecure one. There develops a split between mind and body. The ontologically insecure individual becomes disembodied and exists as an incorporeal self. His body becomes foreign to him, a part of the external world. “The body is felt more as one object among other objects in the world than as a core of the individual’s own being” (Laing, 1965b). One consequence of the body-mind dissociation is a division of the self. The disembodied self
becomes the inner, real self, while the false self remains attached to the body. The objective or public existence of the individual, playing social roles, becomes the expression of the false self. The activity of the individual becomes automatic, devoid of spontaneity, and automatically follows social expectations. It compulsively complies to the will of others. The perceptions of the false self are unreal and its action futile, devoid of meaning. The inner self lives in the world of autistic fantasy, cherishing the lofty private ideals of honesty, freedom, omnipotence, and creativity, however without realizing them in action. A similar interpretation of schizophrenia within the framework of John Dewey’s theory of action was offered by Ernest Becker (1964).

In hysteria there is also a split between the inner and the false self. A hysteric dissociates himself from much of what he does; he evades responsibility and is guilty of bad faith in the sense used by Sartre (1956). However, the hysteric manipulates his false self as a vehicle for the gratification and fulfilment of the inner self. This does not occur in schizophrenia in which the false self is controlled by the external world, while the inner self deprived of gratification lives in the world of autistic fantasy. In a schizoid individual, the false self-system maintains for a period of time a mask of sanity and social conformity. A frankly psychotic breakdown is associated with a sudden removal of the veil of the false self and a revelation of the real life-world, the being-in-the-world, of the individual. According to Laing, an understanding of the existential predicament of schizophrenic patients is important for their psychotherapy.

The existentialist model of mental illness, summary

There are several similarities between the phenomenological and existentialist models. Both models reject the split of man into mind and body, which has been inherited from Cartesian dualism. Both models stress subjectivity and the meaning of experience. However, there are important differences. While the phenomenological model can be regarded as being related to scientific psychiatry, the existentialist model is concerned with a different dimension, a different aspect of reality from that which is the concern of science. Phenomenology, particularly descriptive phenomenology, carefully describes and classifies mental phenomena that can be investigated scientifically. It may be regarded as a preliminary step to undertaking a scientific analysis of normal and abnormal phenomena. The existentialist approach on the other hand is either antagonistic (e.g., Kierkegaard, 1941) or indifferent to the scientific approach. Existentialism deals with a different dimension of the human condition from that with which science is concerned. It is not concerned with a description and explanation but rather with an active living through.

The existentialist model deals with the spiritual dimension of the patient, his living values, his projects, and the ultimate meaning of his life. It is concerned with the unique existence of the patient from his birth to his death. The model stresses an honesty in the doctor-patient relationship and a respect for a unique being-in-the-world and way of life. It opposes any interference or control of the other’s style of life. Instead, it envisions an authentic encounter between two unique individuals who are equal. According to Rollo May (May et al., 1958) there cannot be any special school of existential psychotherapy. Existentialism is an attitude; it is an approach to fellow human beings. The existentialist model is concerned with philosophical presuppositions and basic orientations rather than specific techniques. It implies a humanistic attitude that is a corrective to soulless professionalism, an attitude with which specific psychotherapies are carried out. However, while the existentialist attitude is compatible with insight elucidating psychotherapies, like psychoanalysis (both Binswanger and Boss have used it), it is not compatible with behaviour modification techniques in which the client is manipulated as an object. On the other hand, some European psychiatrists find the existentialist approach compatible with the use of psychotropic drugs. Roland Kuhn, for instance, introduced the antidepressant drug Tofranil® (Spiegelberg, 1972). Some types of psychotherapy are more compatible with the existentialist attitude than others. Van Kaam (1962) believes that the Rogers’s client-centred therapy is most compatible of all psychotherapies with the existentialist attitude and orientation.

Each existence is unique with its own historical time and future. It inhabits its own peculiar world or several worlds in turn. Therefore, the existential model of mental illness is a discontinuous one. Each patient is a unique being-in-the-world.
HUMANISTIC MODELS

Humanism

The label humanistic is applied to so many different systems of ideas that apart from pointing to man as the measure of all things it denotes very little else. Obviously, Protagoras the sophist, Socrates, Thomas Hobbes, John Locke, Jean-Jacques Rousseau, Immanuel Kant, Jeremy Bentham, John Stuart Mill, the young Karl Marx, John Dewey, the existentialists, and the American humanistic, Third Force psychologists, to mention only a few, all have been concerned with man, regarding him as the measure of all things. However, the conceptions of man held by these different humanistic thinkers have often differed a great deal.

Historically, humanism denotes a philosophical and literary movement associated with the Renaissance period of the fifteenth and the sixteenth centuries, which originated in Italy. It was characterized by a revival of interest in classical Greek and Roman culture and literature. By the beginning of the nineteenth century the concept of humanism had ceased to be predominantly associated with classical scholarship and the Italian Renaissance. By and large, there are two humanistic traditions, the rationalist and the romantic. The first has its roots in the philosophy of the Enlightenment, in rationalism, and in the scientific revolution of the seventeenth century. It has given impetus to social reforms and is characterized by a faith in progress and the goodness of man. This tradition inspired the English Utilitarians and was responsible for the social reforms brought about in the wake of the American and French revolutions. This brand of humanism is optimistic. It believes that through social reforms and scientific progress man will become liberated from hunger, poverty, sickness, ignorance, and superstition. Man will become the master of the world and the master of himself. He may even replace God of traditional religion as the pinnacle of being. The code of ethics based on the commandments of God will be replaced by humanistic ethics based on the essential nature of man. Autonomous morality will replace heteronomous morality. This type of humanism seeks the liberation of man through progress and struggle against the orthodoxy of the established religion. Its three main pillars are rationalism, empiricism, and scientific method. Alfred Adler, Erich Fromm, and even B. F. Skinner can be mentioned as examples of the humanistic psychologists in this tradition.

The other humanistic tradition is rooted in the romantic cult of the unique individual and his inwardness. It stresses the importance of feelings and of spiritual, intuitive, mystical, and esthetic experiences. It is based on the philosophy of irrationalism and voluntarism. It also stresses the autonomy of the individual, his self-actualization, his artistic creativity, and his absolute freedom. This tradition perceives man as pitted against society, which is intent on crushing him and turning him into a mindless robot. The romantic humanists have tended to glorify an encounter between unique individuals, the unique relationships of romantic love and of intimate friendship between two individuals or those characteristic of small groups. They have tended to distrust secondary social groups and social institutions. The encounter groups are a present-day manifestation of this tendency. The romantic humanistic tradition is basically antiscientific. With some qualifications, it may be said that existentialism belongs to this second humanistic tradition.

The American Movement of Humanistic Psychology

This section is concerned with the group of American psychologists known under the general name of Humanistic Psychologists or as the Third Force. The group includes such people as Gordon Allport, Carl Rogers, Abraham Maslow, Charlotte Bühler, Rollo May, James Bugental, B. M. Moustakas, Sidney Jourard, and Erich Fromm. On the European continent it is represented by Casimir Dabrowski (1964) and by Roberto Assagioli (1971), the creator of the psychosynthesis method of psychotherapy. Carl Gustav Jung and Otto Rank, although usually classified as representatives of the psychodynamic school, may be regarded as precursors of the humanistic approach.
General Characteristics of Humanistic Psychology

The humanistic psychologists have formulated their theories of personality and their approaches to psychotherapy independently of the European phenomenological and existentialist traditions but have subsequently converged, to a greater or a lesser extent, towards existential psychology and psychiatry. Although there are important differences between the theories of this group of psychologists, their theories also share important similarities. All of them are holistic-organismic and stress the integration of the whole person. Thus, they are against the Cartesian dualism, the Freudian division of man into the ego, id, and super-ego, or the behaviouristic focus on the elementary, atomistic units such as reflexes and habits. All humanistic psychologists emphasize the self as the integrative and the control center of the personality. Further, all humanistic psychologists postulate a continuous personality growth and self-actualization. This latter concept was introduced by Kurt Goldstein (1939) as the basic drive of a healthy organism and was adopted under the names of self-actualization, self-realization, or individuation by all humanistically oriented psychologists.

There is a similarity to the Aristotelian notion of entelechy, or potency, and also to the notion of essence by which the goals of personality growth and thus the state of mental health are defined. Self-actualization, or personality growth, is the most important notion of this school of psychology. It can be interpreted in three ways. The first interpretation is the Aristotelian one wherein human beings are endowed at birth with an entelechy, or potency, to develop the essence of humanness (the perfect man). Development towards this goal is teleologically determined—the essence is already present, potentially, in the entelechy and it precedes, or determines, existence. Individual differences are accidental and are played down. The second interpretation stresses individual differences in the developmental or genetic endowment potentials. If optimal environmental conditions are provided, individuals will divergently develop their unique characteristics. Essence still precedes existence, but it is no longer the common human essence but a unique, individual essence. Finally, the third approach maintains that the individual is not determined by an entelechy but that he transcends himself by his creative acts. To put it differently, the individual creates himself. Existence precedes essence. Existentialism, at least the Sartrean version, espouses the third approach to self-actualization.

It is not always clear where the American humanistic psychologists stand on this issue. A quotation from Maslow, the leading theoretician of the group, will illustrate this point. In a little book entitled *Towards a Psychology of Being*, Maslow (1962) devotes a chapter to “What psychology can learn from existentialists.” After indicating that the American humanistic psychologists have been independently developing the same ideas as the European existentialists, he expresses scepticism about terms like essence, existence, and ontology used by existential philosophers and considers only the concept of personality identity as useful, because it “can be worked with empirically” (Maslow, 1962). As far as the interpretation of the process of self-actualization is concerned, he (1962) states:

The Europeans are stressing the self-making of the self, in a way that the Americans don’t. Both the Freudians and the self-actualization and growth theorists in this country talk more about discovering the self (as if it were there waiting to be found) and of uncovering therapy (shovel away the top layers and you’ll see what has been always lying there, hidden). To say, however, that the self is a project and is altogether created by the continual choices of the person himself is an extreme overstatement in view of what we know, e.g., the constitutional and genetic determinants of personality. This clash of opinion is a problem that can be settled experimentally (italics added).

Further, in connection with the time dimension and the orientation towards future in existential philosophy, Maslow (1962) states:

I think it fair to say that no theory of psychology will ever be complete which does not centrally incorporate the concept that man has his future within him, dynamically active at this present moment. In this sense the future can be treated as a-historical in Kurt Lewin sense (italics added).

It seems that the goals, situated in the future, are conceptualized as the Aristotelian potencies or entelechies determining the growth of the organism in a certain direction, thus implying that the essence precedes existence. Allport (1955), in his book *Becoming*, also devoted a few pages to the problem of personal freedom and implied that although personal freedom is experienced subjectively, nevertheless, from the objective point of view, when all the factors are
known, the behaviour is predictable and therefore determined.

According to Maslow self-actualized people are mature. They are characterized by a clear perception of reality, openness to experience, personality integration, spontaneity, and expressiveness. Further, they display self-acceptance, autonomy, uniqueness, and the acceptance of others. The self-actualized people are creative, original, have a democratic character structure, and are problem centered. They have the capacity to give and to receive love. Finally, they are characterized by self-transcendence and a high frequency of peak experiences. Maslow has compiled the above list of character traits and values from his observation of mature, superior persons who, he believes, have achieved self-actualization. During peak experiences, which have a profound mystical quality, the state of self-actualization becomes enhanced. The self-actualizing people enjoy superior mental health, have high moral standards, and come close to being perfect specimens of human species. Maslow, of course, does not minimize the importance of the unique characteristics and idiosyncrasies of each individual personality, but he focuses on general properties of humanness. The latter is the essence of man, which Maslow defines as “fulfilling the concept of ‘human being’” (1962). A person is born with the potential to attain full humanness, in the same way as an acorn has the potential of becoming an oak tree.

There is a similarity between Maslow’s views and those of Aristotle, particularly as expressed in the latter’s *Nicomachean Ethics*. According to Aristotle the end, or purpose, of each object is to be itself. The purpose of each man is to actualize himself to be himself, to achieve the state of *eudaimonia*, or self-fulfillment. This state is synonymous with attaining goodness and happiness. Both Aristotle and Maslow believe in naturalistic ethics: the values are inherent in the nature of man, to be discovered and realized by him. However, there is an important difference. Aristotle had a static conception of human nature. He identified the fulfillment of man with the fulfillment of his function, conceived to be his social role. His fulfillment depended on how effectively he performed it. Therefore, the fulfillment of a free man was different from that of a slave. For Maslow self-fulfillment, or self-actualization, means attaining certain personality and cognitive characteristics that are independent of one’s social role and culture. There is another difference between Aristotle and Maslow. For Aristotle, the self-actualization of man meant the realization of his intellectual potential, of his reason. In contrast, Maslow’s concept of self-actualization comprises the realization of both the intellectual and the emotional potentials. For Maslow, emotions and feelings are of equal importance to the intellect.

