

ALTERNATIVE PHILOSOPHICAL CONCEPTUALIZATIONS OF PSYCHOPATHOLOGY¹

Alternative conceptualizations, which often turn into acrimonious oppositions, already abound in psychotherapy. The humanists condemn the behaviorists; the existentialists defend the patient as subject against what they take to be Freudian objectification; family therapists define themselves in opposition to individual therapists. Nevertheless, I wish to propose an alternative to these alternatives, since I am convinced that these oppositions pale in the light of two fundamentally opposed but complementary views of the mind. I will call these alternative conceptions of the mind and of psychopathology, epistemological and ontological, and will contrast Freud's fundamentally epistemological approach with Merleau-Ponty's ontological account.

The epistemological conception of mind is roughly that the mind contains ideas which correspond or sometimes fail to correspond to what is out there in the world. This view of the mind as a subjective consciousness containing representations of objects begins with Descartes and reaches its culmination in Franz Brentano's notion of intentionality. According to Brentano, mental states such as perception, memory, desire, intention, fear, etc. are all "of" something, or "about" something. It is this directedness, or intentionality, Brentano claimed, which is characteristic of the mind and of nothing else.

Brentano had many famous students. One of these, Edmund Husserl, developed an elaborate account of the sort of representations which would have to be in the mind for the mind to be about anything. He called the special attitude in which the mind is able to reflect on its own intentional content instead of on the objects towards which it is directed, the "phenomenological reduction," and the account of

the structure of the mental representations discovered by this method he called "phenomenology."

Another student who followed Brentano's courses in Vienna was Sigmund Freud. He also accepted the intentionalist conception of mind as directed towards objects by means of representations.² But, unlike Husserl, Freud learned from his work with hypnotism that not every mental representation was immediately accessible to reflection. Thus Freud was led to introduce the notion of an unconscious which, just like the conscious mind, was directed towards objects by means of its representations, but whose representations were not directly accessible to the conscious subject.

Recently philosophers such as Martin Heidegger and Maurice Merleau-Ponty, reacting against the Cartesian tradition, have developed an alternative model of the mind's relation to reality. This account is so radical that, strictly speaking, they do not refer to the mind at all. Rather they prefer to speak of the way that the whole human being is related to the world. Indeed, even "relation" is misleading, since it suggests the coming together of two separate entities -- human being and world -- so these recent philosophers are finally driven to replace the epistemological relation of subject and object with a way of being they call "being-in-the-world".

These philosophers do not deny that human beings have mental states by which their minds are directed towards objects, rather they assert that mental states presuppose a context in which objects can show up and make sense. According to Heidegger, this context is provided by social practices. The shared practices into which we are socialized provide a background understanding of what counts as objects, what counts as human beings and ultimately what counts as real, on the basis of which we can direct our minds towards particular things and people. Heidegger calls this background understanding of what it means to be, which is embodied in the tools and institutions of a society and in each person growing up in that society but

not represented in his/her mind, the understanding of Being. According to Heidegger it is this understanding of Being which creates what he calls a clearing (*Lichtung*) in which entities can then show up for us. The clearing is neither on the side of the subject nor the object -- it is not a belief system nor a set of facts -- rather it contains both and makes their relation possible.

Merleau-Ponty, following Heidegger, compares this clearing to the illumination in a room which makes directedness towards objects possible but is not itself an object towards which the eye can be directed. He argues that this clearing is correlated with our bodily skills, and thus with the stance we take towards people and things. Each person not only incorporates his culture, but also his sub-culture and the understanding of human beings and of objects which is his family's variation of the current social practices. Finally, each person has his or her own embodied understanding of what counts as real, which is, of course, not private but is a variation on the shared public world.

The two opposed ways of regarding human being outlined above -- the epistemological and the ontological -- lead to two alternative accounts of the unconscious and of psychopathology. Freud accounts for psychopathology by hypothesizing representations which have all the normal properties of aboutness or intentionality, but from which consciousness has been removed. These representations are buried but remain causally active, rising to consciousness as symptoms. Thus the epistemological account of mind when turned into a theory of psychopathology becomes *depth* psychology.

