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Message from Chandra Kavanagh, Philosophy Society President, 2012

Our society and our department have changed drastically this year. We have gained new professors and lost beloved members of the faculty. The undergraduate students felt the loss of Dr. James Bradley very deeply. Dr. Bradley served as a champion for undergraduates, student spaces and the philosophy society. I was lucky enough to study Kant with Dr. Bradley and his lecturing style was unmatched. The society would like to extend our thanks to Dr. Arthur Sullivan who displayed comforting leadership in a time of crisis and has proven to be a proactive and understanding ally of students.

Many thanks go out to the philosophy society executives. Vice President Victoria Smith and Secretary Jhon O'Keefe were both instrumental in the logistics of our initial meetings and our mixers. Treasurer George Ingerman went above and beyond the call of duty, serving as the bartender for all six of our mixers and organizing our end of the year formal single-handedly. Special thanks go out to Kristian Piraino who, despite his lack of a title, was ready to volunteer for any task. Without Kristian, we would not have accomplished many of our events this year.

Finally, thanks to everyone who came out to events, spent time in the Keifte Room and participated in the society. You cannot absorb written philosophy without conversation to supplement it. The community that surrounds the department of philosophy is very special; work hard to preserve it. Best of luck in 2013!

Sincerely,

Chandra

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Kant's Moral Theory and the Case of Anorexia Nervosa

Melanie Hurley

Introduction

To anyone reading Kant's *Groundwork of the Metaphysics of Morals* and *The Metaphysics of Morals*, hereafter to be referred to as the *Groundwork* and *MM* respectively, it is obvious that Kant considers suicide morally reprehensible for three reasons: its maxim is not universalizable as a law of nature, it treats the human person merely as a means, and it transgresses the duty of self-preservation that one has to oneself. These points are true in Kant's philosophy not only for suicide, but for any kind of self-harm or self-defilement. Kant's views on suicide have led to much criticism, discussion, and debate. One interesting consideration of the issue comes from Thomas D. Harter, in "Reconsidering Kant on Suicide," in which he discusses how Cato's self-killing, according to Kant's moral theory, can be both virtuous and morally blameworthy. Another comes from Michael J. Cholbi, in "Suicide Intervention and Non-Ideal Kantian Theory," where he considers the suicidal agent's mindset and how one is to intervene with suicidal agents in a way that is morally Kantian.

Although both of these scholars provide thought-provoking discussions, they are only concerned with cases in which people desire to end their lives outright, whether out of a sense of moral duty or because of psychological problems, such as deep depression. Here I ask a different and more complex question: How does Kant's moral philosophy apply (or can it apply) to cases of anorexia nervosa, an eating disorder which leads to the deterioration of the body and possibly

even the death of the sufferer? A clear case of self-harm, the behaviours associated with anorexia, according to Kant's standards, are immoral. However, in assessing morality, Kant assumes a fully rational agent. Following Cholbi's treatment of suicide, I intend to show that the anorexic is not psychologically typical. Additionally, the maxims of action are the objects of moral assessment in Kant's moral philosophy, and drawing upon the work of both Megan Warin and Jenni Schaeffer, I intend to show that, in general, the anorexic's maxim is not one of suicide or self-harm, but instead one of self-purification and self-perfection, a maxim which at times sounds disturbingly Kantian. As a result of the atypical psychology of the anorexic and the maxim on which the disordered behaviours of the anorexic are based, I will argue that the anorexic cannot be judged according to Kant's moral standards.

Section 1: Suicide, Self-Harm, and the Abuse of Food and Drink in Kant's Moral

Philosophy

In the *Groundwork* and *The Metaphysics of Morals*, Kant approaches the issue of suicide from different angles. In the *Groundwork*, Kant analyzes the act of suicide as an example of the application of two formulations of the Categorical Imperative (CI): the Formula of the Law of Nature (FLN) and the Formula of Humanity (FH); in *MM*, within the Doctrine of Virtue and under the heading of "Perfect Duties to Oneself," Kant discusses suicide as an act opposed to the duty of human beings to preserve themselves in their animal natures. The Doctrine of Virtue also includes a discussion of the moral impermissibility of both self-harm (included in the discussion of suicide) and the excessive use of food and drink, which dulls a person's reason. An exploration of these discussions will reveal the reasons why Kant always sees any form of self-harm as immoral.

