

Repressed Fear of Being Inconsistent.
Some Notes on Karl Stern's Biography

Review of Daniel Burston's, *A Forgotten Freudian: The Passion of Karl Stern*
(London: Karnac Books 2017), 256 pages.

When the chief editor of *Eidos* kindly asked me to write a review of Daniel Burston's new book devoted to Karl Stern, I kept a straight face and gritted my teeth. I did not want to reveal the fact that I had never heard of this Canadian psychiatrist and intellectual, who was probably one of the most influential figures in the development of psychoanalysis and in criticizing brain-reductionism in psychiatry. With a nervous smile I accepted the offer. When I was back home, I double-checked my library for any signs of Karl Stern's presence. There was nothing. I had to admit that the subtitle of the book – *A Forgotten Freudian* – is not just an advertisement catch phrase for newbies to the field, but expresses the very state of affairs: there is a completely repressed Freudian researcher called Karl Stern. In relief, I read the testimony given in the preface by Brett Kahr, the series editor:

When Professor Daniel Burston, a distinguished American psychologist and historian, approached Karnac Books about the possibility of writing a biography of Karl Stern, even the most historically savvy members of staff blurted out, "Karl who?" No one seems to have heard of this man.¹

1) Brett Kahr "Series editor's foreword" in Daniel Burston, *A Forgotten Freudian. The Passion of Karl Stern* (London: Karnac Books 2017), XIV. Later in the book Burston wrote, that "(...) there is not a single reference to Stern in Alan Parkin's *History of Psychoanalysis* in Canada or George Awad's more recent recounting of the same history." Burston, *A Forgotten Freudian*, 159.

Since it seems I am in good company in not knowing Stern, the question is: why has he been largely forgotten? Therefore, my proposition is to play the game that Burston started by giving in one line "forgotten" and "Freudian," because, as we know, the psychoanalytical way of forgetting something or someone is repressing something or someone. This game relies on the assumption that Karl Stern's life and work were not only forgotten, but also in some way repressed.

To ask the question of repression is similar, but not the same, as asking the question about forgetting. Repression means that something happened, and it was too strong, too strange, too violent, or too intimate for us, to be presented clearly in consciousness. Strictly speaking, it suggests that Stern did something that was not comfortable for "us," maybe because it was too real. Maybe "we" do not-want-to-be-a-victim of his drama, or, maybe "we" cannot accept some part of his life story, because it would reveal what we do not want to know about ourselves.

The study of this repression is one of many possible ways of reading the book, to which Burston gave some direct clues and some guiding signs, and to which I will come back to after a general overview of the work.

Daniel Burston's *A Forgotten Freudian: The Passion of Karl Stern* was published in The History of Psychoanalysis Series of Karnac Books. The volume has nine chapters, preceded by the series editor's foreword and the author's preface, completed by the author's afterword, and an extensive reference list (containing about 130 titles). The author also includes a useful index of names, concepts, and titles. The first six chapters present the life of Karl Stern in biographical order. Burston starts from Stern's birth in Europe in a secularized Jews family, continues through his education in Germany, and follows his escape with his wife and first children from Europe's rising antisemitism in the thirties from London to Montreal. Burston then reviews Stern's psychiatric career on the New Continent, where he published many scholarly works and one novel. At this time Stern's family grew and experienced challenges. Burston ends the biographical chapters with Stern's death. The last three chapters are concerned with more theoretical issues, including, among others, Stern's approach to the mind-body problem, his views on the phenomenology of Maurice Merleau-Ponty, his study of the dilemmas of religion, his critique of Freud's psychoanalysis, and the differences between his and Jacques Lacan's views on Christianity. The theoretical subjects are however interwoven with biography throughout the whole 256 pages of the book. In effect, a genuine variety of material was gathered in this volume.

The priceless value of the book results from Karl Stern's bibliography which Burston managed to reach, and which, in addition to basic literature, includes a few unpublished papers and an especially lively correspondence. For example, Stern's correspondence includes conversations with a friend, Dorothy May, a left-wing Canadian activist, and with the French philosopher Jacques Maritain, who was partly responsible for Stern's conversion from Judaism to Christianity. Additionally, Burston reviewed the correspondence of Stern's family members (specially his wife, Liselotte). Thanks to Burston's study of Stern's correspondence with his family, we get the historical and theoretical context of books like *The Pillar of Fire* and *The Third Revolution*, among others. Burston also includes some pictures of Karl Stern from different periods, as well as pictures of Stern's family members, colleagues, and friends.

