

Beyond Diagnosis and Symptoms

*O Health,
thou art grand,
and none understand,
how truly you taste,
until thou art waste.*

Jan Kochanowski

Anthony Quinton in 1985 in a lecture to the British Academy said that madness is a topic that should be of interest to philosophers but they have surprisingly little to say about it. Twenty years later it turned out that philosophers have surprisingly much to say about it. Philosophy of mind, philosophy of science, as well as philosophy of culture have all made not just madness but also psychiatry the subject of their analysis.

Philosophy of mind considers psychiatry to be applied philosophy of mind. Philosophy of science treats psychiatry as “science in question” and “cognitive neuroscience.” Philosophy of culture demands from psychiatry clarification of its categories and emphasizes the epistemological character of the psychotic experience, as suggested in the fragment of a renaissance poem. It points out that we are compelled to admit the existence of the source of the creative powers of the psychotic experience, which is still not adequately articulated and understood, despite attempts at reframing the terminology of “illness” into “gift” and despite Wittgenstein’s “respect for insanity.”

Antoine Mooij in his contribution – “Psychosis as the failure of symbolization” – highlights the epistemological character of mental disorders claiming that if we ask fundamental questions about man from the perspective of phenomenology or hermeneutics, then “psychopathology can hardly be regarded as a foreign body.” In three different forms of mental disorders – schizophrenia, paranoia, and melancholy – we are faced with disturbed symbolization; symbolization of the body in schizophrenia, of the Other in paranoia, and of

time in melancholy. Remaining within the neo-Kantian tradition, in the body of work of Cassirer and Lacan, Mooij defines his fundamental methodological approach in the following terms: "(...) what a function accomplishes behind our back can be identified at the point where this function fails or partly fails (...) workings of mind cannot be identified directly or through introspection (...) it can merely be reconstructed (...) dysfunction shows the function." He describes the psychotic experience as an "ontological experiment" because a person within his own experience can explore alternative possibilities and potential of symbolization.

Similarly, Andrzej Kapusta's contribution titled "Experience, depression, and decision making" strengthens the case for epistemological function of the mental disorder by the analysis of decision making in the experience of depression. "Under normal circumstances, the subject feels in control of his own decisions and accepts their consequences." When the normal circumstances change, there appear new, previously unconscious, elements of experience of pre-reflective character. In the experience of depression, the experience of time and space, of possibility, the sense of agency – all become distorted. This allows the increased awareness of the psychological complexity and intricacy of the decision-making process.

The creative aspect of mental disorders has been further emphasized by Moskalewicz, Schwartz, and Wiggins in their contribution – "The gift of insanity. The rise and fall of cultures from psychiatric perspective." The main thesis of the paper is the belief that "human culture is a biological imperative" and that "in the historical process of rise and fall, abnormality plays a crucial role." They examine culture from the evolutionary perspective and point out, first of all, that already in the immunological system we are dealing with the relation between the self and the other, and that all living beings spontaneously engage in contact with others. And second, that life itself has a normative and teleological character. The paper distinguishes four existential types: visionaries, builders, challengers, and preservers, and describes their qualities in psychiatric terms. It emphasizes in this way the constructive role of pathological characteristics throughout history and culture and defends pluralism and diversity on the grounds that "the protection of human diversity makes us better prepared for the unknown future."

The contribution by Borys Nowak titled "Silence of an Author and Silence of a Madman" focuses on the coexistence of the mental disorder and the creative, artistic process. Relying on the work of Heidegger, Merleau-Ponty and Lacan, Nowak analyzes linguistic and somatic moments active both in the creative and in the psychotic experience. The common source of these experiences is the essential silence which maintains a relationship with the language of Being. This source is not completely knowable and cannot be completely articulated. It can be compared to hearing and seeing in sensory perception. In conclusions we read "When we reach the area of silence we experience specific presence: presence of something inside of us which is not us."

Mental disorders not only provide a way of knowing of that which is not pathological but can also lead to deeper understanding of the mental disorder itself. Natalie Depraz in her contribution – "Trauma and Phenomenology" – reconstructs the existing model of trauma based on first-person experience through reconciling it with third-person neurological data. The approach represented by Depraz is a great example of a synergy between the humanities and the sciences. She writes: "Thanks to an integrative approach crossing (micro)phenomenological subjective experiences and empirical (neuro and physiological) data we hope to renew the understanding of the blank lived experience of trauma, the passive preconscious dynamics of traumatism and trigger possible therapeutic effects."

The area of philosophy of culture subsumes not only reflection on insanity but also reflection on psychiatry. Psychiatrists themselves also engage in such reflection. Meta-psychiatric consideration allows them to reformulate the meaning of established historical categories and to strengthen the socio-cultural activity that shapes the relationship with those experiencing insanity. One gets the impression of being transported back to the eleventh century to the times of Avicenna, the physician-philosopher, who was the first to describe various

mental disorders, hallucinations, nightmares, dementia, epilepsy, paralysis, and others. Avicenna was a true pre-phenomenologist.

Different viewpoints introduced by different fields of investigation reveal new questions without eliminating those already firmly established within European culture. Today we still inquire what question is addressed by insanity. When Kant claimed that disease resides in the mind and fought against the “common belief” that mental shortcomings are a result of unsuitable lifestyle or “pride, love, excessive thinking, and who knows what other faulty use of the powers of the soul,” he was addressing the question of the origins of the mental disorder. He separated the mind from culture, from life and its influence. When Henryk Struve – one hundred years later – claimed that the subject himself is actively engaged in the process of the appearance and development of his mental disorders, he was answering the same question. And lastly, when the modern-day psychiatrist Stanisław Pużyński writes about self-therapeutic efforts of the mentally ill and touches on the question of the origins of their disorders, he expands the discussion to include the patient’s role in the process of healing.