In the *Groundwork*, the application of both the FLN and the FH to the question of suicide shows the act to be immoral, in the first case because it is impossible to make the maxim of the suicidal individuals a universal law of nature, and in the second because the act of suicide does not treat the human person as an end in itself. The case of suicide is the first example Kant uses to illustrate how to apply the FLN to real life situations. Kant states the FLN as “*act as if the maxim of your action were to become by your will a **universal law of nature***” (73; emphasis original). Kant describes the individual who is contemplating suicide as someone who “is still so far in possession of his reason that he can ask himself whether it would not be contrary to his duty to himself to take his own life” (73-74). Kant declares the suicidal individual’s maxim as “from self-love I make it my principle to shorten my life when its longer duration threatens more troubles than it promises agreeableness” (74). Kant says the individual must now ask himself whether or not this maxim could become a universal law of nature. Kant argues that it is impossible that it could be so since nature’s impulse is the furtherance of life and so nature would contradict itself if such a maxim were made universal. To act on such a maxim would therefore be a transgression of duty.

Later in the *Groundwork*, Kant uses the suicide example in a similar manner to illustrate how one should apply the FH to life’s moral questions. The ground principle of the FH is “*rational nature exists as an end in itself*” (79; emphasis original). Kant argues that, by necessity, every human being represents his or her own existence in this way, and thus this is a subjective principle of human actions. However, since this holds true for every human being, it is at the same time an objective principle “from which, as a supreme practical ground, it must be possible to derive all laws of the will” (79-80). On this basis, Kant states the FH: “*So act that you use humanity, whether in your own person or in the person of any other, always at the same time as*

an end, never merely as a means” (80; emphasis original). By this formulation of the CI, Kant’s suicidal individual asks himself whether or not the action of killing oneself is consistent with the idea of humanity as an end in itself. Kant says that if a person kills himself to escape from the ills of life, he uses his own person “*merely as a means* to maintain a tolerable condition up to the end of life” (80; emphasis original), which the FH forbids. Therefore, according to Kant, one cannot dispose of his own person by maiming, damaging, or killing oneself, since all of these actions use one’s own person as a means only, and not as an end.

It is important to note that, in both of the *Groundwork’s* examples, Kant depicts the suicidal individual as fully rational, a depiction which Cholbi says is mistaken. Cholbi says that Kant “gives the false impression that many suicides occur when an agent *weighs* the good of her future happiness against the moral good of respecting one’s moral autonomy” (247). Cholbi refutes Kant’s stance, arguing that the suicidal agent is so disenchanted with his or her existence that he or she no longer cares about happiness, acts from a sense of nihilism, and has a weakened psyche which negatively impacts his or her ability to think rationally in the Kantian sense of the term. Given this difference between Kant’s assumed psychology of the suicidal agent and what we now know as the agent’s reality, the way in which Kant assesses the morality of suicide is ill-founded and inaccurate.

In *MM’s* Doctrine of Virtue, Kant again addresses the suicide question, but this time it appears as a part of the discussion of the perfect duties one has to oneself as an animal being, a discussion which also includes the issues of defiling oneself by lust and by stupefying oneself by the excessive use of food and drink. Despite the different approach to the question, Kant still reaches the conclusion that suicide is morally reprehensible, although he wonders about possible exceptions in the casuistical questions (none of which, however, apply to the present concern

with eating disorders). Before the discussion of the three transgressions above stated, Kant makes some preliminary remarks. He states: “The *first*, though not the principle, duty of a human being to himself as an animal being is *to preserve himself* in his animal nature” (546; emphasis original). One must therefore take care of one’s body so as not to cause premature death. Kant says that self-killing may be either *total* (suicide) or *partial* (self-mutilation). Likewise, there are two forms of self-mutilation, as it may be either *material* (the maiming of oneself) or *formal* (the permanent or temporary self-deprivation of the one’s capacity to naturally (and so morally) use one’s powers).