In lesser hands, such a wealth of sources and topics could lead to a disordered and chaotic product, but Daniel Burston smoothly passes between different classes of discourse: stories of family life, great historical events in Europe and North America, psychoanalysis, psychiatry, philosophy, theology, global and local politics, religion nuances, etc. Therefore, despite of its heterogeneity, the book presents itself in a very consistent way and can be read without any stutter. For this very reason it can be used in many ways: it is obvious, that the "lecture" of the historian will be different from the lecture of the philosopher or psychoanalyst.

What is proposed here, in addition to asking about the ground of his repression, is to take the story as a series of conflicts between different agendas, and not to fixate on any one of them. Stern, as Burston writes frequently,

was conflicted in several areas: as a child with religious needs who was raised in a secular household, as a psychiatrist who had a deep faith in psychoanalysis, as a Freudian who neglected the central role of the male figure of the father and replaced it with the sensitive feminine figure of the mother, and as a Jew who became a baptized Christian as an adult. He also spoke out against irrationality in philosophy and society, but criticized positivism by defending religion, all while searching for a way to reconcile Freudian psychoanalysis with Christianity. He criticized Nietzsche and Schopenhauer's philosophies for giving ground for Nazism but was defending both as the most important core thinkers for Freud's inspirational insights. In his politics, he never definitively chose between capitalism or communism as "his option." In the private sphere, as a father and husband, he kept his distance. Although he was chilly to his family and relatives, as an intellectual he critically reformed psychoanalysis to recognize and study sensitivity as central to good human relations and psychogenesis. The information provided by Burston about the tension between Stern's public and private image (which we know thanks to his letters) is very meaningful. Even inside Christian dogma, Stern falls into inconsistency because experiencing

(...) the tension between an otherworldly interpretation of the Gospel, one that placed Christianity outside or against the world, and a progressive, social justice orientation that demands positive engagement in the world – and presages liberation theology in many ways – were always present in Stern.²

Sentences similar to the one cited above are typical for the book, so it can be concluded that different kinds of tensions and general inconsistencies are essential to the book's hero. Some of these tensions are apparent, some are hidden, and some are quite serious. Revealing the dialectic and errors in Stern's reasoning could be a great intellectual adventure, it is, however, not for me to point out or to judge Karl Stern's right to possess inconsistent beliefs (Who does not have them anyway?). What one can find deeper, under the actual content of Stern's life, is that inconsistency marks the very essence of Stern. Great work must be done by his readers to unravel these inconsistencies. I will provide some detailed examples (but they are just examples, and therefore should not be privileged relative to other inconsistencies that defined Stern's life and work, and which will not be developed below).³

Karl Stern was a psychiatrist who was educated in Germany after World War II and who would later develop his professional career in Canada (he was practicing and publishing almost to his death). As a doctor, he was obliged to base his clinical practice on the model of mental illness as a brain dysfunction, which belonged to the standard Kraepelinian paradigm. "The neo-Kraepelinian movement placed extravagant hopes in the brain imaging and psychotropic medication to unravel the baffling mysteries of mental disorder."⁴ It is very well known that this approach does not catch the whole picture of mental incapability, and therefore is reductionistic, and was criticized – also by Stern himself – for its vulgar positivism and its scientific orientation. Burston's book also reveals that Stern criticized psychiatry because of its distance from psychoanalysis.⁵ Stern's inner conflicts match the history of the development of North American psychiatry (even through the present), a tradition that was strongly influenced by the Vienna unconsciousness discovery. It is generally known that American psychiatry was collaborating with psychoanalysis (or with a modern, non-orthodox form of practice called "psychodynamic therapy") from The Second World War until the Nineteen-Seventies.

2) Ibid., 218.

3) Daniel Burston partly answers this question on the page 152 of his book, where he lists 5-points on why Karl Stern was forgotten.

4) Ibid., 159.

5) Ibid., 74–75.