Freud's conception of the mind as exclusively representational, however, does not provide a basis for a satisfactory account of why some people's lives show character problems -- repeated patterns or styles of behavior which are self-defeating, but which the sufferer is unable to recognize and unable to change. Merleau-Ponty claims that this sort of pathology occurs when some aspect of a person's way of

relating to objects *in* the world becomes part of the context on the basis of which all objects are encountered. When this happens the person's world or clearing becomes restricted and rigid. The person suffers from a lack of possibilities which he cannot understand and over which he has no control. To highlight the contrast between Freud and Merleau-Ponty, this ontological account of psychopathology as the expanding of content into context, might be called *breadth* psychology.

It would be elegant and satisfying if either of these alternative versions of the unconscious allowed us to explain *all* psychopathologies. To this end both Freud and Merleau-Ponty tend to restrict their view of pathology to the phenomena they can best explain -- Freud deals with symptoms and Merleau-Ponty with character problems. Freud is clear concerning what he takes as paradigmatic pathology:

When the physician is carrying out psychoanalytic treatment of a neurotic, his interest is by no means primarily directed to the patient's character. He is far more desirous to know what the symptoms signify, what instinctual impulses lurk behind them and are satisfied by them, and by what transitions the mysterious path has led from those impulses to these symptoms.³

Freud does go on to talk of character, but character for him in this essay is not a general pattern but a predisposition for a specific sort of episode such as being wrecked by success, or committing a crime from a sense of guilt, which he proceeds to analyse in term of repressed memories of specific events. Conversely, Merleau-Ponty ignores symptoms except at one point where he tries unsuccessfully to account for a case of forgetting of the sort Freud treats in The Psychopathology of Everyday Life.⁴ Evidently each model has its power and its limitations. Freud's epistemological conception of mind is adapted to explaining hypnotism and symptoms such as phobias, compulsive behavior, obsessional behavior, etc., whereas

the ontological conception enables us to see that more than unconscious beliefs are involved in the neurotic styles which constitute character pathologies.

Since Freud's account is already well-known, I will spend the rest of this paper sketching the ontological picture. On this view, pathology occurs when some aspect of the epistemological relation of a subject to other persons or objects, which should take place *in* the clearing, becomes part of the clearing itself. Merleau-Ponty calls this shift, "generalization," and uses this idea to give an alternative account of repression.

Repression... consists in the subject's entering upon a certain course of action -- a love affair, a career, a piece of work -- in his encountering on this course some barrier, and, since he has the strength neither to surmount the obstacle nor to abandon the enterprise, he remains imprisoned in the attempt and uses up his strength indefinitely renewing it... Time in its passage does not carry away with it these impossible projects; it does not close up on traumatic experience; the subject remains open to the same impossible future, if not in his explicit thoughts, then in his actual being.⁵

This is, of course, a new version of the unconscious. Merleau-Ponty uses as an example of such a generalized unconscious the case of someone who relates to each person as if the issue were one of determining who is inferior and who is superior. In Merleau-Ponty's terms, inferior/superior, once an *issue in* the clearing, has become a *dimension of* the clearing. Merleau-Ponty uses the notion of context -- this time called "atmosphere" -- to explain why such a self-defeating stance is outside of the sufferer's awareness and control

An inferiority complex... means that I have committed myself to inferiority, that I have made it my abode, that this past, though not a

fate, has at least a specific weight and is not a set of events over there, at a distance from me, but the atmosphere of my present.⁶

Once such a way of taking people becomes a dimension of the background of all experience, a person cannot experience anything that could cause him to change his one-sided way of relating to other people. Thus Merleau-Ponty arrives at an account of the static character of neurotic time, parallel to, but totally different from, Freud's notion of the timelessness of the unconscious.

One present among all presents thus acquires an exceptional value; it displaces the others and deprives them of their value as authentic presents. We continue to be the person who once entered on this adolescent affair, or the one who once lived in this parental universe. New perceptions, new emotions even, replace the old ones, but this process of renewal touches only the content of our experience and not its structure. Impersonal time continues its course, but personal time is arrested. Of course this fixation does not merge into memory; it even *excludes memory* in so far as the latter spreads out in front of us... whereas this past which remains our true present does not leave us but *remains constantly hidden behind our gaze instead of being displayed before it*. The traumatic experience does not survive as *alrepresentation* in the mode of objective consciousness and as a 'dated moment; it is of its essence to survive *only as a manner of being with a certain degree of generality*."⁷