Suicide is the first of the transgressions Kant discusses in detail, and he argues, in line with the FH, that suicide is immoral because it removes the expression of humanity, an end in itself, from the world. Kant argues that for as long as a person lives he or she is a subject of duty, and so to act as if he or she did not require authorization for an action would be a contradiction. He says: “To annihilate the subject of morality in one’s own person is to root out the existence of morality itself from the world, as far as one can, even though morality is an end in itself” (547). Kant then concludes that to dispose of oneself “as a mere means to some discretionary end is [to debase the] humanity in one’s person (*homo noumenon*), to which the human being (*homo phaenomenon*) was nevertheless entrusted for preservation” (547). Harter notes that for Kant:

Suicide does not debase humanity in one’s person by destroying the whole self, especially given that Kant considers humanity a *noumenal* entity. Nor does suicide debase humanity by destroying the rational nature of the self. Instead, suicide debases humanity because it permanently destroys the ability of an individual to act in ways that collectively characterize humanity in one’s person (176).

Suicide destroys the phenomenal body, but in so doing removes the expression of noumenal humanity, and by extension the expression of noumenal morality, from the world, and it is therefore an act degrading to humanity. Self-harm is characterized in the same way, for self-mutilation and self-deprivation which prevent the individual from using his or her natural powers partially destroys the phenomenal body and inhibits the expression of noumenal humanity and noumenal morality, even though it does not completely destroy it.

Kant's discussion of stupefying oneself through the excessive use of food and drink as a transgression of the perfect duties to oneself is also of interest to the present topic since anorexics abuse the means of nourishment, although in a manner opposite to the abuses of which Kant speaks. Kant claims that the vices of drunkenness and gluttony are immoral because they are a misuse of nourishment which "restricts or exhausts our capacity to use them intelligently" (551). Kant says that drunkenness puts people into the state of animals, since it makes us incapable of acting rationally; similarly, a person who has overeaten is in no state for rational deliberation. According to Kant, such stupefaction inhibits the expression of humanity in the world since it leads to a lack of rational ability, and it is therefore obvious that to put oneself in such a state violates a duty to oneself.

Any form of self-harm, whether suicide, self-mutilation, or stupefaction through drunkenness or gluttony, is an immoral action according to Kant's philosophy. However, Kant always depicts the agents who form maxims and act on them as individuals who are in complete possession of their rationality, and it is often the case that, as Cholbi says, individuals who do themselves serious harm are not psychologically typical. The differences in the psychology of the anorexic from the majority will illustrate how such variance in psychology creates problems for the application of Kant's moral system to such cases.

Section 2: What is Anorexia Nervosa?

Anorexia nervosa is a complex eating disorder characterized by severe emaciation. The cause of anorexia nervosa, which I will refer to interchangeably as anorexia nervosa, anorexia, and AN, is unknown. For this reason, and since the expression of anorexia varies from person to person, it is difficult to give a comprehensive description of the disorder. It is therefore challenging to understand the psychology of the anorexic and to establish how she forms maxims. Throughout the remainder of this paper, following the common practice of the literature, I will be referring generically to the anorexic in the feminine, since the majority of those who suffer from the disorder are female.

Anorexia nervosa was not described as a medical disorder until almost a century after Kant wrote *The Metaphysics of Morals*. The disorder “was first described by Lasegue as “L’anorexique hysterique” in 1873 and by Gull in 1874 as “Anorexia nervosa,” meaning “nervous loss of appetite” ” (Ogden 211). The definition of anorexia nervosa currently most frequently used by researchers and clinicians is the one found in the DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition; published by the American Psychiatric Association in 1994). According to the DSM-IV, as quoted by Jane Ogden in *The Psychology of Eating* (212), the symptoms of anorexia include:

- 1) The patient’s refusal to maintain a body weight at or above the minimally normal weight for age and height (i.e., a body weight that is maintained at less than 85% of the expected body weight).
- 2) An intense fear of gaining weight or becoming fat despite being underweight.

3) A disturbance in the way the patient experiences her body weight or shape, an unwarranted or excessive influence of body weight or shape on self-evaluation, or denial of the current low body weight.

4) Amenorrhea, the absence of at least three consecutive menstrual cycles in postmenarcheal females.

The DSM-IV also describes two forms of AN. The first is restricting anorexia, in which the patient restricts her food intake but does not experience episodes of bingeing and purging. The second is binge eating/purging anorexia, characterized by the patient both restricting her food intake and episodes of bingeing and purging through self-induced vomiting or by the misuse of laxatives, diuretics, or enemas.