Despite this collaboration, Stern believed there was something missing in the paradigm of mainstream North American psychiatry. He believed the connection between psychiatry and psychoanalysis should help address the dilemmas of religion and thus should be concerned with the existence of God and with transcendence in general. Stern credited transcendence as not only being possible, but as a normal part of human life. He rejected it, as a rule, being treated as a pathological nature (that is, there are some delusions of the presence of transcendence that are symptoms of mental illness, but not all thoughts and feelings attached to transcendence are pathological). On this ground, for example, during his student period in Germany (he took medical training in Frankfurt, Munich, and Berlin), Stern had a conflict with his American colleague who could not accept his religious interpretation of World War II. He imputed that Stern was schizophrenic because he compared the drama and suffering inflicted by the warfare to the passion of Christ. Burston also recalls Stern's story about an orthodox Russian, Jewish, psychiatric patient who was presented by a respectable professor to experts and students during a conference (which Stern attended). The patient gave a talk about the Messiah, just to be ridiculed by the professor as a funny case study.⁶ For Stern, it is not about the absolute adequacy of this kind of pathological interpretation of transcendence, but about how psychiatrists discredit the religious worldview by using psychiatric classification.

Let's stop here and try to roughly compare Stern's dilemmas with the actual state of modernity, according to non-conventional convictions and to the modern understanding of the brain's role in mental pathologies. Although psychiatry is still used to delegitimize people's rights (like in the case of the Russian, Jewish patient), and in this area nothing has changed, there is now a discussion trying to recognize religious (mystical) experience as non-pathological.⁷ There are also efforts to enrich psychiatry (as Evidence Based Medicine) by opening it to individual and regional (cultural) values, desires, thoughts etc., among others, by the Values-based Practice approach, that demands our individual beliefs by admitted (including believing in God).⁸ Even the basic concept of incomprehensibility attached to mental illness has dramatically changed since the beginning of the nineteenth century.⁹ Moreover, today, although Emil Kraepelin is still the icon of the psychiatry world, psychiatrists simply cannot be brain reductionists, at least in the old-fashioned way, because of psychiatry's pluralistic and humanistic tendencies, and also scientific progress itself.¹⁰ Actually, modern psychiatry operates in various milieus, involving relations such as those between body-mind or social-ego to describe properly its subject; like was already said, it is also taking into account the pluralism of values that are essential for democratic societies. An example of these kinds of wider perspectives, in the context of the mind-body discussion, is provided by the theory of informational-biological metabolism invented by Polish psychiatrist Antoni Kępiński, for whom mental illness expresses disturbances in the exchange of information (language or meaningful gestures) and at the same time of "bodily" contact between patient and his environment.¹¹ The point is, and it should be clearly emphasized, that some of Stern's intuitions, excavated by Daniel Burston, fully entered the official discourse of world psychiatry and humanities.

6) Ibid., 75.

7) Zofia Rosińska, "Mystical Experience: Pathology, or Supernormality?," *Eidos. A Journal for Philosophy of Culture* 1, no. 1 (2017): 29–38.

8) K.W.M. Fulford, "Ten Principles of Values-based Medicine," in *The Philosophy of Psychiatry: A Companion*, ed. Jennifer Radden (New York, Oxford University Press 2004), 205–234.

9) Andrzej Kapusta, *Szaleństwo i metoda. Granice rozumienia w filozofii i psychiatrii* (Lublin: Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej, 2010).

10) Michael A. Schwartz, Marcin Moskalewicz, and Osborne P. Wiggins, "Karl Jaspers: The Icon of Modern Psychiatry," *The Israel Journal of Psychiatry and Related Sciences* 54, No. 2 (2017): 4–8.

11) Jakub Zawila-Niedźwiecki, "Antoni Kępiński's Philosophy of Medicine. An Alternative Reading," *Folia Philosophica. Ethica – Aesthetica – Practica* 28 (2016): 23–35.

But it should also be clearly marked that for Karl Stern it was psychoanalysis that was the very ally of religion and also that which could stand against the scientism of psychiatry. Both aspects should be discoursed upon to keep his arguments legible.