However, it seems that Maslow comes close to the Aristotelian interpretation of self-actualization when he describes the characteristics of the self-actualizing man as the ideal, final goal of personality development and of mental health. On the other hand, Rogers and Allport stress individuality, uniqueness, and the divergence of human developments, thus coming close to our second interpretation of self-actualization. In addition, Maslow associates striving with deficiency needs and self-actualization and mental health with the final state of being. In contrast, Allport and Rogers identify the process of becoming and of constant growth of personality with mental health. Maslow appears to subscribe to the Aristotelian notion of the final state, the natural equilibrium, as the ideal goal of development and to the notion of the Parmenidean unchanging ultimate reality. Allport and Rogers, on the other hand, seem to view man and the world in terms of the Heraclitean notion of constant change and flux.

Another feature that characterizes humanistic psychology is anti-reductionism. Both behaviourism and the Freudian theory attempt to reduce human behaviour to a few simple, elementary, biological processes such as physiological drives, animal instincts, and conditioned reflexes. Similarly, some social scientists reduce the unique individual to the social roles he is playing. The behaviourists explain complex human behaviour, such as religious or esthetic experiences, ideological commitments, and artistic creativity, as products of a few physiological drives (hunger, thirst, pain avoidance, and sex) and by simple Pavlovian and operant conditioning. The psychoanalysts explain the higher reaches of human behaviour as a manifestation of oral, anal, or urethral libidinal impulses and as a manifestation of psychosexual fixations during the first four years of life. Both behaviourism and Freudian psychoanalysis use the homeostatic model as an explanation of human and animal motivation. According to this model, a physiological need produces a drive that the organism tries to reduce by performing the appropriate act. As soon as the drive is reduced, a state of equilibrium is achieved and the organism
becomes quiescent. In general, the behaviourists reduce the human to the animal behaviours, using the white rat or the pigeon in the Skinner box as a model. The anthropomorphism of the nineteenth century animal psychologists has been replaced by the zoomorphism of the twentieth century behaviourists. Moreover, the behaviourists do not make allowance for species differences. According to them, the same laws of behaviour apply to the goldfish, to the white rat, and to man. They do not take into consideration the possibility that, apart from the level of intelligence, there may be some behaviour characteristics that are peculiar to man, as there are some peculiar to the cat or white rat.

Humanistic psychologists object to reductionism; they explain such complex behaviour as artistic creativity or religious experience on its own level. This explanation may be based on new principles and new laws and may require the development of new research methods. Moreover, it may be pointed out that the behaviourists and the Freudians have laboured under wrong assumptions regarding biological organisms. Experimental studies have shown that homeostasis does not explain animal behaviour. Animals find sensory deprivation and monotony stressful. They actively seek novel stimulation and information input even when their organic needs are satisfied. Animals exercise their functions and master skills without any extrinsic reinforcements. The homeostatic model is based on the mistaken notion of the organism as a closed instead of an open system (von Bertalanffy, 1968).

The humanistic psychologists subscribe to a concept of man that is different from that of the behaviourists and the orthodox psychoanalysts. Allport (1955) distinguishes two traditional views on the nature of man. The first one is the Lockean. This view assumes that the human mind is a tabula rasa on which the impressions coming from the physical and social milieu are imprinted. Man is regarded as basically passive and only reacting to external forces. He is molded by the external environment to which he becomes adapted by social learning. This view stresses the average man and adjustment and tends to regard behaviour as being determined by past conditioning and learning.

Allport calls the second view of human nature Leibnitzian. According to this view, man is an active agent, initiating actions. He is not merely a passive object reacting to environmental forces but is the source of purposive acts that actualize his potential. Consequently, man's behaviour is not mainly determined by his past learning but also by goals and purposes that lie in the future. Thus, human behaviour is self-determined rather than externally determined. This distinction between the Lockean and the Leibnizian idea of man is almost identical to that made by Harré and Secord (1972) between a mechanistic and an anthropomorphic model of man. The humanistic psychologists accept the Leibnizian view of man, while the behaviourists subscribe to the Lockean one. The Freudian position lies somewhere in the middle.

Two other diametrically opposing views of man are those of Thomas Hobbes and Jean-Jacques Rousseau. The Hobbesian view is that natural man is intrinsically bad, animal-like, and that he becomes civilized and humanized by society. Accordingly, the society is the source of higher levels of human behaviour and the source of values and morals. In contrast, Rousseau, and before him John Locke, regarded natural man as intrinsically good, although corrupted by civilization. According to the Hobbesian view there is a split, a discontinuity, between the natural order and the moral order. The roots of the former originate in the physical world, while the roots of the latter lie in the society. Rousseau, however, envisages a continuity between the natural and the moral orders. The latter emerges from the former. Therefore moral values can be discovered in the natural order. Humanistic psychologists have tended to adopt Rousseau's view of man, while the Freudians and the behaviourists adhere to the Hobbesian one. They maintain that the animal side of man is basically evil and has to be subdued by society. Accordingly, only a civilized man, a member of a society, is capable of moral and esthetic feelings, of altruism, and of religious experiences. Humanistic psychologists, on the other hand, believe that the potentialities for these capacities exist in man as a biological organism waiting to be actualized. They can probably only be fully actualized by a superior man who enjoys perfect mental health, is creative, and who epitomizes the design for a good life. Such a life realizes moral and esthetic values, which are the beacons guiding the personality towards its full actualization. Moral and esthetic values, which are at the bottom identical with one another, exist objectively in the natural
order to be discovered empirically. Thus, some humanistic psychologists subscribe quite explicitly to ethical naturalism. Together with the ancient Stoics, they claim to be able to discover what ought to be in what is. Consequently, they reject ethical subjectivism and cultural relativism. Further, they believe that positive mental health is identical with superior morality and the implementation of ethical and esthetic values. One could ask, How are values to be discovered and how may the criteria of positive mental health be established? The answer of the humanistic psychologists to this question is clearly spelled out by Maslow (1962): it can be found by observing superior, self-actualizing people. Full self-actualization is an ideal approached only by few. It cannot be defined by averaging human characteristics and by using the average man as the norm. Other humanistic psychologists, such as Carl Rogers (1961), discover the criteria for mental health and valuation in the unfolding growth of an individual personality in the course of psychotherapy.

The problem of the role of values in psychotherapy is discussed by Charlotte Bühler (1962). In contrast to Heinz Hartmann (1960), who believes that the psychotherapist is a technologist and as such is neutral as far as the patient's values are concerned, Charlotte Bühler believes that the psychotherapist has to help the patient to attain the proper value orientation. According to her view, many cases of psychoneurosis are due to a commitment by the patient to a wrong value system or to a value conflict. A psychotherapist cannot be value-neutral, because every system of psychotherapy implies a set of values. For instance, Philip Riess (1959) has suggested that the Freudian system advocates a certain set of moral values that are embodied by the mature, genital character. Charlotte Bühler believes that a psychologically healthy individual establishes a clear hierarchy of values. Healthy development is associated with the realization of values intrinsic to the personality, the values of maturity, self-fulfillment, and values stressing meaningfulness of life. On the other hand, a neurotic development is guided by values extrinsic to the personality, by a quest for success, and by the achievement of social status. Similar views are held by Maslow and Allport. According to the former, psychotherapy is a search for inner, intrinsic values. It is a search for self-identity, the true self. Similarly to Socrates, Maslow believes that unexamined life is not worth living. Self-knowledge leads to enlightenment and makes it possible to distinguish the right conduct from the wrong. Self-knowledge, therefore, produces a knowledge of virtue, which is self-rewarding. Allport believes that psychoneurosis may be due to stunted personality growth and to valuelessness, a lack of purpose in life. On the other hand, positive mental health is associated with self-determined, oriented becoming. It is based on free choices and a consistent value system.

The relationship between morality and psychotherapy has been critically discussed from the point of view of analytical philosophy by Joseph Margolis (1966). He does not share the view of some humanistic psychologists that moral values can be discovered by empirical enquiry, and he accuses them of the naturalistic fallacy. Moreover, while there are some value judgements, Margolis calls them findings, such as the state of physical health, which are relatively objective; they do not apply to the characteristics of a self-actualizing personality. The latter belong to the category of appreciative judgements, such as those of works of art that express personal preferences. According to Margolis, positing the ideally self-actualized man as the criterion of perfect mental health represents a quest for human essence. The attribution of essence can be made to an object that, like a knife, performs a definite function. Such an attribution does not apply to man. Man has no essence.

Historically, the theory of morals and ethics may be seen in terms of two traditions. Some moral philosophers, such as Aristotle and the English Utilitarians, have based morality on human happiness, well-being, and on the concept of good. These are the eudaimonistic ethical systems. Others, such as Kant, have regarded morality as being founded on duty, justice, and the concept of right. The ethical system advocated by Humanistic psychologists and implied in their concept of positive mental health is eudaimonistic. It represents morality based on the quest for happiness and good. The problem of human happiness is an important point of disagreement between the humanistic psychologists and the existentialists. There is a kind of Pollyannaish optimism about the goodness of human nature and of the world in the writings of the American humanistic psychologists that is not shared by the existentialists.

The emphasis on happiness and well-being may be illustrated by Maslow's theory of motivation. Maslow (1954) has proposed a the-
ory of motivation based on the hierarchy of needs. The lower needs are deficiency needs. They continue to be aroused so long as they are not satisfied, after which they become quiescent. The lowest in the hierarchy are physiological deficiency needs such as those for food, water, sleep, or sex. Higher in the hierarchy come psychological deficiency needs such as the ones for safety and security; still higher come the needs for love, belongingness, esteem by others, and self-esteem. At the top of the need hierarchy are growth needs such as those for knowledge and creativity. The highest is the need for self-actualization. According to Maslow the deficiency needs have to be satisfied before the individual can begin self-actualization. This is contrary to the beliefs of existentialists such as Frankl (1968). The latter found his personal meaning of life while he was in a state of extreme physical deprivation in a concentration camp. The same applies to an artist who creates great works of art while starving in a garret (Maddi, 1968). This point has also been stressed by Casimir Dabrowski (1964) in his theory of positive disintegration. Dabrowski maintains that higher and new personal values are created through suffering and a disintegration of the previous personality adjustment at a lower level. This idea is in agreement with the general ethos of existentialism.

It is believed by the humanistic psychologists that by investigating man and society scientifically, it will be possible to discover humanistic ethics based on nature and therefore the essence of man. Further, it is believed that when the society is based on humanistic ethics, the millennium will arrive. This theme is particularly prominent in the writings of Erich Fromm (1965). The existentialists do not share this optimistic faith in Utopia. Humanistic psychologists often identify the quest for happiness with positive mental health. Existentialism, on the other hand, is not a philosophy of happiness—it is a philosophy of courage and emphasizes human dignity as its key value, and as such, although not based on the Kantian categorical imperative, it comes closer to espousing a morality of duty rather than that of happiness.

The humanistic psychologists have distinctive views on science and on scientific methodology. In contrast to the existentialists and to more romantically oriented humanists, they do not reject science. They only maintain that the behaviourists have adopted a wrong paradigm of science that is based on classical, Newtonian physics. This classical paradigm as well as the doctrine of logical positivism associated with it have recently been questioned by contemporary philosophers of science (Feyerabend, 1970; Kuhn, 1962; Polanyi, 1958). Abraham Maslow (1966), who offers a clearly articulated description of a model for humanistic science, may serve as the spokesman for the whole group: "I believe mechanistic science (which in psychology takes the form of behaviourism) to be not incorrect but rather too narrow and limited to serve as a general or comprehensive philosophy" (1966). These views are shared by Floyd Matson (1964), who considers the model of physical science when applied to human beings as dehumanizing and mechanistic. Maslow (1966) suggests that the orthodox science of human behaviour is preoccupied with its negative aspects such as mental illness, subnormality, and crime. It disregards the higher forms and positive aspects of human behaviour such as artistic creativity, mystical experiences, and altruism. The preoccupation of psychology and of sociology with the inferior, the pathological, and the troublesome has also been pointed out by Pitirim Sorokin (1950, 1956).

Furthermore, behavioural psychology is mainly concerned with the average man, disregarding superior and outstanding people, and thus is oblivious to the higher reaches of human nature. This psychology considers only objective behaviour as amenable to scientific investigation, and ignores subjective experiences. It uses nomothetic rather than idiographic methods. In contrast, the humanistic science of psychology studies complex and superior manifestations of human behaviour; it studies the outstanding and gifted people, who display creativity and superior mental health. It focuses on subjective, conscious experiences and on human uniqueness. Self-knowledge and the immediate inner experiences are considered important and serve as guides to self-actualization, to mental health, and to moral behaviour. Therefore, humanistic psychology tends to use, in personality research, the idiographic rather than nomothetic method. It studies the whole man rather than fragments of behaviour. Humanistic psychology is interested in the present state, the subject's goals and orientation towards the future, rather than in causal explanations and past determinants of behaviour. Furthermore, the humanistic researcher does not manipulate his subjects by conducting
experiments. He takes the passive attitude of a naturalistic observer, being receptive to emerging truth rather than imposing his theories on observations. This method is called by Maslow Taoistic science. Above all, the humanistic researcher is problem rather than methods oriented.

**Contributions of Individual Humanistic Psychologists**

The space available does not permit presenting in detail the views of all humanistic psychologists. Only a few of the most important points are singled out for discussion.

Carl Gustav Jung and Otto Rank, originally followers of Freud, may be considered important European precursors of the contemporary American Third Force humanistic psychology. Although they sought to explain human behaviour by psychodynamic forces originating in the unconscious, they made a clear breakaway from Freudian reductionism. These authors stressed in their writings personality growth, self-actualization, and the spirituality of man.