The definition of AN in the DSM-IV illustrates a clear case of self-harm that is immoral by Kant's standards. The individual deprives herself of nourishment, an abuse of food and drink that is opposite to the stupefaction described by Kant in *MM*, but nonetheless one that inhibits the full expression of humanity in the phenomenal world, since it causes a deterioration of the body that may eventually lead to death, and it prevents the continuance of the species since it renders the woman infertile. It is therefore impossible to universalize the practices of anorexia as laws of nature (violation of the FLN); the practices of anorexia fail to treat the human person as an end in itself (violation of the FH), and the practices also violate the duty to preserve oneself in one's animal nature discussed in *MM*. If we were to stop here, we would have to say that the anorexic acts immorally. However, the DSM-IV definition used in diagnosis of the disorder provides scant information on the anorexic's psychological state, pointing only to a disturbed perception and experience of the body. The manner in which the anorexic feels, thinks, and forms maxims is not discussed. In order to fully understand the experience of anorexia and be

able to relate it to Kant's theory in a satisfactory way, one must push into psychological discussions and analyses of AN to uncover the maxim of the anorexic.

Section 3: The Psychology of the Anorexic, Her Maxim, and Why We Cannot Use Kant's System to Morally Evaluate Her Actions

The medical community has proposed many different models for the cause of anorexia nervosa, including a genetic model, a neural model, psychoanalytic models, a cognitive behavioural model, a family systems approach, and a sociocultural model. However, although these models may explain certain aspects of the disorder and while therapeutic approaches have been based upon them, none provide a satisfactory explanation of the disorder. In fact, discussions of anorexia which are not exclusively medical but which are still concerned with the anorexic's psychological complexity, as well as with her behaviours and her struggle, but not with the cause of the disorder, provide a better understanding of how the anorexic thinks, feels, and forms maxims. Thus, for the purposes of this paper, I turn to the work of social anthropologist Megan Warin and the personal account of Jenni Schaeffer.

In *Abject Relations: Everyday Worlds of Anorexia*, through the ideas of relatedness and the abject, Warin develops a new understanding of the practices associated with AN, a discussion which makes it clear that anorexics are not psychologically typical and enables us to derive the anorexic's general maxim. Warin spent time with forty-seven AN patients, forty-five of whom were women, from all different walks of life and ranging in age from fourteen to fifty-five. From her observations, Warin concludes that *relatedness* is central to the experience of anorexia. Relatedness is composed of many different elements, including "the exchanging and sharing of food and substances, living together, domestic arrangements, places, memories, emotions, and

relationships [of all kinds]” (3). In short, relatedness is whatever connects us to other people. Warin reports that the patients consistently viewed our usual ways of creating and sustaining relatedness, from the everyday practices of commensality to the capacity to have children, “as dirty and disgusting and feared for their threatening, yet desired, potentialities” (3). This sense of the disgusting and the feeling of threat both point to the idea of the *abject*, which is also central to Warin’s depiction of AN. The literal meaning of abject is to cast off, away, or out, but Warin says it can also be defined in relationship to desire. She says that substances like spit, food, feces, and vomit, as well as signs of sexual difference are abject because they cross borders and disturb order and identity. Such things hold fascination for us because of their ability to move, but they also threaten to engulf us. Warin reports that anorexics considered fats, bodily processes, public spaces, and relationships as things to be “distanced, negated, cleansed, and purged in an attempt to remove their threat” (5). It is from these thoughts and practices of the anorexic that Warin derives what I shall formulate and label as the maxim of the anorexic: to act in any way that achieves cleanliness, emptiness, and purity.

Jenni Schaeffer, in *Life Without Ed: How One Woman Declared Independence from Her Eating Disorder and How You Can Too*, describes her own battle with anorexia in terms of learning how to separate herself from “Ed,” the personification of the eating disorder, suggesting that the eating disorder manifests in the minds of sufferers in a way that is psychologically atypical. She says that the first step in the fight against Ed to win her life back “was learning how to distinguish between the two of us. I had to determine which thoughts came from Ed and which ones belonged to me” (1). She describes this other entity Ed as making her suffer, forcing her to binge, purge, and avoid food at turns, and cutting off her emotions. Based on Schaeffer’s depiction of the situation, the maxim of the anorexic stated above is more accurately the maxim

of Ed, a phenomenal entity who exists in the minds of anorexics, and inhibits their ability to think and to act rationally.