So far we have seen that Merleau-Ponty claims that if a child is faced with a particularly painful conflict the specific pattern already in place in the child's life gets generalized and becomes a dimension of the background upon which, from then on, persons and events show up. Merleau-Ponty does not tell us just why a conflict leads to the sort of ontological generalization which constitutes a character disorder,

but using some ideas from Heidegger we can construct an account of how and why such a change might occur. To begin with, conflicts lead to strong emotions. Heidegger classifies emotions and moods as forms of what he calls disposition (*Befindlichkeit*), and he notes that dispositions in his sense have an ontological capacity, i.e., they can color a whole world.⁸

Moods, for example, are always total. When one is in an elated mood everything is encountered as colorful and challenging, and, conversely, in depression everything shows up as drab and uninteresting. Emotions, unlike moods, are not always general. They can be quite specific, such as fear of a particular event, or anger at a particular person. Indeed, they normally are directed toward something specific which concerns some specific aspect of a person in some specific way. But emotions can flare up and come to color the whole world like a mood, as when a child's anger at how his father is treating him becomes anger at how his father *always* treats him, and even rage at how *everyone* has always treated him.

Now if we apply these ideas to the genesis of ontological generalization we can see why emotion plays a central role. When the issues set up by the family lead to a crisis, the emotional reaction of the child not only magnifies and intensifies the crisis, but actually totalizes it, so that it engulfs the whole world.⁹ Ordinarily, the emotion then subsides and the meaning it has carried out to the limits of the world again comes to be directed at the appropriate object in the world. But if, for any reason, the emotion is arrested in its course, then the local issue remains totalized and becomes an ontological dimension, or to put it in a way in keeping with Merleau-Ponty's emphasis on the body as correlative with the world, the body remains frozen in a certain stance which then distorts everything that shows up in its clearing. Thus, for example, a child comes to encounter all significant figures as superior, not because the representations of specific threatening others make him anxious and are therefore repressed and return in disguised form as symptoms, nor merely because

he has an unconscious *belief* that he is inferior. This would not adequately account for the pervasive style of his behavior nor his imperviousness to counter-arguments. Rather, according to Merleau-Ponty's account, the child's anger or shame about inferiority is sedimented into his posture and other body-sets, which structure his world so that all significant persons show up as dominating. Once an interpretation of interpersonal reality has become a dimension of his world the child is no longer aware of it and simply sees people under this illumination.

Even after an issue *in* the world, e.g. who is superior, has become one of the dimensions of the clearing, however, a person's world is not completely static and one dimensional. There are still other dimensions people can show up on, e.g. as sexually attractive. To understand the last step to the closed world of pathology requires explication of one last ontological notion from Heidegger and Merleau-Ponty. Heidegger, in his later work, introduces the idea of a particular event in the clearing or Open, which focuses and stabilizes the cultural meanings already in the public practices. As Heidegger puts it: "There must always be some being in this Open... in which the openness takes its stand and attains its constancy."¹⁰ In his last book Merleau-Ponty introduces a similar idea concerning the role of particular objects or events in an individual's life. "It is necessary to have the ontological capacity ... to take *a* being as a representative of Being ... The fixation of 'character' [takes place] by investment of the openness of Being in an entity -- and, henceforth, takes place *through this entity*. Any entity can be *accentuated* as an emblem of Being ..."¹¹

Heidegger and Merleau-Ponty have, in fact, noticed two closely related but antithetical kinds of ontological entities. Heidegger's notion of an event which gives constancy to a cultural clearing might be called a cultural paradigm. He gives as an example the Greek temple which opens up and organizes a multi-dimensional world by highlighting crucial issues which then become the locus of conflicts of

interpretation, and thus begin a cultural history. Søren Kierkegaard emphasizes that a lover or a cause to which one is committed can serve the same function in an individual's life.¹² Merleau-Ponty, on the other hand, is suggesting that there can also be negative paradigms -- objects, persons or events which focus a world not by opening it up but by closing it down, thus substituting timelessness for history.

Merleau-Ponty's notion of an emblem of Being which serves as a negative paradigm allows us to complete our ontological account of the genesis of neurosis. Once a way of reacting to others has passed from being an issue in the clearing to being a dimension of the clearing, a second traumatic experience can focus that dimension of the clearing so that it becomes the sole basis of the intelligibility of the world -- not just *a* dimension but *the* dimension in terms of which all other dimensions and hence all events are understood. One event or person becomes central in a person's life, and all issues are seen in terms of this entity. The dimension focused by this emblematic entity is experienced everywhere. So, to extend Merleau-Ponty's example, the losing struggle for superiority is not experienced as as one dimension among others. Other dimensions, e.g. sexual relations, are experienced as *really* a struggle for superiority.