The movement at the interface between philosophy and psychiatry harks back to the already mentioned eighteenth century “common belief” that the entirety of one’s life and participation in culture affects the development of a mental disorder. It raises the problem rather than the particular answer. It condemns the deprecating and scornful attitude towards the mentally ill, clears him of the blame for complicity in the illness, and notes that mental illness is rife with moments distinct from great suffering.

Antoni Kępiński dedicates his book *Schizophrenia* to “those who feel more and understand differently, and thus suffer more, and whom we commonly call schizophrenics.” Does “feeling more” and “understanding differently” not constitute a creative impulse in culture? Similarly Karl Jaspers when describing artistic creativity uses the term “schizophrenic aura” not to belittle artistic creation but to emphasize its authenticity and originality.

This sympathetic attitude and attempt at understanding the richness of processes involved in mental disorders has found a counterweight in the approach focused more on classifying the symptoms and assessment of the patient from the point of view of divergence from societal norms. Against this approach in psychiatry and against the abuses perceived to lie within it, there arose the movement of the so-called anti-psychiatry. The history of the relationship between psychiatry and anti-psychiatry is discussed by Daniel Burston in his contribution “Psychiatry, Anti-Psychiatry: History, Rhetoric and Reality.” He separates the phenomenon, that is the anti-psychiatry movement, from the concept of “anti-psychiatry”, and also based on his personal experience, indicates the causes of the anti-psychiatric protest. We read “(...) Roy Porter, Thomas Szasz, and others have demonstrated, psychiatrists of that era had broad and sweeping powers to hospitalize political radicals, bohemian artists, women who defied their husbands or engaged in pre-marital sex, members of sexual minorities, or indeed anyone who antagonized the authorities and members of the (mostly male, mostly white) establishment.” In the conclusions of the paper, Burston claims that the area of modern psychiatry is continually evolving so much so that the term “anti-psychiatry” is merely a “sliding signifier.”

Bill Fulford in the paper (presented in the third section of this issue) “Cultural Values and Mental Health: a Manifesto for International Value-Based Practice” does not want to give up the science-based character of clinical care. Rather, through strengthening the links between philosophy and psychiatry and emphasizing the importance of using common non-specialist language in psychiatry, he tries to alleviate the negative self-image of clinical psychiatry. In conclusions of his paper we read: “This article started with psychiatry’s negative conception of both culture and values as being somehow anti-scientific and ended with the hope that in embracing cultural values psychiatry might take the leading role in the development of contemporary science-led clinical care.”

Similarly, my own contribution titled “Recognition and diagnosis from the perspective of an anthropological philosophy of culture” engages in meta-psychiatric reflection. It deals with the physician-patient relation and focuses on the cultural entanglement of the categories of “diagnosis” and “recognition” which it discusses from the point of view of the philosophical conceptions of Leszek Kołakowski. It highlights the necessity of the co-existence of clinical diagnosis with the process of recognition of the patient by the physician. Proper recognition, when accepted by the patient, could allow him to distance himself from his illness and could become an important element in gaining his trust and building the foundations of hope for therapeutic success.

The considerations presented in this issue of *Eidos* are unified within the conception of Roger Bartra and his category of “exocerebrum” which constitutes the philosophical justification of the intellectual efforts undertaken in the search of links between interdisciplinary states of consciousness. If we accept that the consciousness of the individual is not fully contained within the brain and spreads across other individuals, the culture as a whole, and the complex web of society, then developing one’s consciousness and gaining self-awareness must account for the moments of consciousness permeating the interlinked neuro-cultural network. We read “*Je est un autre* (Rimbaud) (...) The poet reminds us that consciousness is born out of suffering and out of the assimilation of that suffering through the help of others, because we blend with them in order to confirm our transitory identity. In this way we lose the soul but we attain consciousness.”

In our Forum we present two papers analyzing theological themes in the broader cultural context. Stanisław Krajewski shares his hermeneutical-linguistic reflections on the usage of the word *Elohim* which is in the plural form even though it refers to the one God. Krajewski quotes various attempts by other authors to explain this apparent contradiction. His own resolution is pleasingly simple. He suggests that it is a form of *pluralis maiestatis*. If the ruling monarch could speak of himself as “We the King by the Grace of God” then the One bestowing that grace could even more naturally be referred to in the plural form as *Optimi Maximi*.

James G. Hart’s contribution presents a very detailed analysis of Husserl’s views on the necessity of existence of absolute consciousness given the contingent existence of the world. At the same time the article demonstrates that the absolute consciousness itself is situated within the horizon of the divine. In this sense, Hart’s original analysis shows how predominantly epistemological and ontological themes of Husserlian phenomenology appears to be grounded in essentially theological questions. The author’s considerations are based on a thorough analysis that cannot be passed over indifferently. We read “The massive work of transcendental phenomenology is showing the agency of manifestation of ‘absolute consciousness.’ (...) This has to do not merely with the teleology of the agency of manifestation, i.e., the ‘whither’ of the teleology of presencing, but also, in some sense, with the constituting ‘whence’ of the transcendental I. Husserl argues for the teleology of truth pointing to both a divine subject as well as a divine entelechy.”