Consideration of Barbara Herman's "normal" moral agent in *The practice of moral judgment* provides further evidence of the atypical psychological state of the anorexic and why Kant's moral system is inapplicable in cases of AN. She says that the Kantian moral agent must "not only know a set of morally appropriate categories (or else he might have no way to notice that what he was doing required moral scrutiny); he must also intend his action under an appropriate moral description (or else his maxim might have no moral content)" (76). The underlying assumption in Kant's work is therefore that the moral agent understands which actions are morally questionable and require assessment through the various formulations of the CI or on the basis of duty. Herman continues: "Normal moral agents do not question the permissibility of everything they propose to do (having lunch, going to the movies, and so on)" (76). The anorexic, however, *does* question the permissibility of certain everyday activities such as the ones Herman lists. Schaeffer describes "Ed's Rules," a set of commands laid down by the eating disorder which control everything the person does, from eating daily meals to socializing. For example, she says there is Ed's dining rule: "You must always eat less than the people you are dining with on any occasion" (12). To consume too much food, or to eat certain kinds of food, such as fatty foods, is to act in opposition to a maxim of purity and perfection and to defile the body. The permissibility of eating becomes a source of great concern and guilt for the anorexic, consuming her attention in a way that probably not even the most morally-conscious among us can claim that their moral principles do. The anorexic, according to Herman's description, therefore cannot be considered a "normal" Kantian moral agent.

In fact, the thinking of the anorexic has become so far removed from typical rationality, that she has replaced the moral law, which according to Kant holds for all rational beings, with Ed's law, the law of cleanliness, emptiness, and purity. Everything else, every natural impulse, is subordinated to achieving these goals, and thereby to perfecting the self, and in this way the practices of the anorexic sound eerily Kantian. In the Doctrine of Virtue, Kant claims that our natural impulses constitute obstacles to our fulfillment of duty, as even though we recognize the authority of the moral law, pleasure can induce us to break it. The process of self-perfection, an end which for Kant is also a duty, requires the individual to raise himself "from the crude state of his nature, from his animality . . . more and more toward humanity" (518). It also requires that the individual cultivate "his will up to the purest virtuous disposition, in which the *law* becomes also the incentive to his actions that conform to duty and he obeys the law from duty" (519). Kant is here saying that, to quote Marcia Bacon, "we must control our inclinations, not let them control us, and we must allow them no hearing as challengers to duty. We must not seek a compromise between duty and what we want. When they come into conflict, we must always put duty first" (205). Ed's law of purity, which to the anorexic who has not learned to differentiate between herself and Ed appears to come from her own reason (the source of the moral law in Kantian philosophy), is also her incentive, and so in Kant's terms, she acts from duty. The anorexic subordinates every inclination, most of all those of hunger, to duty to her law. She does not allow hunger to get in the way of keeping her body pure and clean, and so she eats extremely little and is exceedingly choosy about what she puts in her body. Except for the fact that the anorexic's law is opposed to the true moral law of which she has lost sight in her confusion, the anorexic is a near-perfect example of acting from duty.

Allen Wood's discussion of how we should set ends in accordance with duty in "Duties to Oneself, Duties of Respect to Others" furthers this bizarre parallel between Kant's philosophy and the lifestyle of the anorexic. Wood states that "the duty to promote an end involves . . . a duty to refrain from setting all ends that are opposed to the obligatory end – specifically any end of decreasing one's own perfection" (234). Wood goes on to say that if one commits to perfecting him or herself in a certain, determinate way, then "this can create something approaching a perfect duty to perform actions that promote this perfection" (234). Wood gives the example of a professional athlete who would be blamable for failing not to practice his sport and keep in top condition, whereas amateur players of the sport would not be because they, unlike the athlete, have not chosen to follow this path of self-perfection. Similarly, the anorexic chooses to perfect her body through a process of purification and through the achievement and the maintenance of a certain bodily appearance. Thus, according to the standard she has set for herself, she is blamable if she breaks Ed's rules and gains weight or defiles her body.

Even though Kant's moral philosophy and the practices of the anorexic appear as parallels, the anorexic is clearly not a good Kantian moral agent since, as has already been stated, she is breaking the moral law by harming herself through self-imposed starvation. The psychology of the anorexic is so disrupted by the disorder that Kant's moral system has been warped. The moral law has been replaced by another law, a law laid down by the phenomenal Ed, and which therefore represents another set of inclinations, harmful ones, which have consumed the individual. However, unless the individual in question admits she has a problem, accepts therapy, and learns to separate herself from Ed as Schaeffer did, the law of purity will continue to appear to come from her own reason, and she will continue to act against the true moral law, harming herself out of duty to Ed's law.