According to Jung (1953) the goal of personality growth was self-individuation and self-realization. It aimed at the differentiation of underdeveloped personality functions and their integration into the self. Jung's explanations were teleological, stressing purpose and orientation towards the future. He emphasized the spiritual needs of man. Psychoneurosis according to Jung was due to a thwarted personality development and a failure of self-realization. It caused suffering, but it could also have a positive effect, because the regression occurring in it was associated with a mobilization of creative unconscious forces.

Otto Rank (1932, 1950, 1964), who was influenced by the philosophies of Arthur Schopenhauer and Friedrich Nietzsche, stressed in his writings irrationalism and voluntarism as the key concepts to the understanding of human nature. He also stressed the freedom of will and the self-determination of the ego. Rank replaced the concept of Freudian super-ego by that of self-ideal, which was not, however, an internalized parental figure. He believed that it embodied the intrinsic values created by the self instead of the extrinsic parental ones. He also emphasized individuality, uniqueness, and creative self-actualization as the goals of personality development. He saw man as being torn by conflicts: will versus impulse, individuality versus conformity, spirituality versus biological instincts, and the most important, the fear of life versus fear of death. Consequently, there was a conflict between the desire to procreate biologically and the desire to assert man's spirituality by attaining cultural immortality as a hero or an artist. The normal, average man was a conformist. He did not assert his individuality and did not self-actualize. He played safe by conforming to collective norms. The hero asserted his individuality by creating new ethical values and the artist by creating new esthetic ones. The neurotic was a failed hero or a failed artist (artiste manqué). He detached himself from the collectivity in an attempt to become an autonomous individual. However, his fear of life prevented him from achieving full self-actualization. He was alienated from the society, disoriented, and overcame by existential guilt because he did not realize his potential. His level of development was higher than that of the normal, conforming man but lower than that of the artist or the hero.

The contemporary Third Force humanistic psychologists can be divided into those who emphasize becoming, the process of personality growth, and those who stress being, the final state of self-actualization and the goal of personality growth. In addition, the first group emphasizes the individuality and the uniqueness of each person, while the second focuses on the general characteristics of self-actualizing people who enjoy a superior mental health. Thus, according to the first group, individual developments diverge, while according to the second they converge towards a common goal. These emphases are, of course, only relative, as both groups admit the existence of general and well as of unique personality traits. The

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1 There is a similarity between Maslow's Taoistic approach to science and that of Francis Bacon (1965). In The New Organon, the latter advocates laying to rest the idols of the Tribe, the Den, the Marketplace, and the Theatre, and observing the external world with an open mind without any preconceptions. As a result of this procedure, the regularities in the observed facts would be inducted, and truth would be revealed to a passive mind. This approach to science is vigorously opposed by Karl Popper (1965), who believes that truth has to be actively extracted by making conjectures and attempting to refute them.

2 The first group of humanistic psychologists embrace the Heraclitean concept of man, man as a flux of becoming. The second subscribe to the Aristotelian-Parmenidean concept of man as tending towards the final, immobile state of being.
views of Gordon Allport and of Carl Rogers exemplify those of the first group, while the already discussed views of Abraham Maslow those of the second.

Gordon Allport (1937, 1955) has opposed the reductionistic trends of behaviourism and of psychoanalysis. He has developed a theory of functional autonomy of motives and of personality traits. Although motives can originate from primitive biological drives, they become entirely changed during their development. Allport is interested in the spirituality and in the religious experiences of men. He believes that psychology should be concerned with humanistic problems and focused on the individual person. Consequently, its method should be idiographic rather than nomothetic. Allport (1955) sees the human personality as a process of becoming without a final goal. An arrest of this process leads to stagnation and psychological ill health. During this continuous personality growth an individual is developing an autonomous schema of values to guide him. Consequently, clinical psychology cannot be value-free. He points out that the moral treatment of the insane, introduced by Philippe Pinel, gave better results than the treatment based on scientific psychology.

Carl Rogers (1959, 1961, 1965; Van Belle, 1980) is perhaps the most important American humanistic psychologist, who has profoundly influenced psychotherapy and clinical psychology. In his earlier period, Rogers (1965, 1959) was concerned with personality structure and the concept of self. He believed that psychoneurosis was caused by a perceived discrepancy between the ideal self and the actual self. The ideal self was often founded on extrinsic standards alien to the person and originating with others. The conflict between the extrinsic and intrinsic valuations led to a stunted personality growth and regression to more primitive levels of development. The nondirective client-centred therapist had to accept the client totally as a unique person and to give him unconditional positive regard. In such a permissive, accepting climate the awareness of actual self expanded and was followed by the natural personality growth towards the goal of self-actualization. The psychotherapist did not impose his standards and interpretations on the client but rather let his natural development unfold. Rogers believed that each client was unique and that applying diagnostic labels was meaningless and even harmful.

More recently, Rogers (1961) has abandoned his previous interest in personality structure and has come to view man as continuous actualization process that strives to enhance itself. It is an ongoing, unending Heraclitean flux, ever thrusting forward towards more mature, complex forms of development. Under the influence of Eugene Gendlin (1962), Rogers has come close to the European existentialist point of view. He focuses now on the actual act of experiencing, rather than on its contents, and on the interpersonal encounter. Following the tradition of Wesleyan Evangelical brand of American Protestantism (Hudson, 1961), Rogers puts the individual above the society and stresses the freedom of man. He may be classified, according to our scheme, as a romantic humanist. However, he believes that there is a communality underlying all unique individual values making possible the existence of a social order. In recent years, Rogers has focused on the role of the existential encounter in psychotherapy.

The theory of encounter has been further elaborated by Sidney Jourard (1964) as the psychotherapy of self-disclosure. Jourard believes that open communication without dissemblance is essential for personality growth and self-actualization. In a genuine existential encounter based on I-Thou instead of I-It relationship (Buber, 1958), the mask of deception is dropped and the authentic self, which was hiding previously behind a social role, is revealed both to the subject and his partner. This process leads to personal growth, spontaneity, and self-actualization, associated with a superior mental and physical health.

The Humanistic Model of Mental Illness, Summary

The humanistic model of mental illness is similar to the existentialist one. From the practical point of view there is little difference. Both models envisage the same kind of psychotherapy—the existential encounter. Van Kaam (1962) regards the Rogersian client-centred therapy as being of an existential type. The basic attitudes towards the client are the same, although there may be some differences in the metaphysical assumptions regarding human nature. Moreover, in recent years there has been a significant convergence of the views of the American humanistic psychologists with those of the European existentialists. The points made in the previous discussion of existen-
tial psychotherapy apply, therefore, in the present context.

The humanistic psychologists envisage a continuity model of mental illness. According to them psychoneurosis is caused by a failure of personal growth. They have been strong advocates of the positive mental health concept. Actually, they appear to be more interested in mental health than in mental illness. Mental health is not identified with the idea of an average, reasonably well-adjusted, man. It is an ideal state that only a few superior individuals approach. The envisaged continuum stretches from the ideal of perfect mental health at the positive end to severe mental illness at the negative end. The ideal of perfect mental health coincides with the state of full self-actualization, which is also only an ideal approached by few. Theoretically, the standards provided by ideal mental health might be valid for the whole human species (Homo sapiens), for members of a culture or a historical epoch, and finally for each unique individual. Humanistic psychologists are unanimous in rejecting cultural relativism, and they regard the criteria of positive mental health to be transcultural. They are less clear about the other two options. Maslow appears to believe that the characteristics of the fully self-actualized man and therefore the standards of positive mental health are valid for the whole human species. Rank and Rogers seem to favour the other option. They appear to believe that each unique individual provides his own idiosyncratic ideal standard for self-actualization and positive mental health. The continuum, which stretches from maximally positive to maximally negative mental health, presents a spectrum of varying conditions. Self-actualizing persons occupy the positive end of the continuum. The relatively well-adjusted, noncreative conformists, who constitute the bulk of the population, occupy the middle range. The overt psychoneurotics can be placed closer towards the negative end, and the severely sick psychotics are at the negative end of the continuum.

There are some similarities between the theories of the humanistic psychologists and those of the psychoanalysts, in particular of the ego psychology variety. The humanistic psychologists place the self at the core of conscious experience. Organismic experiences, which are outside of the self, are disowned and repressed. The purpose of psychotherapy is to expand the self so that it will encompass the totality of organismic experiences. Thus, there is a similarity between

the non-self's organismic experiences and the Freudian unconscious. However, there is one important difference. Humanistic psychologists regard the non-self's organismic experiences as beneficial, a source of creativity and humanity. The influences that turn an animal into the human do not come from the external social world. They come from the inside, from the core of the personality. The orthodox Freudians, in contrast, regard the unconscious as the source of evil and of antisocial impulses that have to be kept in check by the society. The external social forces mould a biological organism into a human being.

In contrast to the existentialists, who are neutral on the issue, the humanistic psychologists altogether reject the medical model. They find it dehumanizing and instead view mental illness as a moral problem of an individual who fails to become a complete person. This moral problem is a disease only if the latter term is used in a metaphorical sense.

Supersanity Models of Mental Illness

Supersanity models are offshoots of the humanistic model of mental illness. Their proponents identify themselves with the humanistic movement. Their views on the nature of man are essentially the same as those of humanistic psychologists. They emphasize personality growth and self-actualization. However, they regard mental illness, or some of its types, as a positive development beneficial to the subject. According to this model some types of mental illness are manifestations of a personality development towards higher emotional and spiritual levels of functioning. The sequel is a state of enlightenment, a better insight, a better integration, and a revelation of the true self.

Several authors have mentioned that in some cases regression to more primitive stages of personality development, occurring in mental illness, could have a beneficial effect on personality growth and on creativity. Kris (1952) described regression in the service of the ego. Wild (1965) referred to the same phenomenon as an adaptive regression. Rank (1932) regarded the neurotic as a failed artist (artiste manqué), who was at a higher level of personal development than a normal conformist. Jung (1953) stated that psychoneurosis
and even schizophrenia could in some cases have a beneficial effect, because it would lead to the mobilization of unconscious forces, followed by an integration of the personality on a broader basis. Erich Lindemann (1960), in his theory of psychological crisis caused by a loss of significant interpersonal relations, made allowance for the possibility of subsequent personality reintegration at a higher level. Anton Boisen (1936), on the basis of his own brief psychotic experience and of his work as a hospital chaplain, came to the conclusion that psychosis represented a character crisis. As a result of this crisis an individual may either regress in the direction of deterioration or may progress toward character reorganization on an ethically and socially higher level. French and Kasanin (1941) presented the hypothesis that schizophrenic episodes may be transitions from inferior to superior levels of adjustment. Perry (1962) has stressed the self reconstitutive aspects of psychopathology. Two more recent theories of mental illness are firmly based on the supersanity model. The first one is the theory of positive disintegration developed by Casimir Dabrowski. The second one is the psychedelic model of schizophrenia proposed by R. D. Laing and his collaborators. While the positive disintegration model applies only to psychoneurosis, the psychedelic model is concerned with psychosis.

**Dabrowski's positive disintegration model**

Casimir Dabrowski (1902-1980) (1964, 1967, 1972), in several books and articles, presented a theory of positive disintegration of personality and of mental illness. Dabrowski is a personality growth theorist who believes that every human being has a propensity for personality development that aims at attaining higher levels of its integration and functioning. Dabrowski is a neo-Jacksonian (a follower of Hughlings Jackson, 1932). Like Jackson, he maintains that the nervous system contains a hierarchical organization of the levels of neural function integration. One of these is always actively dominant. Before the dominance shifts from lower to higher levels of integration, however, there must be a dissolution of the functions of the lower level and vice versa, from higher to lower levels. The higher levels of integration are associated with the complex psychological and symbolic functions that constitute human personality. Dabrowski uses the term personality only to describe the highest level of integration.

He defines it “as a self-aware, self-chosen, self-affirmed, and self-determined unity of essential psychic qualities, of fundamental individual and universal ‘essences’” (Dabrowski, 1972). Only few people reach the stage of personality, attain the status of personhood, or become real persons. The term individuality is used by Dabrowski to describe those who have attained only lower levels of development. Personal growth occurs throughout life but proceeds at a different rate in different individuals. The rate depends on the constitutional and the social-environmental factors. However, a higher level of development is accompanied with the appearance of the third factor, which produces the self-determination of growth. At higher levels of development man becomes autonomous and relatively independent from his hereditary endowment and his social environment. He attains freedom, and his humanness is enhanced.