When there are multiple dimensions to the clearing each one stands out in contrast to the others, but when there is only one dimension, then that dimension, like water for a fish, is so pervasive it cannot be noticed. Or, perhaps a better way of putting it is that the person does not realize the relation between the emblem and his one dimensional view of reality because he does not realize he has a view of reality. The emblem is noticed, of course. It is constantly present as crucially important, and the person with a character problem has some account of the meaning of the crucial event or person, but the definition of reality it focuses is so pervasive as to be invisible. It is as if the colorless illumination in a room that enabled a person to perceive multi-colored things were to become green, so that he perceived everything

as green. The source of the green illumination might be apparent, but since it could not be seen as having one color among others, it would not be seen as green. All new objects entering the room would, of course, be illuminated by the source the world of color would be restricted and static yet the perceiver would not realize that his world was monochrome.

If psychopathology is the result of generalizing an issue until it becomes a dimension of experience, and then focusing this dimension so that it colors all the others, then the cure must begin by showing the patient that his way of being-in-the-world has acquired a pervasive coloring. This is not to say, as one hears frequently these days, that the patient must be given a new frame. His problem is not that he has a disabling frame and needs a freer one. His problem is that a normal and sensible occasional issue, like the question of superiority, has become a frame. Any other issue which was treated as a frame would be just as disabling. The problem for therapy is not changing frames, but putting some issue which has become a frame back into the patient's picture.

The patient cannot see that his clearing has a fixed and narrow content because he has nothing to contrast it with. So what can the therapist do? The therapist may, therefore, try to lead the patient to experience the world *before* it became one dimensional by being focused by an emblematic event, or, even further back, to remember how things showed up before a specific issue in the family became one of the dimensions of his clearing. Of course, any ordinary memory will show the past as already colored by the current clearing, but there can be a kind of spontaneous recall especially in dreams, in which past events are experienced as they were originally not as they have been retroactively interpreted.

Even if the patient were thus led by contrast with the past to recognize the coloring of his present clearing, however, he would, insist that at a certain time in the past when he fixed on his emblem of Being he simply found out how things

really are. The therapeutic strategy for turning the ontological back into the epistemological must therefore undermine the patient's current sense of reality. This is accomplished by working with the patient to piece together an account of how the patient's narrow version of reality developed, through a series of accidental events, misunderstandings, and frozen emotions, culminating in an overwhelming emblematic experience. (Pointing out contradictions in the patient's view of reality will also help overcome the patient's conviction that reality must be the way he sees it.) Simultaneously the patient must also be lead to see the connection between his view of reality and his pain. The therapist thus tries to get the patient to see that what he takes to be unchangeable reality is really simply *his* particular and quirky story, and that this understanding has a high price. This "genealogy" will tend to undermine the patient's conviction that his way of seeing things is the way things are and have to be.

If successful, this ontological "talking cure" will enable the patient to free himself from his obsession with his emblem and thus to have several independent dimensions to his sense of human reality. But there may still be one issue -- say inferiority -- which, as a dimension, will color all the patient's human relations. Now, since an issue *in* the world *becomes* a dimension when it is totalized by an emotion which is not allowed to subside in the normal way, the emotion which has been stuck in world expansion must be worked through so that the issue it has ontologized can shrink down to size. Only then will the patient be able to see the struggle for superiority where it is appropriate -- rather than as a dimension of human interactions. Neither of the above techniques -- which must, of course, be pursued simultaneously -- is anything new to psychotherapy. The ontological view does not change what counts as pathology nor does it cast doubt on what have been successful ways of treating it. Rather, it conceptualizes both the pathology and the treatment in a new way: the issue which, as a dimension has come to govern all possible ways of

acting for the patient must once again become an object for him so that he can confront and deal with it freely as one issue among others in his world.

There *are* differences between the practice dictated by the two conceptualizations, however. These differences are not obvious in actual therapy since new ideas have entered therapy since Freud, and even Freud saw and did many things his model did not adequately explain. Nonetheless, as we have noted, one who thinks of neurosis as a pattern of behavior that has become generalized into an ontological dimension will tend to focus on character pathologies rather than symptoms. Furthermore, if Merleau-Ponty is right that a rigid reality is correlated with a rigid body stance, some kind of body work may be called for. Thus the kind of pathology which is taken as paradigmatic and the kind of therapy practiced begins to sound more like the Reich of *Character Analysis* than like Freud.¹³

Transference too would be conceptualized differently in these two pure cases. Rather than following Freud in using transference primarily in dealing with specific resistances, one would work with transference, as most current therapists do anyway, as an occasion for showing the patient the inappropriate coloring of his world by pointing out that he is reacting to the therapist in a typical but inappropriate way. The therapist thus uses the fact that he inevitably becomes an emblematic focus for the one dimension through which the neurotic sees everything in his world to call attention to this dimension.