Warin and Schaeffer's understandings of AN move us far beyond the medical definition of the DSM-IV, describing not only the symptoms of AN, but also the thoughts and feelings that are manifested through these symptoms. These depictions of AN, particularly when considered alongside Herman's description of a "normal" moral agent, have allowed us to determine that the anorexic, like Cholbi's suicidal agent, is psychologically atypical, and that this disturbed psychology leads to a maxim of acting in any way that allows for perfection and purity, even when it harms one's own body. Thus, we see that anorexia is not necessarily based on a desire to end one's life, nor is it simply a misguided or shallow desire to achieve a particular body weight and shape. Additionally, the actions of the anorexic parallel the actions that a moral agent is supposed to follow according to Kant's philosophy, but they adhere to Ed's law instead of to the moral law, further demonstrating the disrupted psychology of the anorexic, as she is seen to be out of touch with the law of noumenal morality, and therefore also out of touch with Kantian rationality.

Conclusion

I now return to the question that I posed at the outset of this paper: How does Kant's moral system apply (or can it apply) to cases of anorexia nervosa? I respond that it does not and cannot because Kant's system assumes a moral agent with a typical psychology, as seen in his discussions concerning suicide in both the *Groundwork* and *The Metaphysics of Morals*, and the psychology of the anorexic does not fit a typical pattern. Kant's system, however useful it may be for analyzing moral dilemmas and evaluating actions when the individual in question is a "normal" moral agent, it cannot be employed in cases that deal with individuals, such as

anorexics, who have an altered psychology and who have not received any therapy to try and deal with their psychological differences.

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Creeping Toward a Comprehensive Methodology: Meaning and Autonomy in Mental-Healthcare

Genevieve Brouillette

Overview

This paper was motivated by a personal aversion to the rampant use of psychopharmaceutical drugs in the treatment of mental illness that seems to extend well beyond the scope within which they may achieve their intended effect. Having spoken to friends and acquaintances suffering from mental illness, as well as to individuals working in mental healthcare, I am convinced that the predominant model of psychiatry is not meeting the needs of its client-base. This paper aims to explore a more comprehensive model of care for the mentally ill. In order to do so, I review Karl Jaspers' *General Psychopathology* which, almost one hundred years after its initial publication, still retains its original force and relevance. In keeping with Jaspers' methodology, I also take into consideration voices from outside the field of psychiatry and enter the realm of literature to explore the meaningfulness of psychosis and the importance of patient autonomy. I chose to use the short story "The Yellow Wallpaper" by Charlotte Perkins Gilman as a fictional case-study for a number of reasons. First of all, it is widely acknowledged to be one of the finest descriptions of incipient insanity. Secondly, the author was interviewed after writing it, so we have access to her motivation in writing the story as well as the meaning behind it. Finally, this story persuaded a prominent neurologist, Dr. Weir Mitchell, to change his treatment of neuroasthenia. I intend this paper to be a demonstration of the manner in which the treatment of psychological illness can be a dialogue between patient and practitioner, through

which the patient's autonomy and integrity are maintained.

Introduction and Context

Karl Jaspers' *General Psychopathology* is unique in its scope and is a product of its time; the confluence of the historical, political and academic spheres in Germany at the turn of the twentieth century made it an ideal petri dish for this type of endeavor. Had Jaspers written this work even a few years later, the politics of medicine which followed the First World War would have made its publication virtually impossible. That said, almost one hundred years since it was first published, *General Psychopathology* retains its relevance. Given the fact that the past fifty years have witnessed the field of psychiatry become more and more analytical and science-based, with emphasis on rapid diagnoses and elimination of symptoms rather than the underlying causes of the same, Jaspers' work does not read in the way one would expect of a manual on the treatment of psychological illnesses. Whereas the American Psychiatric Association's publication, *The Diagnostic and Statistical Manual of Mental Disorders (DSM)*, rejects the possibility of having meaningful discourse with a patient suffering from psychosis, Jaspers emphasizes the study of the human being as a whole and the importance of the meaningfulness of psychosis. In stark contrast with the *DSM*, which includes no discussion of freedom and normal psychic life, Jaspers' psychopathology stresses the importance of the patient's freedom and integrity. Drawing influence not only from psychiatrists and psychoanalysts, but also from philosophers, neurologists and social scientists, *General Psychopathology* is overtly interdisciplinary and strives to provide an account of normal and abnormal psychic life in order to ascertain how we can live in a functional society with similar, though individuated, people.