Dabrowski distinguishes the following levels of personality integration, from lower to higher: primary integration, unilevel disintegration, spontaneous multilevel disintegration, organized multilevel disintegration, and secondary integration. An individual at the level of primary integration is largely only a biological organism; his main motives are physiological needs. He tends to adjust passively to the environment. From the psychological point of view he may be described as a closed system. Such an individual is not capable of higher feelings and empathy with other people. The unilevel disintegration is characterized by recurrent conflicts among physiological, instinctive drives at the same level of psychological functioning. These conflicts result in ambivalences and ambidencies towards external objects. The individual has no control over his condition and no insight into it. The unilevel disintegration manifests in physiological disturbances and psychosomatic symptoms. The stage of spontaneous multilevel disintegration is characterized by the simultaneous existence of lower and higher levels of personality integration (multilevelness) and by a conflict between those levels. There are different sets of values associated with the two levels. The multilevelness is further characterized by a tension that is due to the directionality of development, from heteronomy to autonomy, and from the world of facts to the world of ideals. The individual’s behaviour comes to be influenced to a greater degree by the inner psychic milieu than by the external factors. The individual experiences disquietude, astonishment,
and dissatisfaction with himself, as well as the feelings of inferiority and of guilt. He is prone to self-reflection. At the stage of organized multilevel disintegration the growth of personality becomes self-controlled and shaped to measure up to the ideal standards posited by the individual. Such dynamism as subject-object in oneself and the third factor come to dominate psychic transformations. The conduct becomes self-determined and guided by the values and ideals intrinsic to the personality. There is growing preoccupation with spiritual, philosophical, and ethical concerns. The final stage of the secondary integration, or of the full self-actualization, remains for the great majority of people an unattainable ideal. Dabrowski postulates the existence of a natural and objective system of values that constitutes a hierarchy of higher and lower values. This system becomes evident to the individual during the unfolding of his personal growth.

The process of growing from lower to higher levels is painful and is associated with maladjustment, suffering, and unhappiness. It is commonly described as psychoneurosis. In his book, *Psychoneurosis is not an illness*, Dabrowski (1972) states:

> The majority of psychopathological conditions, such as nervousness, neuroses and psychoneuroses, are—from the standpoint of the theory of positive disintegration—behavioural patterns of inner, mental changes of a positive character. . . . By "positive" we imply here changes that lead from a lower to a higher (i.e., broader, more controlled and more conscious) level of mental functioning. The process of change may involve mental disharmony, loosening of functions or even mental disorder.

Thus, for Dabrowski psychoneurosis is a creative process, causing suffering, but also leading to higher levels of personal development. Moreover, it is conducive to literary, artistic, and philosophical creativity, as illustrated by such authors as Fyodor Dostoyevsky, Franz Kafka, and Marcel Proust, such painters as Vincent Van Gogh and Toulouse Lautrec, and such philosophers as René Descartes and Søren Kierkegaard. Certain types of psychoneuroses are associated with the lower levels of development, certain others with the higher ones. Organ neurosis (psychosomatic conditions) and hysteria are associated with the lower, while existential (noögenic) psychoneurosis is associated with the higher levels of disintegration. The level of primary integration is often associated with constitutional psychopathy, character-

ized by a superficial adjustment, but also by a stunted personality growth.

In addition to positive disintegration there exists also the negative disintegration. It consists of dissolution of higher psychological functions and a regression to a lower level of development. The causes of this condition are usually organic. Dabrowski considers schizophrenia, and generally psychosis, as a product of negative disintegration. However, there are a few benign cases of psychosis in which under certain fortunate environmental conditions, or in the presence of a well-developed inner psychic milieu, the regression is arrested and reversed. Personality growth is resumed and the outcome is positive, leading to a higher level of development than before the illness. According to Dabrowski, Clifford Beers (1948), the originator of the Mental Hygiene movement, was one of such cases.

**The psychedelic model of schizophrenia**

The term psychedelic was used by Siegler, Osmond, and Mann (1971) to describe R. D. Laing's theory of schizophrenia, which he views as a spiritual healing process. To appreciate it fully, Laing's theory must be examined within its historical and cultural context.

The rise of the counterculture (Roszak, 1969) of the sixties revived interest in mystical, transcendental, and occult experiences. It also has revived interest in esoteric, oriental religions and cults. Many authors (e.g., Ornstein, 1972) have pointed out that in addition to the ordinary mode of consciousness, concerned with practical matters and everyday reality, there is another mode of consciousness that occurs in mystical and transcendental experiences. These experiences take place outside of normal time and space and are characterized by the disappearance of boundaries separating individual objects and of the polarity between the subject and the object. The horizon of consciousness is expanded, phantasies become real, and the impossible becomes possible. There is a novel perception of the world and a deep insight into its nature. There is a feeling of enlightenment and a feeling that a transcendent truth has been revealed about the self and the universe. These states often have a deeply religious, *numinous* character—a feeling of being in touch with the absolute. Sometimes they are accompanied by schizophrenic-like experiences such as hallucinations, feelings of influence, and of
telepathic communication. At the same time, many authors who have studied the schizophrenic experiences have suggested, that some of them are similar to the mystical. Jaspers (1963) describes experiences in schizophrenic patients that possess the character of transcendental states. Conrad (1958) has studied the apophanous experiences, occurring in early schizophrenia and bearing a striking similarity to those reported by mystics. The schizophrenic language, full of pseudometaphors and allegories, has been compared to the language of mystics and prophets.

In the past, mystical experiences were associated with various religious systems and cults in literate and preliterate cultures. They were achieved by the practice of meditation, of physical exercises, of asceticism, and by withdrawal from social contacts. In some cultures, such as those found in Central America, mystical experiences were induced by ingestion of hallucinogenic substances found in plants. All the great religions of the world have had mystical traditions. The Christian mysticism is exemplified by such mystics as St. John of the Cross and St. Theresa of Avila. However, the tradition of mysticism in the Oriental countries has been much stronger than in Europe. This tradition is represented by the Sufis and Dervishes in the Moslem world, by Yogis in India, and by Zen-Buddhists in Japan.

In the West, in the course of the past two or three hundred years the tradition of mysticism has been suppressed and has waned. Modern Western man has tended to turn away from inner experiences and has become preoccupied with the external world, regarded by him as the touchstone of reality. The social institutions that used to canalize mystical experiences have ceased to exist. As a result, Western man has lost a frame of reference and the skills necessary for handling these experiences when they occur spontaneously.

The studies of different cultures, both preliterate and literate, have indicated that mystical experiences may play an important role in solving the problems of the individuals and of the society. They may be used to heal spiritual and physical ills, as when the state of satori, or enlightenment, is attained through Yoga practices. Mystics who become prophets may perform an important social role by pointing out a new direction for cultural development and paving the way to important social reforms. Every culture develops its own mode of adjustment to the environment. It produces its own technology and its own way of thinking and categorizing reality. The members of a tribe tend to perceive the world selectively through the spectacles of culturally preconceived ideas. Often, a large part of reality is ignored, since it has no cultural relevance. Such behaviour on the part of the group is adaptive so long as the environmental and economic conditions to which an adjustment has been made do not change. However, a change in the objective conditions is not always immediately followed by new adaptation because of the presence of the cultural lag. In this case the old ways of perceiving and thinking and the old practices become maladaptive. The mystic who turns out to be a prophet is capable of shedding the cultural blinkers and perceiving reality in a novel way. He develops new ways of thinking and points to new direction for his people. This was the role played by the prophets of the Old Testament and by the great religious reformers. In the contemporary Western world, this phenomenon is exemplified, on a smaller scale, by avant-garde artistic movements, such as Impressionism at the end of the nineteenth century. The world is perceived and painted by the avant-garde artists in a novel way that violates the old ways of perceiving and the accepted canons of art. Since the capacity for mystical experience and a novel way of perceiving is biologically useful, the genes determining this capacity occur with a certain frequency in the gene pool of a given population, sufficient to assure that there are always a number of potential mystics available. To put it differently, the predisposition to mystical experiences may be genetically determined. In cultures in which there are institutions for socially valid channeling of mystical experiences, a potential mystic will come to occupy the role of a prophet, guru, or shaman. In a culture where such institutions do not exist he may become a schizophrenic. A schizophrenic, therefore, may be a failed mystic. To paraphrase Otto Rank, he may be a mystique manqué.

The counterculture in the sixties revived the interest in mysticism in the West. The hallucinogenic drugs such as mescaline, LSD, psilocybin, and hashish were used widely to induce mind-expanding, psychedelic experiences. These experiences, if the trip was good, were equated with mystical experiences. Earlier on, Osmond and Smithies (1952) pointed out the similarities that existed between the experiences induced by hallucinogenic drugs and those occurring in
schizophrenia. This suggestion gave rise to speculations that schizophrenia was caused by a metabolic abnormality or variation that resulted in production of an endogenous bodily substance with hallucinogenic properties. Speculations of this nature gave further impetus to the notion that the schizophrenic may be a failed mystic, and resulted in the development of a “psychedelic” model of schizophrenia.

Gregory Bateson (1961), in a brief introduction to a nineteenth century autobiography of a schizophrenic patient, suggested that schizophrenia is a painful initiation rite, induced by the subject on himself. In the course of this initiation ceremony, the patient embarks upon a voyage of discovery to the nether regions of the mind and returns back to the normal world with new insights, denied to those who never made the voyage. The whole process involves the spiritual death of the subject followed by his rebirth. This theme was developed further by R. D. Laing (1967) and his collaborators. According to Laing (1967), “Madness need not be all breakdown. It may also be break-through. It is potentially liberation and renewal as well as enslavement and existential death.” He believes that schizophrenia is “a natural way of healing our own appalling state of alienation called normality” (Laing, 1967), during which the light breaks “through the cracks in our all-too-closed mind” (Laing, 1967). The doors of perception (Huxley, 1954) are wide open. Laing postulates two kinds of experience: the egoic and the ego-less. The egoic experience is the normal experience, concerned with the external reality and occurring in the space and time shared with others. The ego-less experience is a transcendental or mystical experience occurring in inner space and time. It is described as a “voyage from the outer to the inner; from life to a kind of death; from going forward to a going back; from temporal movement to temporal standstill; from mundane time to ‘aenic’ (eonian) time; from the ego to the self; from being outside (post-birth) back into the womb of all things (pre-birth)” (Laing, 1967). The voyage from the outer to the inner is ideally followed by a return to the normal, everyday world and an existential rebirth. However, because they lack skills to handle mystical experience, many people who embark on the voyage to the nether regions of the mind become wrecked and fail to return. They become disoriented, confuse the inner and outer reality, and remain entangled in the web of unconscious fantasies. As a result, for the rest of their lives they remain chronic schizophrenic patients in the back wards of mental hospitals. If the individual returns safely, he is integrated on a higher level of personality development and is psychologically and spiritually healthier than before he undertook the journey.

In his thinking Laing was clearly influenced by the ideas of Jung (1953). In the Jungian terms, the voyage from the outer to the inner meant a descent into the collective unconscious and a reintegration of the personality on a higher level with the help of archetypes. During his voyage to the dark, netherworld of the interior of mind, the individual needs a guide, a sensitive person, who preferably has before made the voyage himself. Thus, the schizophrenic patient needs a guru, a spiritual guide, to help him to avoid the perils of the spiritual voyage rather than a medical doctor to treat him. A critique of the psychedelic model can be found in the Siegler, Osmond, and Mann (1971) paper.

MORAL-LEGAL MODELS

The moral-legal models of mental illness are related to the humanistic models. However, they are not based on a growth or self-actualization theory of personality. Instead, they emphasize individual freedom, human rights, and moral responsibility. In contrast to the self-actualization models, the moral-legal models separate the moral order from the natural order and do not subscribe to a naturalistic theory of ethics. They are based on the morality of right and duty rather than on that of happiness, good, and eudaimonia, which constitute the moral foundations of the self-actualization humanistic school.

The moral-legal models regard the antisocial behaviour of mental patients as a breach of social or divine laws. Since these patients are free agents, responsible for their acts, they should suffer the legal consequences. At the same time, their legal rights should be protected, as are the rights of all other citizens. According to the proponents of the moral-legal model the label of mental illness on the one hand shields people from moral and legal responsibility, and on the other it interferes with their human, political, and spiritual rights. Justice,
freedom, and responsibility are considered the most important values by the proponents of this school.

**The Libertarian Model of Thomas Szasz**

In several books and articles, Thomas S. Szasz (1961ab, 1963, 1965ab, 1970, 1971, 1976, 1977) has discussed the concept of mental illness, the ethics of psychiatric treatment, drug addiction, and suicide. He is concerned with the logic and semantics of the language of psychiatry and with the moral implications of psychiatric practices. His book, *The Myth of Mental Illness* (1961a), offers a critique of the concept of mental illness and a semantic analysis of the psychiatric language. He believes that the terms illness or disease are inappropriate as a denotation for a socially deviant behaviour. It amounts to a category mistake, which results from applying terms belonging to a different universe of discourse from the one that is appropriate to the matter at hand. Following Ryle (1949), Peters (1958), and other members of the English ordinary language school of philosophy, Szasz distinguishes two kinds of descriptions of human behaviour: the first is in terms of physical movements and the second in terms of intentional acts. The former uses the causal type of explanation, based on the laws of natural science. The latter explains behaviour in terms of intentionalities, meanings, purposes, and rules. The first assumes that behaviour is causally determined, the second that it is rule governed. Finally, the first operates in the framework of biology, physiology, anatomy, and biochemistry. The second operates in the framework of semiotics and the communication, game, and role playing theories. Although they have the same referent, these two descriptions are in terms of two different languages that are mutually intranslatable. The term illness or disease belongs to the language of biology, physiology, and biochemistry. Therefore, it should not be used in the framework of describing interpersonal communication and games or descriptions concerned with the ethical problems of living. To quote Szasz (1961a):

> It is customary to define psychiatry as a medical specialty concerned with the study, diagnosis, and treatment of mental illness. This is a worthless and misleading definition. Mental illness is a myth. Psychiatrists are not concerned with mental illnesses and their treatment. In actual practice they deal with personal, social, and ethical problems in living.