None of this would work, however, if every aspect of the patient's behavior had been infected by his one-dimensional view. For then therapeutic, genealogical, reconstruction of the arbitrariness of the patient's sense of reality would be seen by the patient merely as showing the strange and idiosyncratic route he followed in arriving at the truth. Fortunately, however, this need not be his response. When a patient's world becomes totalized and one-dimensional, other ways of behaving from earlier days endure. These marginal stances, interpretations and practices are

not taken up into the one-dimensional clearing precisely because they are too fragmentary and trivial to be seen as important. The therapist must recover and focus the lost possibilities. Here transference has a positive role. Merleau-Ponty seems to be getting at this positive function of transference -- the therapist as a positive paradigm -- when he writes:

Psychoanalytical treatment does not bring about its cure by producing direct awareness of the past, but ... by binding the subject to his doctor through new existential relationships... It is a matter of reliving this or that as significant, and this the patient succeeds in doing only by seeing his past in the perspective of his co-existence with the doctor. The complex is not dissolved by a non-instrumental, [i.e. pure Sartrean] freedom, but rather displaced by a new pulsation of time with its own supports and motives.¹⁴

Other ways of encountering things and people, which were once possible for the patient and are still present in his body and behavior but are dispersed since they are not focused in an emblem, can be drawn together in the patient's relation to the therapist. The therapist can thus become for the patient a provisional paradigm which focuses and stabilizes an open and multi-dimensional world.

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² For Freud, even instincts in order to affect our behavior have to be mediated by representations: "An instinct can never be an object of consciousness -- only the idea that represents the instinct. Even in the unconscious, moreover, it can only be

represented by the idea." Sigmund Freud, "The Unconscious", in General Psychological Theory, ed. Philip Rieff, Collier Books, p. 126.

³ Sigmund Freud, "Some Character-Types Met with in Psychoanalytic Work," in Character and Culture, ed. Philip Rieff, Collier Books, p. 157.

⁴ "...as psychoanalysis ... shows to perfection, though resistance certainly presupposes an intentional relationship with the memory resisted, it does not set it before us as an object; it does not specifically reject the memory. It is directed against a region of our experience, a certain category, a certain class of memories. The subject who has left a book, which was a present from his wife, in a drawer, and forgotten all about it, and who rediscovers it when they have become reconciled once more, had not really lost the book, but neither did he *know* where it was. Everything connected with his wife had ceased to exist for him, he had shut it out from his life... ..In hysteria and repression, we may well overlook something although we know of it, because our memories and our body, instead of presenting themselves to us in singular and determinate conscious acts, are enveloped in generality." Maurice Merleau-Ponty Phenomenology of Perception, Routledge & Kegan Paul, N.Y.: The Humanities Press, p.162.

Merleau-Ponty gives us no account of how some range of items connected with a specific person or event could drop out of our awareness and become the context of our experience. Here the appeal to generality simply covers up a phenomenon which can be better explained on the basis of Freud's notion of unconscious intentional content.

⁵ Ibid., p. 83. (Translation slightly modified.)

⁶ Ibid., p. 442.

⁷ Ibid. p. 83. (My italics.)

⁸ Martin Heidegger, Being and Time, Harper and Row, Sections 29 and 32.

⁹ Silvan S. Tompkins developed a similar idea in "Script Theory: Differential magnification of Affects," but he only speaks of affects as amplifying and generalizing but not as totalizing.

¹⁰ Martin Heidegger, "The Origin of the Work of Art", in Poetry, Language, Thought, Harper & Row. p. 61.

¹¹ Maurice Merleau-Ponty, The Visible and The Invisible, Northwestern University Press, Evanston, Ill., p.270.

¹² Soren Kierkegaard, Fear and Trembling, Princeton University Press.

¹³ Wilhem Reich, Character Analysis, Simon and Schuster, Part I.

¹⁴ Phenomenology of Perception, p.445.