Although Jaspers' methodology stands largely in opposition to that outlined in the *DSM*, certain developments within the American Psychiatric Association (APA) suggest that the

discipline is ready for a change, and that a Jaspersian influence would be welcomed. One such event is the resignation of Dr. Loren Mosher, who was a member of the association for nearly thirty years *and* the head of schizophrenic research at the National Institute of Mental Health in 1998. In his open letter of resignation, he criticizes the association for having sold out to pharmaceutical companies, claiming that “psychiatrists have become the minions of drug company promotions.” Rather than attempting to appreciate patients as “whole persons in their social contexts,” psychiatrists exist to “realign [their] patients' neurotransmitters” (Ibid). Finally, Mosher criticizes the *DSM*, claiming that its diagnostic categories are misleading, merely a way to obtain research money and systematize diagnoses regardless of any meaning or coherence within and between the diagnoses. Dr. Mosher is not to be dismissed as a radical dissident; he completed his undergraduate education at Stanford University, obtained his medical degree at Harvard University, and held a number of prominent positions within his field (www.moshersoteria.com). Furthermore, Mosher is not alone in his criticism of the APA's mode of operation. It is telling that the latest edition of the *DSM* has been in development since 1997 but will not be published before 2013, and that the APA published an entire book criticizing the *DSM* in 1992 (*Rethinking the DSM: A Psychological Perspective*) and in 2002, although it is currently out of print.

The fact that the latest edition of Jaspers' treatise was published by John Hopkins University and includes a new foreword by a Paul R. McHugh, a prominent American psychiatrist, lends credence to the idea that the current model is no longer working, if it ever did. McHugh cites the continued force of Jaspers' thought in his foreword, stating that “although it draws from the clinical thought and practices of the late nineteenth and early twentieth centuries, its delineation of the methods for comprehending mental disorders remains unmatched to this

day” (Jaspers v).

Exegetical Analysis of *General Psychopathology*

Jaspers' two-volume tome stands out in its field in that its focus is not on diagnostics, per se, but instead on the physician's methodology. *General Psychopathology* reads with a humbleness often lacking in the sciences, vehemently insisting that we do not, and cannot, have a perfect model of psychiatry and that the complete picture of psychic life is always out of reach. Jaspers goes so far as to claim that the “basic structure in this book is that of fighting against absolutes, of exposing the various forms of endlessness and of doing away with obscurities, but we hope at the same time to recognize every genuine experience and comprehend it in its own way” (Jaspers 35). In keeping with this objective, each chapter frames one point-of-view and notes both its positive aspects and its shortcomings. In so doing, the point is illustrated that there is no single prevailing point-of-view in psychiatry, but that “all we can do is to try and apprehend individual realities clearly and unequivocally with the help of individual methods” (Jaspers 48).

The first section, which concerns itself with individual psychic phenomena, begins with the assertion that an analysis of psychopathology must have a phenomenological basis since empirical research, through which we verify our theories, hinges on perceivable, measurable data. The phenomenal field is then narrowed down to those events which are significant for a psychological analysis: the psychic experience of life, psychic performances (the psyche's outward directedness), physical events accompanying psychic states and “meaningful objective phenomena,” whose relevance can only be perceived when the observer understands their meaning, i.e. facial expressions (Jaspers 53-54). The importance of patient self-reporting is emphasized, for descriptions are most reliable when composed by the individual who has actually undergone the experience. Detached observation and assessment, Jaspers claims, are not

adequate substitutes (55). It should come as no surprise, then, that the book contains a great number of first-person accounts from Jaspers' patients as well as those reported by his colleagues.