The use of the term illness is only valid in cases where there is a definite organic, pathological lesion or physiological abnormality in the brain or other bodily system that causes an impairment of psychological functioning. Since such lesions have not been found in functional psychoses and psychoneuroses, the use of the term illness is in these cases inappropriate. They should be described and explained in terms of normative disciplines, which Szasz calls the moral sciences. These include logic, ethics, game theory, semiotics, and structural linguistics—all concerned with sets of rules.

Following Wittgenstein (1953), Szasz conceptualizes interpersonal communication and behaviour in terms of language games. The latter can be divided into object language and several metalanguages dealing with progressively higher levels of abstraction. In addition to those there is a protolanguage characteristic of the early stages of human development. It is an iconic language, concerned only minimally with conveying information but mainly with expressing affect and influencing other people. Hysterical patients in their interactions with other people use the iconic body protolanguage to communicate a state of helplessness and to cry for help. They are misunderstood by their game partners who use a different language. A psychotherapist tries to understand the patient's iconic bodily language and the game he plays in social settings.

In subsequent books Szasz discusses mental illness and psychiatric treatment from broad ethical, social, legal, political, and historical perspectives. He believes that since the so-called psychiatric problems are concerned with the conduct of a free and responsible individual they belong to the moral order and cannot be separated from ethical issues. Szasz takes a Libertarian stand on these issues. He does not believe in a naturalistic ethics. "We ought to know, however, that there is no necessary connection between facts and values, between what is and what ought to be" (Szass, 1977). Consequently, Szasz does not assume the existence of objective humanistic values. Instead, he believes in pluralism and diversity in society. For him the highest values are individual freedom, liberty, and dignity. These are more important to him than making people happy and relieving their suffering. The individual's rights come before those of the collective. In his thinking, then, Szasz follows the tradition of such social philosophers as John Locke, Thomas Jefferson,
authority, labels a social deviant as mentally ill, classifies him under a certain clinical rubric, and incarcers him in a mental hospital. Using the pretext of making a medical diagnosis, the psychiatrist denies to the psychiatric patient the due process of law, denies to him a fair trial, acts as the prosecutor, the judge, and the jury, and sentences him to an indeterminate term. Moreover, while inside the mental hospital, the patient does not have the same rights as a convict in prison. He ceases to be a person and becomes an object. He can be forced against his will to undergo different kinds of therapy, such as drugs, electroshock, or behaviour modification. Szasz sees the institutional psychiatrist as the modern version of the medieval inquisitor who sent heretics and witches to be burned at the stake. In the Middle Ages, the burning of witches was a part of the game played between the forces of good and of evil. Witches were sacrificed to maintain the stability of the social order. The commitment of a psychiatric patient to mental institutions may, nowadays, perform a similar function: the function of affirming the mental health ideology—the modern, scientific, version of theology. Szasz (1971) believes that since the maintenance of psychiatric institutions and the vitality of mental health ideology depends on a regular supply of mental patients the psychiatrists, at the present and in the past, have manufactured madness and have done so in the same way as the medieval witch-hunters manufactured witches.

Szasz, along with Scheff (1966), Laing (Laing & Esterson, 1970), and Cooper (1970) have implicitly proposed in their writings a conspiratorial model of mental illness (Siegel & Osmond, 1974). According to Szasz (1971) and Scheff (1966) the psychiatrist in collusion with the state labels certain social deviants as mental patients, deprives them of their freedom, and subjects them to the modern medical version of torture. In the Laing and Cooper version of the conspiratorial model, the collusion is between the members of the patient’s family and the psychiatrist. All these authors voice very strong antipsychiatry sentiments. They believe that psychiatrists and psychiatric institutions are detrimental to the welfare of the patients and constitute a threat to human rights. They go further than anybody else in condemning the medical model, finding it not only irrelevant but also actively detrimental and evil.
Szasz is against state medicine and against state institutions employing psychiatrists as the agents of the state. According to him, the only acceptable role for the psychiatrist is that of an agent or an attorney for the patient. In this role the psychiatrist promotes the patient's interests in his interpersonal conflicts and the problems of living. The psychiatrist is under a contract with the patient to promote his interests and help him to untangle his problems of living. Szasz (1965b) proposes a new version of the ethics of psychoanalysis. He suggests that the psychiatrist should view the patient not as medically ill but as a fellow man morally striving to solve his personal problems. He should not try to suppress or control the patient's conduct but instead should create conditions that would allow the patient to be free and make responsible choices for his own benefit. The influence of the psychiatrist on the patient should not extend beyond the therapeutic situation, so as to not encroach on the latter's autonomy. The ethical value inherent in the psychoanalytical procedure should be cooperation among equals. The patient should be helped to learn new communicative techniques and play new games that are more adaptive than the old ones.

**The Moral Transgression Model of Mental Illness of Hobart Mowrer**

The moral transgression model, or sin model, of mental illness has been proposed by Hobart Mowrer (1961, 1962). The idea that mental illness could be caused by sin is not a new one. Early in the nineteenth century, August Heinoth, a member of the German Psychological (Psychotiker) school of psychiatry, equated mental illness with sin. He believed that both were caused by a loss of the freedom of will and by a fall from grace. Earlier theories attributing mental illness to possession by the devil or to witchcraft were of the same nature. Modern psychiatry, based on scientific medicine and scientific psychology, have explained mental illness in naturalistic, morally neutral terms. Mowrer strongly disagrees with this explanation. According to him, "personality disturbance can be adequately understood only in an interpersonal, social, moral matrix" (Mowrer, 1961), and further that "neurosis is just a medical euphemism for a 'state of sin' and social alienation..." (Mowrer, 1961). Neurosis is a moral problem caused by real, not imaginary, guilt feelings, resulting from a real moral transgression or sin.

Mowrer (1961) believes that scientific materialism and positivism, associated with the development of natural sciences in the nineteenth century, had disastrous consequences when applied to the problems of the human mind and of human society. Man has lost his soul, his spirituality, and he has been relieved of moral responsibility for his deeds. Under the influence of the Darwinian theory of evolution, the human mind has come to be regarded essentially as an organ of adaptation used by a biological organism in its struggle for survival. This view of the human mind influenced both the Freudian psychoanalysis and the American functionalist school of psychology, the forerunner of behaviourism. Consequently, man has been regarded as a biological organism to be studied by the natural sciences. Mowrer separates the natural order from the moral and believes that the human mind and human society belong to the latter. The moral order is based on a system of absolute values, on the freedom of will, on moral responsibility, and on the conception of man as a spiritual being. As such, he relates to God and to other human beings. In his psychological theory, Mowrer is concerned mainly with the horizontal relations to other humans rather than with the vertical relation to God. Hudson (1961) distinguished two Protestant traditions: the Puritan tradition, which emphasized the objectively revealed will of God and stressed submission to law and order, and the more liberal Wesleyan tradition, which stressed personal religious experience and individuality. Van Belle (1980) classifies Carl Rogers as belonging to the Wesleyan tradition. It seems that Mowrer belongs to the Puritan tradition, although he rejects its Calvinistic ingredients, in particular the doctrine of predestination and the doctrine of salvation by faith and by the grace of God. He believes that good works are an important ingredient of one's salvation.

Mowrer (1961), similarly to Emile Durkheim, relates the concept of God to human society. A man who is estranged from other human beings is also estranged from God. Mental illness is not a medical condition; it is a state of sin, of estrangement from other human beings, and of a fall from grace. In these views he follows Anton Boisen (1936), who regarded mental illness as a moral problem:

...the real evil in mental disorder is not to be found in conflict but in the sense of isolation or estrangement. It is the fear and guilt which result from
the presence in one’s life of that which one is afraid to tell. For this reason I do not consider it necessary to lower the conscience threshold in order to get rid of the conflict. What is needed is forgiveness and restoration to the fellowship of that social something which we call God (italics added) (Boisen, 1936).

Mowrer (1961) chooses the Freudian psychoanalytical theory of psychoneurosis, based on a biological conception of man, as his prime target for attack. According to this theory, psychoneurosis is caused by a repression of those instinctual impulses emanating from the id by an excessively severe super-ego. Because of his strict upbringing, the individual is oversocialized. He is too inhibited to enjoy pleasures, and he has to punish himself constantly for no apparent reason. He suffers from imaginary guilt feelings and from destructive anxiety. The psychoanalytical treatment aims at relieving the patient from the burden of the oversevere super-ego and at releasing sexual and aggressive instinctual impulses. To put it briefly, according to Freud the psychoneurotic condition is due to a strong super-ego and to a weak id. The patient’s torments and sufferings are due to too much inhibition. They are considered imaginary products of a diseased mind. A cure is brought about by an insight into the groundlessness of the feelings of depression and anxiety.

Mowrer disagrees with this position. He believes that, in addition to being ineffective, psychoanalysis may turn the analysand into an immoral psychopath and that it destroys the moral fabric of society. A psychoanalytical ideology permeates the whole of American society. The Freudian ethic (La Piere, 1959) affects the upbringing of children, the administration of justice, and even theological writings. Mowrer considers this influence to be detrimental to the moral fiber of society, resulting in overpermissiveness and in condoning sin. He questions the validity of the Freudian model of psychoneurosis. By way of refutation, he points out that some psychoanalysts who broke away from Freud, such as Wilhelm Stekel (1950), described a type of psychoneurosis that was produced by the pangs of conscience over real misdeeds. Mowrer believes that this is the state of affairs that occurs in every psychoneurosis and functional psychosis. According to him a person who becomes a mental patient has committed a misdeed or sin that caused harm to another person. As a result he is bothered by his conscience and feels guilty, contrite, and a need for making restitution. However, the future patient is dishonest with himself and with other people, and he suppresses the voice of conscience. Yet conscience is the voice of God, the root of man’s spirituality, and it cannot be suppressed. It comes back to haunt the ill-doer in the way MacBeth was haunted by the spectre of the dagger. The suppressed guilty conscience manifests itself as depression, anxiety, and in other psychiatric symptoms. The patient is severely punished by his conscience; he experiences hell-on-this earth. His guilt and anxiety are constructive; they make him realize the enormity of his misdeed, and they focus his mind on the need for atonement, expiation, and restitution. To put it briefly again, in contrast to Freud, Mowrer believes that the psychoneurotic condition is due to a strong id and a weak or suppressed super-ego. However, Mowrer believes that conscience is more than the super-ego. It has a metaphysical significance, which has been characterized by various authors as immanent God in residence, inner light, guidance of the spirit, or omnipresence of Divine influence (Mowrer, 1961). Immanuel Kant calls it the categorical imperative. Mowrer (1961), following Van Dusen (1958), equates human conscience with the Holy Spirit. Through it man is enlightened; but also, if he has committed a sin, man, through it, is smitten by the wrath of God. Mental illness, therefore, is a moral problem concerned with the spiritual welfare of man and requires a pastoral guidance rather than medical treatment.

In the last chapter of his book, Mowrer (1961), offers a more detailed model of mental illness. According to Freud, the psychopath (sociopath) has an extremely weak super-ego, or conscience, the psychoneurotic has an extremely strong super-ego, while the normal occupies the intermediate position. Mowrer offers a different character typology. According to him the position of the neurotic falls between that of the psychopath, on the one hand and that of the normal person on the other. The latter has the strongest super-ego (conscience), followed by the psychoneurotic, who has a weak, repressed, super-ego. The super-ego of the psychopath is the weakest of the three. A depressed patient experiences his conscience, from which emanates guilt feelings, as located inside. In contrast, a paranoid or a schizophrenic projects his bad conscience outside and experiences it in the form of accusatory voices and tormenting
influences. For this reason the prognosis in his case is worse than in that of a depressive.

The main criticism of Mowrer is directed against Freudian theory and the psychoanalytical practice. However, he also attacks biological psychiatry, which attempts to treat patients with electroconvulsive therapy and drugs and disregards the moral and spiritual aspects of mental illness. He disapproves of the Rogerian client-centred therapy, because of the non-judgemental attitude towards the patient. He believes that a non-judgemental attitude, conveyed by the unconditional regard for the patient, potentially condones immoral behaviour. It is the duty of the psychotherapist to take a stand on moral issues. According to Mowrer, psychotherapy or pastoral counselling should encourage the client to confess his sins and misdeeds not only to the counsellors but also to the significant others. Mowrer envisages public confession to a group of people, presumably of intimates, as the best psychotherapeutic technique. The confession should be followed by atonement for the misdeed, expiation of guilt, contrition, and most importantly by a restitution to the party that was wronged. As a result, redemption is achieved by the guilty individual, who attains, at the same time, a state of grace. Mowrer equates the latter with a state of mental health.

**The Social Irresponsibility Model of Mental Illness of William Glasser**

William Glasser (1960, 1975) has developed a new approach to the treatment of mental illness, which he calls Reality therapy. This therapy may be described as a form of moral education. The existence of mental illness, conceived as a medical condition, is denied. Instead, psychiatric patients are regarded as irresponsible individuals who deny social reality and who indulge in immoral behaviour. For Glasser psychiatric diagnoses are labels that should be “... considered only as descriptions of irresponsibility, nothing more” (1975). He equates mental health with responsibility and mental illness with irresponsibility. Psychiatric patients, according to him, are not mentally ill but people who have run into social difficulties on account of their immoral behaviour.