For Karl Stern psychoanalysis itself had an internal tear. As Burston put it:

Stern claimed that Freudian thought represents fusion of two distinct – and antagonistic – currents of European thought: the Cartesian, reductionistic mindset of the natural and experimental sciences, and a romantic, Goethean philosophy of nature, whose belated representatives presumably includes Carus, Schopenhauer, Nietzsche, and Bergson.¹²

He thought Freud was apparently atheistic and positivistic (scientific verifiability of psychoanalysis was his day dream from time to time), but not in the deeper structure of his thought. “Unfortunately,” said Stern, “Freud’s need to cloak his intuitive-empathetic insights in the language of the natural science abetted a tendency to self-deception among Freudian faithful.”¹³ It would be better to put aside the question about Freud’s proximity to “natural science” (specially as Evidence Based Science) – what is important is not what psychoanalysis has to offer, but what Karl Stern found inside psychoanalysis. And what he found and valued was the romantic tendencies mentioned above that were the “source of Freud’s ideas that evinces a close kinship with existential-phenomenology, and accounts for Freud’s deepest insights (...).”¹⁴ On the practical level it means that it is not only the brain that is broken, but also the soul, and transcendence can express what is more intimate. Therefore, it can be concluded, that for Stern religion and psychoanalysis are allies against atheism and positivism.

That bizarre reasoning cannot have left Karl Stern untouched. As is well known, Freudian discourse (which led Paul Ricœur to title Freud, together with Karl Marx and Friedrich Nietzsche, the “master of suspicions”¹⁵), is not restricted by any sentiment to transcendence. We are used to using psychoanalysis to discredit religion and its morals as a cultural residue of the past to be expunged. It is however not the intention of this paper to neglect Stern’s right to have his own set of beliefs.

The crucial moment in Stern’s life and work happened in reality, not theory. It concerns his son, Anthony Stern, who suffered from bi-polar disorder, because of which he was hospitalized several times and attempted suicide twice in the sixties (Karl’s wife was also suffering from the same disorder). He was offered lithium as medication to alleviate his mental state (he was taking Largactyl containing *Chlorpromazinum*). As Burston put it, lithium was

(...) the latest (and to that point, only) drug that was demonstrably effective in the treatment of manic depression. But lithium was still quite new in Canada, and the drug itself is exceedingly toxic, with numerous “side effects.” Besides (...) Stern placed more faith in psychoanalysis than in pharmacology (...). Since the Largactyl was not effective, and lithium was still new, Stern asked Noel Walsh to provide Antony with psychotherapy.¹⁶

12) Burston, *A Forgotten Freudian*, 166.

13) *Ibid.*, 168.

14) *Ibid.*, 166.

15) Paul Ricœur, *Freud and Philosophy. An Essay on Interpretation*, trans. Denis Savage (New Haven, Connecticut: Yale University Press, 2008), 33.

16) Burston, *A Forgotten Freudian*, 139.

Then the tragedy happened:

(...) Anthony's mental status had been precarious, provoking lively consternation among all who knew him. Finally, on May 24th, 1967, toward midnight, Anthony finally decided that he had suffered enough, and took a fatal overdose of barbiturates. (...) Walsh examined the body and certified that Antony was dead.¹⁷

Burston provides some deep insights into this situation and the impact it had on Stern's family and Karl himself. What is important here is the existential rupture was different from all the previous ones. This time the split took place between his experience and knowledge. A split as a critic of psychiatry from psychoanalytical barricade, and reality, as it tragically affected his life. This event should not be rationalized by an explanation based on the hard critic of psychoanalysis that leads to a neuropsychiatric approach, and should not be calculated and judged to find who was guilty. Anthony Stern's suicide should be taken as an excessive event and the most significant rupture in his father's life. It is important not because of the death (which is tragic but is not the essence of this event), but because it let Karl Stern to touch reality itself. It was so essential because it had happened not between two theories or beliefs, but between his life wisdom (when Anthony died he was 61 years old) and its consequences.

So maybe Karl Stern legacy was repressed not only because of the facts listed by Burston, but on some level because of the general human fear of such a rupture itself. If this reading is at least partly correct and Stern's life was marked by a series of conflicts that culminated in the conflict between his knowledge (that was marked by tensions and contradictions) and reality, then maybe the repression was guided by the illusion of ego consistency. To put it differently, the illusion is to hold, that one has a coherent set of convictions. The game that was started at the beginning brought us to the point where such an ordinary, bourgeois, head of family and professor of medicine, who mirrored conflicts related to intellectual and global history of the twenty century, became the symbol of the fear of not being solid. The problem is that maybe Karl Stern was too average when we compare him to the great eccentrics in modern history that influenced psychiatry, psychoanalysis, and philosophy, and too broken, when we compare him to the ideal model of identity. Therefore, it would be easier to accept someone who is, at least probably, a pathological individual (that does not exclude genius, after all), than to accept a gifted, but after all ordinary, professor of medicine.

17) Ibid., 139–140.