Glasser postulates two basic human needs: the need for relatedness and the need for respect. These needs are not satisfied unless the person becomes emotionally involved with the significant others and unless he maintains satisfactory standards of behaviour. These are moral standards, since “all society is based on morality” (Glasser, 1975). An individual should not only be able to distinguish the morally right behaviour from the wrong but also to choose the right one. He should be a socially responsible person, so that his conduct would give him a feeling of self-worth and a feeling that he is worthwhile to others. Psychiatric patients refuse to face social reality, are irresponsible, do not choose the right behaviour, and fail to become emotionally involved with other people. The various psychiatric diagnostic categories, such as psychoneurosis, schizophrenia, or psychopathy, do not mean very much, because they describe different forms of basically the same irresponsibility and call for the same treatment. The implied model of mental illness is a continuity model, in which there is a gradation of irresponsibility from mild one, occurring in normal people, to severe one occurring in psychotic patients. Individuals described as mental patients have not been sufficiently socialized in consequence of a deficient emotional involvement early in life with the significant others. They have not learned how to satisfy their basic needs. However, Reality therapy is not concerned with the past and with the causes of irresponsible behaviour. It is concerned with the present problems of irresponsible behaviour and the choice between right and wrong. Psychotherapy cannot be value-neutral; it has to face the moral issues. The psychotherapist, like a good parent, has to instruct the patient in how to make correct choices. He must enforce a degree of firm discipline combined with an emotional acceptance of the patient. The psychotherapeutic contacts should have the character of relations between two real people and not one between transference figures. Reality therapy is not concerned with insights, with uncovering unconscious conflicts and motives, but rather is concerned with reeducation. It focuses on the moral quality of present behaviour and its social consequences. There is a danger that a focusing on the unconscious conflicts and motives could provide the patient with pleas and excuses for his immoral behaviour. Diagnosing irresponsible behaviour as sick does a disservice to both patient and society. The patient must learn to accept the idea that society is based on mutual obligations and ethical norms, not only at the verbal level but also at the level of actual conduct. Reality therapy involves a special kind of
moral education with the psychotherapist playing the role of a teacher. In this respect it is not different from the activity of parents, teachers, clergymen, counselors, and others who try to raise children to be responsible citizens. Reality therapy is conducted mainly in groups of juvenile delinquents.

One can draw a similarity between the new approach to psychiatry, advocated by Glasser, and the moral treatment of the insane advocated by the early nineteenth century psychiatrists. The role of the psychotherapist as a teacher or an educator rather than that of a medical doctor has also been emphasized by E. Fuller Torrey (1974).

The Moral-Legal Model of Mental Illness, Summary

The moral-legal model is a continuity model, regarding mental illness as a form of transgression or social deviance. As such, mental illness is continuous with crime and generally with eccentric behavior. It is initiated through free choice by an individual who is fully responsible, morally and legally, for his acts. The mental patient therefore has the same rights, duties, and responsibilities as any other normal citizen. Consequently, mental illness is equated with crime, sin, or eccentricity and should be treated accordingly. This model regards man as a citizen of a polity, which entails the possession by him of certain rights and the fulfillment of certain duties. For Szasz the envisaged utopian polity is libertarian, for Mower it is theocratic. Glasser accepts the existing society as the basis for moral order.

Chapter 7

EPILOGUE: WHITHER PSYCHIATRY, MONISM OR PLURALISM?

The preceding chapters described various models of mental illness. Seven major varieties of models have been described. Three are scientific: medical, psychological, and sociocultural. Four are philosophical-moral: hermeneutic-linguistic, phenomenological-existential, humanistic, and moral-legal. Most of these major varieties can be divided into more circumscribed models giving rise to a total number of fifteen. In turn, some of these may be further divided into submodels. Thus, there are three psychodynamic, three behaviouristic, two cognitive, two macro- and two microsocial, two linguistic-symbolic, two phenomenological, two humanistic, two hypersanity, and three moral-legal submodels. The detailed classification of the models of mental illness is presented in Table II.

This system of classification may appear to be cumbersome and too detailed. However, a complex system is necessary in order to describe the range of theories and the variety of concepts associated with the topic. For practical purposes the number of models could be reduced to reflect only the major differences of current opinion and practice on the North American continent. The resulting list would contain six perspectives, or models: the medical (both the disease and the constitutional), psychodynamic (primarily psychoanalytic), behaviouristic, macrosocial (social), microsocial (family and small group interactions), and humanistic. These six perspectives encompass the main theoretical orientations with regard to mental illness and the main types of therapy (Price, 1978). They also deal with the three main aspects of mental illness: subjective distress, social disability, and violation of social norms (Price & Lynn, 1981).

Siegler and Osmond (1974) in their book, which deals mainly with schizophrenia, proposed eight models: the medical, moral,
### Table II
The Detailed Classification of Models

<table>
<thead>
<tr>
<th>Main Groups</th>
<th>Major Varieties</th>
<th>Models</th>
<th>Submodels</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical</td>
<td>a. Disease</td>
<td>i. Intrapersonal developmental</td>
<td></td>
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<tr>
<td></td>
<td>b. Constitutional (dyscrasia)</td>
<td>ii. Interpersonal developmental</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Developmental</td>
<td>iii. Interpersonal situational</td>
<td></td>
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<tr>
<td>2. Psychological</td>
<td>a. Psychodynamic</td>
<td>i. Pavlovian (classical conditioning)</td>
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<td></td>
<td></td>
<td>ii. S-R Hullian</td>
<td></td>
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<td></td>
<td></td>
<td>iii. Skinnerian operant conditioning</td>
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<tr>
<td></td>
<td>b. Behaviouristic</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>c. Cognitive</td>
<td>i. Cognitive Structures</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>ii. Inefficient behavioural strategy</td>
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<tr>
<td></td>
<td></td>
<td>ii. Conflict (diachronic)</td>
<td></td>
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<tr>
<td></td>
<td>b. Microsocial</td>
<td>i. Artificial groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ii. Natural groups (family)</td>
<td></td>
</tr>
</tbody>
</table>

### Epilogue: Whither Psychiatry, Monism or Pluralism?

Impaired, psychoanalytic, social, psychedelic, conspiratorial, and the family interactions. Their impaired model is similar to the constitutional model, which is discussed in this book. Their moral model is similar to the behavioural model. The present author feels that the term moral in this context is inappropriate, because it implies moral responsibility, guilt, and punishment rather than mechanical conditioning. It is preferable to distinguish the behavioural model based on the deterministic assumptions from the moral, which is based on the indeterministic assumptions and the acceptance of free will. Finally, Siegler and Osmond's conspiratorial model coincides with the labelling model of schizophrenia proposed by Thomas Scheff (1966, 1975). It also encompasses Thomas Szasz' (1961a, 1971) notion that mental illness is a myth, manufactured by psychiatrists.

### COMPARISON OF THE MODELS

The models presented in this book vary in many respects, and it is important to establish the dimensions on which these models can be compared. All the models can be divided into two major groups: the scientific and the moral-philosophical. Radnitzky (1968) in his discussion of metascience has distinguished two schools of philosophy associated with different presuppositions regarding the nature of man and of human science. The first is that of logical empiricism and the second that of the hermeneutic-dialectical school of philosophy. By and large, the scientific models described in this book are representative of the first school, while the moral-philosophical ones belong to the second. This statement has to be qualified in the case of the sociocultural models. Some of these models, particularly the conflict-diachronic macrosocial model, come closer to representing the hermeneutic-dialectical rather than the logical-empiricist school of philosophy. These two schools are based on very different assumptions, so that it is difficult to compare the models of mental illness belonging to one school with those of the other. The models based on the logical-empiricist thinking are deterministic, so it makes sense in their case to talk about the causes, the etiology, of mental illness or about prognosis. The models stemming from the hermeneutic-dialectical tradition are associated with the view of man.
as a free agent, a subject actively shaping his own destiny, rather than an object buffeted by internal biological and external environmental forces. Since these two kinds of models view man from entirely different perspectives, they may be applied simultaneously without contradicting each other. For instance, the medical and psychodynamic models are concerned with causal explanation of mental illness, its prognosis, and its treatment, while the phenomenological-existential model is concerned with understanding the patient’s experience as a unique human being. They may complement each other and are often applied by the European psychiatrists to the same patient. The difficulty arises when the “nothing but” attitude is taken and thinking proceeds in terms of exclusive polarities rather than of complementarities (Radnitzky, 1968).

The models stemming from the logical-empiricist thinking and those belonging to the hermeneutic-dialectical tradition may be meaningfully compared in regard to where they stand on the four outstanding philosophical issues arising from the discussions of mental health that were spelled out in the first chapter.

On the first, the mind-body issue, the logical-empiricist (scientific) models tend to take the materialistic position while the hermeneutic-dialectical (moral-philosophical) models tend to have an idealistic orientation. The first focus on the body and the second on the mind. Those belonging to the first category, which claim to be psychological, conceive of mind in mechanistic terms.

The view, inspired by Cartesian dualism, that the body is a complex machine, qualitatively different from the mind, has tended to encourage either the somatic or the psychological approach as the valid one to the exclusion of the other. It has led to the necessity of an either-or choice, forcing a split between the psychologically and somatically oriented schools of psychiatry. The contemporary conflict between biological psychiatry on the one hand and the psychodynamic and psychological approaches on the other illustrates the point. The rigid, almost irreversible separation of the two perspectives is perpetuated by the traditional Cartesian conceptualization of mind and body as two mutually incompatible categories. Only a rejection of the traditional metaphysical categories, deeply ingrained in Western thought, would do away with the body-mind or the psychological-somatic polarization. This would, in turn, undermine the institutionalized divisions between biological and social sciences and between medicine and psychology. It would also weaken the intellectual and professional commitment to the two alternative approaches. A rejection of such old metaphysical categories as substance, matter, mind, or causality, as advocated by some phenomenologists and existentialists, may be one approach towards this solution. Another approach is offered by the general systems theory, which disregards the concept of substance, either material or mental, and concentrates on the principles of organization. The latter vary in the level of complexity. There are however no gaps as those separating qualitatively different substances.

On the second issue, of determinism versus indeterminism, the dividing line is clearly drawn. The philosophical-moral models of mental illness take an indeterministic stand as far as human behaviour is concerned. They stress freedom of will, freedom of choice by the individual, and his moral responsibility. The scientific (logical-empiricist) models, on the other hand, assume that human behaviour is, to a greater or lesser extent, determined. The proponents of the latter approach attempt to make valid predictions regarding human behaviour and discover the laws governing it with a view to exercising control. This is the most important issue because it is associated with two diametrically opposing views of man. The attempt at a reconciliation of these views will be discussed below.

Closely related to the issue of determinism versus indeterminism is the third issue of a value-free versus morally judgemental theory of mental illness and of psychotherapy. This is part of a broader issue of value free social science. As a consequence of their stand on the previous issue, the proponents of philosophical-moral models take a morally judgemental position while the advocates of scientific models are inclined towards the value-free, nonjudgemental point of view.

With regard to the fourth issue of autonomy versus conformity, the philosophical-moral models stress individual autonomy while the scientific models stress social conformity as the index of mental health.

The next two sets of comparisons deal separately with the scientific and the philosophical-moral models. The relevant dimensions of comparison are different for the two groups.
The comparison of the scientific models

The common dimensions important for the comparison of scientific models are (1) the locus of causation (etiology), (2) the importance of diagnosis (classification), (3) the time and the character of the onset, (4) continuity, (5) the importance of theoretical constructs, (6) treatment, and (7) the concept of man implied by the model. Undoubtedly, the proposed list of dimensions is not exhaustive. There are alternatives that could be suggested. Thus, Siegler and Osmond (1974) in their comparison of models of madness use twelve dimensions, and Price (1978) uses six when comparing different perspectives on abnormal behaviour. However, the focus of these authors is somewhat different from the one in the present book, which is on the theoretical frames of reference and the concepts of man implied by the various models of mental illness. Table III presents the comparison of the scientific (medical, psychological, and sociocultural) models on the seven dimensions listed above.

The dimension of continuity requires some further comments. In this book the continuity-discontinuity theme has played the most prominent role in the discussion of the various models of mental illness and of illness in general. This dimension distinguishes the two historically most important models in medicine: the disease, a discontinuous model, and the constitutional, a continuous one. It also distinguishes two contrasting views of psychopathology. According to the continuity view psychopathological phenomena are extreme deviations of the normal, while the discontinuity view regards them as qualitatively different and as alien. Historically, the discontinuity position has been largely associated with the active and aggressive treatment of a passive patient. The continuity view, on the other hand, has tended to rely more on the natural recuperative powers of the organism to regain its equilibrium and on natural personality growth. The continuity hypothesis implies that there are no intrinsic, qualitative differences between mental illness and mental health. A cogent argument, of course, could be made that a large quantitative difference would produce a qualitative one, so the distinction could be artificial. However, the advocates of the discontinuity position assume that there are intrinsic qualitative differences between health and illness, irrespective of the severity of the latter.

<table>
<thead>
<tr>
<th>Variety of Models</th>
<th>Models</th>
<th>Dimensions</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Disease</td>
<td>Somatic (localized or systemic); mental symptoms are epiphenomena</td>
<td>Stress on classification into nosological (disease) categories</td>
</tr>
<tr>
<td></td>
<td>Constitutional (dyscrasia)</td>
<td>Somatic-organic (The totality of biological make-up)</td>
<td>Diagnosis of somato-type and temperament</td>
</tr>
<tr>
<td>Psychological</td>
<td>Psychodynamic</td>
<td>Unconscious psychological conflicts</td>
<td>Diagnosis of unique unconscious psychodynamic forces (idiographic)</td>
</tr>
<tr>
<td></td>
<td>Developmental (orthogenic)</td>
<td>Arrest of maturational process or regression to an earlier more primitive stage</td>
<td>Diagnosis of the level of orthogenic development</td>
</tr>
<tr>
<td></td>
<td>Behavioristic</td>
<td>Conditioning; learning of faulty habits</td>
<td>Precise diagnosis of circumscribed faulty habits</td>
</tr>
<tr>
<td></td>
<td>Cognitive</td>
<td>Distorted representation of the world and faulty behavior strategies</td>
<td>Diagnosis of the cognitive representation of the world</td>
</tr>
<tr>
<td></td>
<td>Macro-social</td>
<td>Disintegration of social fabric or social conflict</td>
<td>Diagnosis of social structure in which individuals participate</td>
</tr>
<tr>
<td></td>
<td>Socio-cultural</td>
<td>Faulty interpersonal relations and communications in small groups</td>
<td>Diagnosis of small group processes in which individuals participate</td>
</tr>
<tr>
<td></td>
<td>Micro-social</td>
<td>Faulty interpersonal relations and communications in small groups</td>
<td>Diagnosis of small group processes in which individuals participate</td>
</tr>
</tbody>
</table>
Another fact that confuses the continuity versus discontinuity issue is the possibility of imposing arbitrary cutoff points on continuous dimensions. Such cutoff points may be established to separate, for pragmatic reasons, the mentally ill from mentally healthy or the intellectually subnormal from normal. There is a general tendency of the human mind to break down natural continuities into discrete categories, or classes, for conceptual or pragmatic reasons. These extrinsic classes have to be distinguished from the naturally occurring discontinuities. The classical concept of disease that existed, for example, in eighteenth century nosologies assumed intrinsic discontinuities between different diseases and the state of health. The eighteenth century view of nosology, because of the ignorance regarding the pathological processes causing symptoms of mental diseases, has persisted in psychiatry much longer than in the other branches of medicine. One of its manifestations is the search for the essential features of schizophrenia. The tendency to separate the observed phenomena into discrete classes was characteristic of the early science, such as the Aristotelian physics. According to this view the properties of objects and events depended on their class membership. The new science of the seventeenth century, as exemplified by the Galilean physics, replaced the concept of classes by that of continuous dimensions and variables. Medicine and psychology followed suit. In medicine, Claude Bernard (1961) substituted a set of parameters describing physiological mechanisms for discrete disease categories. A deviation beyond a certain value or values on these parameters produced pathology. Similarly, the psychology of discrete faculties and types was replaced by that of continuous dimensions and variables.

The models of mental illness also differ in the type and the extent of the theoretical constructs they use. Theoretical constructs are entities not directly observable. They are only inferred from observations and are used as explanatory tools. The psychodynamic model relies heavily on theoretical constructs, which form the structure of its metapsychology and provide an explanation of the observed events. On the other hand, the behaviouristic model, particularly in its Skinnerian version, eschews theoretical constructs altogether and is limited in scope to observable events and their correlations.

The scientific models, the characteristics of which were summa-
rized in Table II, are explicitly or implicitly based on the logical-empiricist philosophical outlook. They stress objectivity, the consensual validation of knowledge claims, and the confirmation of predictions from theory by observations. The philosophic-moral models, which may be described after Radnitzky (1968) as hermeneutic-dialectical, rely to a great extent on subjective experiences and valuations. They also are less inclined to separate the observing subject from the object of observation. To these models we now turn.

The comparison of the philosophic-moral models

The dimensions of comparison for this group of models are less obvious than those for the previous one. They are concerned more with the nature of man revealed through mental illness than with the empirical features of the latter. The following six dimensions can be suggested: (1) continuity, (2) historicity, (3) attitude towards conventional science and medical psychiatry, (4) phenomenological description versus the assumption of deep structure, (5) objectivity of values (naturalistic versus social versus subjective), (6) counselling (treatment), and (7) the concept of man implied by the model.

The continuity dimension is concerned with the same problem as the one in the comparison of the scientific models. Historicity is concerned with the time dimension of each unique human existence as reflected by the different models of mental illness. It conceives of the client as anchored in his past and as reaching towards the future. The ahistorical view is concerned only with the present experiences of the subject.

The philosophic-moral models differ in their attitude towards conventional science and medical psychiatry. Some of them reject the scientific and medical models as being incompatible with the freedom and dignity of man. The proponents of these models redefine mental illness in their own exclusive terms, which replace those of the medico-scientific approach. An example of this attitude towards the medical and scientific models are the antipsychiatry sentiments voiced by Thomas Szasz and by R. D. Laing and his associates. By and large, the phenomenological and existential models are neutral on this issue. Their proponents believe that the phenomenological and existentialist approaches provide additional dimensions that offer a better understanding of the patients as unique human beings. Further, they believe that these additional dimensions can be accommodated with other dimensions, or points of view, such as the biological or the psychodynamic, and do not exclude the latter. Similarly, the humanistic model does not reject the scientific approach. However, it maintains that the conventional science, which has been developed in the context of the study of physical objects, is too narrow and is not applicable to the behaviour and experiences of human beings. In the context of psychology it should be replaced by a new humanistic science, better suited to deal with mental phenomena.

The dimension of phenomenological description versus the assumption of deep structure differentiates the models as to how much weight they attach to the immediate conscious experiences, as against the deep unconscious structure underlying these experiences. The phenomenological model with its preoccupation with the data of consciousness represents one end of this continuum. The linguistic model, particularly in its Lacanian, structuralist version, represents the other.

The philosophical-moral models differ as to the theory of value and the type of ethics they follow. The humanistic model subscribes to the objective, naturalistic theory of values and seeks their source in the developmental potential of man, viewed as a special biological organism—homo sapiens—unique in its characteristics. The existentialists take a subjectivist point of view and believe that man creates his values by his free choices. Finally, the proponents of the moral-legal model seek the source of values in a utopian society. According to Szasz this is a society based on the libertarian ethics. For Mower it is a theocratic society based on the divine law. However, Glasser, in contrast to the other two proponents of the model, seems to take the existing society as the basis for his notion of social reality and as the source of values.

In describing the therapeutic interventions, the term counselling instead of treatment is used. The term counselling implies an encounter between two individuals who interact and in the process of interaction influence one another. The term treatment implies an active manipulation of a passive patient, an object, by an expert, a doctor, or a scientist. This term better suits the type of therapy associated with the scientific models of mental illness, while the term
counselling is more in keeping with the therapy advocated by the philosophical-moral models.

The concept of man implied by a particular model of mental illness deals with the philosophical-anthropological assumptions underlying it. Thus, according to some interpretations of the humanistic model, such as that proposed by Maslow, the human personality actualizes its potential. Accordingly, the human essence precedes existence. On the other hand, according to the existential model existence precedes essence. Therefore, man creates his own personality by his free choices. Another aspect of this dimension concerns the place of man in the order of things. According to the humanistic-secular point of view man represents the highest value and is the master of himself and of the world. The humanistic-theistic view places the highest value on God and expects man to obey the divine commandments and laws. The purpose of man is to glorify God rather than himself.

Some models stress individualism, others interpersonal relations, and still others membership in a community with the resulting duties, rights, and obligations. Table IV presents the comparison of philosophical-moral models on the seven dimensions, discussed in this section.

This concludes the section dealing with the comparisons of the models. The next section attempts to answer the question whether the various models of mental illness can be reconciled. A positive answer would make it possible to substitute a meaningful discourse in place of the babble of confused voices that characterizes, at the present, the debates about mental health.

**TOWARDS A PERSPECTIVIST VIEW OF MENTAL ILLNESS**

In the contemporary discussions of different theories and models of mental illness, usually one is singled out as the only true model. Other models are criticized as false, misleading, and resulting in harmful practices. Thus, Siegler and Osmond (1974), in their book *Models of Madness, Models of Medicine*, take up the cudgels in the defence of the medical model as the most appropriate for dealing with schizophrenia and other functional psychoses. They also advocate narrowing the field of psychotherapy to a purely medical variety,
Table IV
COMPARISON OF PHILOSOPHICAL - MORAL MODELS (cont'd.)

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Objectivity Vs. Subjectivity of Values</th>
<th>Counselling</th>
<th>Concept of Man</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common sense understanding of motive and reasons behind the observed behavior</td>
<td>In most cases subjectivity of values</td>
<td>Common sense counselling</td>
<td>Each human character to be understood by literary intuition</td>
</tr>
<tr>
<td>Stress on the unconscious deep structure and hidden-meaning</td>
<td>Ambiguous on this issue. However values may be construed as existing objectively in the deep structure</td>
<td>Modified psychoanalytic analysis</td>
<td>Man is a reflection of the linguistic-symbolic system</td>
</tr>
<tr>
<td>Phenomenological description of consciousness</td>
<td>Phenomenological study of values is inclined towards the objectivity position</td>
<td>Irrelevant</td>
<td>The &quot;man-in-the-world&quot; experience is the basis for the understanding of man</td>
</tr>
<tr>
<td>Rejection of the unconscious, hermeneutic understanding of the structure of the Dasein</td>
<td>Subjective values created by each individual by his free choices</td>
<td>Existential encounter and logotherapy</td>
<td>Man is an unique Dasein embedded in his historicity and facticity oriented towards his death</td>
</tr>
<tr>
<td>The unconscious is the source of creativity, but there is no stress to the deep structure</td>
<td>Naturalistic, objective theory of values</td>
<td>Non-directive counselling or existential encounter</td>
<td>Man is equated with a developing and actualizing self</td>
</tr>
<tr>
<td>The unconscious, particularly the collective unconscious is a source of creativity</td>
<td>The positive-disintegration theory stresses to objectivity of values. The psychedelic theory is ambiguous on this issue.</td>
<td>A &quot;guru&quot; guides the subject through his psychedelic experiences</td>
<td>Man is equated with a developing and actualizing self</td>
</tr>
<tr>
<td>Rejection of the unconscious and of the deep structure</td>
<td>Values are embedded in the social-moral order</td>
<td>Moral re-education</td>
<td>Man is a person in the legal sense, a citizen of a polity</td>
</tr>
</tbody>
</table>

Epilogue: Whither Psychiatry, Monism or Pluralism?

leaving other varieties to educators, clergymen, and gurus. By implication they reject the idea of positive mental health and equate normality with the absence of a disease. Thomas Szasz (1961a), on the other hand, rejects the medical model and replaces it by a moral model, based on the ethical theory and on language games. Similarly, E. Fuller Torrey (1974), in The Death of Psychiatry, rejects the medical model and advocates its replacement by the educational one. These three examples will suffice, as they are typical of the ongoing polemics. The arguments have a nothing-but character: for example, that schizophrenia is nothing but a disease caused by a crooked chemical molecule in the brain or schizophrenia is nothing but an accumulation of faulty habits. One point of view, or perspective, is adopted, the others are criticized and rejected. Radnitzky (1968) characterizes this approach to scientific theories as the polarity stage. If two theories appear to contradict one another, one is totalized to the exclusion of the other. According to Radnitzky this stage in the development of science is superseded by one of the complementarity, as illustrated by the Bohr's well-known complementarity thesis in physics. The two theories do not contradict but rather complement each other.

Before the themes of complementarity and perspectivism are further developed, it is necessary to consider the possibility of constructing a unitary supermodel of mental illness. Such a model would supersede the existing models; however, on its way it would be required to overcome many obstacles. It would have to deal with the traditional split between mind and body and also with the split between the natural sciences and Geisteswissenschaften (humanities and social sciences). The supermodel would have to reconcile the Lockean and the Leibnizian views of man. Finally, the supermodel would have to breach the barriers between traditional disciplines and cope with the vested professional interests.

Reductionism

The reductionist approach was an early attempt to breach these barriers. It advocated that social and cultural phenomena were to be reduced to the psychological. The latter, in turn, were to be reduced to biological phenomena, and so on down to the phenomena described by the subatomic physics. In this way the humanities and
social sciences were to be reduced to the natural sciences. A sophisticated version of reductionism was offered by logical positivists in the form of the principle of unity of science. Two members of this school, Rudolf Carnap, a physical scientist, and Otto Neurath, a social scientist, maintained that all scientific propositions whether pertaining to social, psychological, biological or physical sciences can be stated in a physicalistic language and, therefore, are about physical objects. According to the principle of unity of science, all empirical sciences are fundamentally one. The division into different disciplines is accidental and purely practical. The proponents of unity of science believed the same scientific method is applicable to physical, biological, psychological, and social sciences. According to Carnap (1959) psychology can be reduced to the description of physical behaviour without any loss of meaning. This assertion became the cornerstone of logical behaviourism.

If the unity of science principle were followed to its logical conclusion, the supermodel of mental illness could be constructed at the microlevel in terms of the molecular biochemistry and biophysics. It would probably be concerned with the neurosynaptic events and the synaptic receptors. The supermodel, therefore, would be a scientific-medical one. Alternatively, the reduction could stop at the macrolevel of overt behaviour; described in the physicalistic language, and result in a radically behaviouristic supermodel. However, the reductionistic strategy fails and has to be rejected because it can be shown that it is impossible to translate propositions belonging to a higher level theory into those of a lower level without a considerable loss of meaning. It is impossible logically to derive a higher order scientific laws from a lower order ones. Also a community of scientists, intercommunicating, interpreting research data, and clarifying their meaning, is a precondition of any science, including the natural. This condition implies the necessity of a hermeneutic discourse among the scientists.

General Systems Theory

General systems theory, which is explicitly antireductionist, has come to play an important role in the biological and social sciences. It has also influenced psychiatric thinking (Gray, Duhl, & Rizzo, 1969; von Bertalanffy, 1966, 1968). This theory has already been described in Chapter 5 in connection with the discussions of small group interactions. For further details the reader is referred to the reviews by von Bertalanffy (1968), by Weiss (1969, 1977), and by Miller (1978). General systems theory views the world as a hierarchy of systems differing in the complexity of organization. It attempts to reconcile the Newtonian mechanistic outlook with the organismic one. It also tries to find the common characteristics of and the differences between the servomechanical, the biological, and the sociocultural systems. The theory is concerned with the abstract, organizational principles describing the relations among the components of systems rather than with the components themselves. According to Gray and Rizzo (Gray, Duhl, & Rizzo, 1969) it is a logical-mathematical theory dealing with the problems of wholeness, dynamic interaction, and organization. It is also concerned with integration, differentiation, growth, and communication. One of its interests is in the apparent teleology of the behaviour of the systems, called the principle of equipollency. Cybernetics, computer science, the information and communication theories, system engineering, operations research, and the games and decision theories are specialized formal disciplines that come under the general umbrella of systems theory and deal with specific areas of its application.

Although systems vary in complexity, certain of their features are isomorphic. This allows one to derive general laws applicable to all systems. Systems are governed by interactions and feedbacks rather than by linear causality. This characteristic is responsible for their self-regulation, a relative autonomy of the systems from the environment, and the development in the direction of negative entropy.

As it was pointed out in Chapter 5, systems vary in the degree to which they are closed or open and in the degree to which they are concerned with the transformations of energy or with the information and communication processing. Ludwig von Bertalanffy (Gray, Duhl, & Rizzo, 1969) maintains that the system at the human level creates a symbolic universe of language, thought, and art that becomes an important part of man's environment. Jurgen Ruesch (Gray, Duhl, & Rizzo, 1969), for example, has applied the general systems theory to human communication. It can thus be seen that the systems theory principles are applicable from the level of the
DNA molecule to the level of complex social processes.

The features of general systems theory provide an integrative potential for unification of science (Boulding, 1956; von Bertalanffy in Gray, Duhl, & Rizzo, 1969). Its contribution to the goal of the unity of science is more promising than the previous reductionist attempts of the logical positivists. According to its proponents the theory could provide a general framework for various special disciplines such as biology, medicine, psychology, sociology, cultural anthropology, and linguistics. It would provide a common language for the specialists in these different disciplines and would facilitate their intercommunication. General systems theory would not supersede the special disciplines but rather would allow them to establish meaningful relationships.

Von Bertalanffy (Gray, Duhl, & Rizzo, 1969) uses the term perspectivism to describe this approach to the integration of scientific knowledge. The theories and models proposed by different disciplines would not be replaced by a new supertheory or a supermodel but would become compatible with one another because of the general underlying principles. This notion of perspectivism differs somewhat from that of Price (1978). He believes that the prevalence of various perspectives in the field of mental health is due to the unsettled period of a scientific revolution (Kuhn, 1962) to be followed by a period of normal science. During the latter period one perspective will be selected as paradigmatic. In contrast, von Bertalanffy assumes that knowledge in general, and in particular knowledge about man, will always require several perspectives, and its acquisition cannot be reduced to one paradigm. Perspectivism has to be dissociated from a thoughtless eclecticism. Eclecticism implies casual borrowing of concepts and ideas from different theories and models to suit the occasion. The procedure is quite unsystematic. In the approach advocated by von Bertalanffy, the various levels of theorizing form an orderly hierarchy that prevents a random selection of concepts from different theories.

The perspectivism of the general systems theory has offered hope that different models of mental illness (the medical, the psychological, the sociocultural, and even the humanistic) could be reconciled and made mutually compatible. Following this line of thought, Grinker (1967) and his collaborators have attempted to develop a unified theory of human behaviour based on the systems approach to serve as a general scientific framework. Menninger's theory of vital balance (Menninger, 1963), dealing with the problems of mental health and illness, has also been influenced by the concepts of general systems theory. Arieti (1955; Gray, Duhl, & Rizzo, 1969), applying systems principles to an interpretation of schizophrenia, has suggested that in addition to causing a dedifferentiation of the personality structure the schizophrenic process has some features of an open system with a tendency to increase negative entropy. The delusions tend to proliferate, to ramify, and to become more complex and elaborated. As time goes on an increasingly wide range of experiences is drawn to and organized around the original delusional nucleus.

George Engel (1977, 1980) has developed a biopsychosocial model of illness and of the patient's care based on systems theory. It is applicable to both physical and mental illness. This model stresses holism and the hierarchy of systems from the cell to the society. It views man both as a biological organism and as a person interacting with other persons. The biopsychosocial model is destined, according to Engel, to replace the reductionist biomedical model, which is at the present the dominant model in medicine. Thus, it is destined to bridge the schism between natural science and humanism by creating a holistic framework of human science.

The psychobiological model of disregulation, proposed by G. E. Schwartz (1977) to explain psychosomatic disorders, provides another illustration of systems theory as applied to medicine. Schwartz has described a system of information inputs and feedbacks between the environment, the brain, and the bodily organs. In this system of interactions the brain is the main regulatory center controlling both the behaviour of the organism and the function of the bodily organs. Psychosomatic diseases, such as a peptic ulcer or hypertension, are caused by a disturbance of the regulatory processes of the information processing system.

A general systems theory framework is useful for the integration of various approaches to mental illness, but only up to a point. It is sometimes criticized as being so general and abstract as to be empty. There are also objections from the humanistic point of view. Jurgen Ruesch (Gray, Duhl, & Rizzo, 1969) has warned of the danger that a system-oriented world view will replace the person-oriented one, with man becoming an expendable unit of a system. Further,
while the humanistic model of personality and mental illness can be accommodated to the systems point of view, the existentialist and phenomenological models are incompatible with it. Although the behaviour of some sophisticated systems may appear to be indetermined, systems theory implies a determinist point of view (not a linear causality but the simultaneous interactions of multiple feedbacks). On the other hand, existentialism presumes the indeterminism of human behaviour and a freedom of individuals to make choices. The systems concept postulates an objective hierarchy of values and therefore the naturalistic theory of ethics. The ethical norms are derived from systems principles and are set either by the system itself or by its supersystem (Miller in Gray, Duhl, & Rizzo, 1969). This naturalistic theory of values is shared by both systems theory and the humanistic model. In this respect the two theories are different from existentialism, which presupposes that values are created by free choices of the individual. Finally, systems theory is confronted with the problem of consciousness and of subjectivity. Some new developments in the theory and in the higher order cybernetics attempt to deal with these problems. In this context, Francisco Varela (1979) has discussed self-referential systems, which he believes have many characteristics of conscious experiences. However, not everybody finds his arguments convincing.

Perspectivism

There are some other theoretical orientations that lend themselves to a perspectivist view. Adrian Van Kaam, a Dutch existentialist psychologist who came to America and has had training in client-centred therapy, in his book entitled *Existential Foundations of Psychology* (1966) has presented a version of perspectivism. He takes an existentialist point of view that encompasses the totality of man-in-his-world. Within this general, encompassing view, there can be differentiated perspectives, broader or narrower, dealing with particular aspects of man—the biological, psychodynamic, societal, and so on. These perspectives abstract certain aspects of the concrete man. They are of limited scope and usefulness, but each serves a purpose. Single perspectives do not present the complete view of man and do not tell the whole truth about him. However, they complement one another without exhausting the totality of knowledge about him and the full meaning of his existence.

The final version of perspectivism to be discussed is that proposed by Apel (1967) and Radnitzky (1968). These authors are concerned with the relation of the natural sciences to the humanities and social sciences, or to be more technical, the relationship of the logical-empiricist and the hermeneutic-dialectic views of man. The first explains human behaviour in terms of causes, the second in terms of reasons, meanings, and free choices. This version of perspectivism does not focus on ontology such as that of the hierarchy of systems but rather on the epistemology of various approaches to knowledge. Jurgen Habermas (1972) has proposed a three-fold classification of various disciplines: the empirical-analytic, historical-hermeneutic, and empirical-critical. These three groups are associated with three distinct human interests and fields of activity. The empirical-analytical disciplines are associated with work and technology and with the mastery of the external world. They are embedded in the technological progress of humanity and are concerned with value-free natural facts. The historical-hermeneutic are associated with language communication, interpretation, semantics, and self- and other understanding. The empirical-critical group of disciplines is concerned with the steering and control of the self and with the self-emancipatory interests. By critical self-reflection and the critique of society man frees himself from irrational constraints. He reaches a state of higher enlightenment and rationality. The three groups of disciplines use different methods, have different criteria of validity, and the most important, serve different human interests. However, they complement one another to create the totality of knowledge. According to this schema, the biological sciences, as applied to the field of mental illness, belong to the group of empirical-analytical disciplines and fall under the umbrella of logical-empiricism. The *Verstehen* (understanding) model of mental illness, the existentialist approach, and some aspects of the psychoanalytical procedure belong to the historical-hermeneutic category. They are concerned with explanation and clarification of private meanings conveyed by verbal and nonverbal communications of the client. The behavioral and social sciences and the models associated with them belong, or should belong, to the empirical-critical group, although they are very often treated as if they were members of the empirical-analytical category.
Most of psychoanalytical theory and method should be classified as empirical-critical.

Apel (1967) and Radnitzky (1968) have somewhat modified the schema proposed by Habermas and spelled out more clearly the notion of the complementarity between the naturalistic and the hermeneutic approaches. They distinguish only two groups of disciplines among those concerned with man: the naturalistic (logical-empiricist) and the hermeneutic-emancipatory (hermeneutic-dialectic). Psychoanalysis as a purely scientific discipline, to be distinguished from its clinical application, occupies the central position with regard to the understanding of man and of making him self-transparent and rational. It offers the key to his emancipation by revealing to him his unconscious motives and freeing him from their bondage. At the level of society the discipline of social critique plays a corresponding role. According to Apel (1967) psychoanalysis combined the hermeneutic dialogue between the analysand and the analyst with quasinaturalistic phases. During the hermeneutic dialogue phase the analyst, using the Verstehen (understanding) method, tries to understand the reasons for the analysand’s ideation and behaviour. He tries to discern the means utilized by the latter to achieve his ends and explicate the meaning of his ideas. The dialogue takes place on the level of common sense and of the ordinary language. When the hermeneutic dialogue arrives at a barrier that prevents further understanding of the analysand’s behaviour and thinking a switch to the quasinaturalistic phase occurs. During that phase the analyst objectifies the analysand. He treats his utterances as symptoms caused by the unconscious forces and mechanisms. As soon as the analysand achieves an insight into his unconscious motives, starts treating them as the reasons for his behaviour, and controls them, the hermeneutic dialogue is resumed. In this way the analysand becomes emancipated from the irrational constraints on the freedom of his behaviour. A similar interpretation of psychoanalysis has been offered by De Waelhens (1961).

The example of psychoanalysis indicates the manner in which the naturalistic and the hermeneutic approaches can complement each other, similarly to the complementarity in the subatomic physics as enunciated by Bohr’s principle. The complementarity view of different approaches has to be contrasted with the polarity view. In the latter case, one approach or theory is totalized to the exclusion of the others. According to Radnitzky (1968) in the development of science the complementarity view supersedes that of polarity. For the science of man the complementarity thesis offers a version of perspectivism in which the biological, psychological, social, and spiritual points of view complement one another in a coordinated fashion. There is a continuous interaction among the pursuits of knowledge, associated with different points of view, increasing the degree and the precision of their coordination. The recent developments in the areas of physiological psychology and brain research offer an example of a growing coordination between the somatic and the psychological approaches. In the context of the models of mental illness, the complementarity view, as proposed by Apel and Radnitzky, would place the psychodynamic model in the central position. This model would bridge the gap between the medical (biological) and the behaviouristic models on one hand and the Verstehen, the phenomenological, and the existentialist on the other. The first group is based on the logical-empiricist paradigm of science, the second on the hermeneutic. The dialectic of psychoanalysis reconciles and brings together the two approaches.

The answer to the question posed in the title of the present chapter—"Whither psychiatry, monism or pluralism?"—should be pluralism. Psychiatry, and generally the disciplines dealing with the problem of mental illness, should pursue pluralistic goals rather than strive to attain a monistic solution. However, the pluralistic goals should be coordinated in a meaningful scheme or Weltanschauung (world view). More than one Weltanschauung is possible. The frameworks for integrating models of mental illness discussed in the present chapter included general systems, the existentialist, and the one offered by the social critique school of philosophy of science. Other frameworks could possibly be adopted to serve as the philosophical-anthropological frameworks for coordinating various models of mental illness.