In order to distinguish between abnormal and normal psychic phenomena, we first need to clarify what is meant by the psyche. Consciousness, as defined by Jaspers, entails awareness of experience, awareness of an object and self-reflection (9). By this he means that consciousness is that which recognizes observable phenomena and differentiates between object and subject (self). In a comprehensive model of the psyche, however, this is not enough; we must allow for “a *theoretical extraconscious construct that goes beyond it*” (Jaspers 10; emphasis original). Doing so establishes a framework within which the physician/psychiatrist must always be open to the possible existence of a cause lying outside the realm of concrete, verifiable data. Naturally, including such an elusive structure in the schema of psychiatry makes the practitioner's task more difficult, but we should not abandon the goal of creating an effective, comprehensive framework of care in favor of one that lends itself to oversimplification and gives us a false sense of confidence in our findings.

The discerning psychiatrist will recognize that because “not everything that happens in a psychic illness can be explained using the criteria of science,” people are “creatures of culture, they develop beliefs and moral standards and constantly transcend their own empirical human self which is the only self that scientific research can recognize and grasp” (Ibid. 8). It is important not to paint a caricature of Jaspers; although he does reject the idea that science is the only path to knowledge, he does place a great deal of importance on the contribution of science to understanding the world around us. What he is aiming for, then, is neither a “purely deductive and barren philosophical theorising,” nor mere “collection of individual experiences,” but a

common ground between the two, where various fields of science and the humanities may intermingle and influence one another (Ibid. 16). Admittedly, Jaspers' interdisciplinary method does run the risk of producing a “pseudo-methodology,” but this weakness is not sufficient grounds to reject the pursuit (Ibid. 37). Because of the broad definitions of consciousness and psyche, as well as the vague manner in which they are applied in everyday usage, it is clear that “there is no system of elements and functions to be applied generally in psychopathological analysis (as one might apply knowledge of atoms and the laws of chemical combination); we must simply be satisfied with a number of different methods of approach” (Jaspers 42). Ideally, psychiatrists should immerse themselves both in scientific studies and in works of philosophy, literature and history, thus giving them as comprehensive a foundation as possible upon which to base their assessment of particular cases and to color their understanding of psychopathology in its breadth.

Jaspers was heavily influenced by Edmund Husserl, the founding-father of phenomenology, who undoubtedly affected Jaspers' concept of empathy as a major tool for the psychiatrist. In his *Cartesian Meditations*, Husserl revealed the primordially of the other through the fact that *we do not have access* to the experiences of other monads (humans). Husserl forwards the argument that it is impossible to experience another ego's essence as such, for “if what belongs to the other's own essence were directly accessible, it would be merely a moment of my own essence, and ultimately he and myself would be the same” (Husserl 109). We then come to know the other through *appresentation*, wherein the existence of the other ego's personal, psychological self is implied by its inaccessibility to the meditating ego. This appresentation is correlated with the concept of apperception, and is further explicated with the dichotomous concept of the 'here,' and the 'there.' If we accept that the meditating ego is present

'here,' then it is clear he cannot simultaneously be present 'there.' Therefore an ego existing 'there,' is necessarily an other, and is coexisting with the meditating ego. By means of empathy, one may intuit that the world is existing for the other ego such as it would exist for oneself if one were 'there.' Although there is a clear connection, Walker correctly argues that in a Husserlian paradigm we can only empathize through an understanding of our own original experiences: “Husserl is a protobehaviorist who denies the possibility of access to the other person's subjective experience,” whereas, on the other hand, “Jaspers' intention was the empathic understanding (*einfühlende Verstehen*) of just such a subjective experience” (Walker 254). Walker's point is clearly identifiable in Jaspers' words: “We do not see ourselves in the other person but the other person or his meaning as *existing in their own right*, the other's experience, which in that form we have never had” (Jaspers 254; emphasis mine). Perhaps, then, it is more suitable to turn to Karl (Max) Weber, a lifelong influence on Jaspers' personal and professional lives, for insight into his concept of empathy.

Weber, who had an immense influence on Jaspers' work, believed that human science should be centered on empathy, where empathy is an interpretation of another individual's internal personal state or experience, a claim that was clearly adopted in Jaspers' writing of *General Psychopathology* (Walker 249). In Jaspers' work, this same concept is more often referred to as understanding. For the purpose of clarity, I will use the term empathic understanding to refer to the Jaspersian meaning of this term for the remainder of this paper. Even if the psychiatrist has never experienced the exact same phenomenon as his patient, utilizing empathic understanding allows the psychiatrist to see where his or her patient is coming from:

the psychiatrist's own experiences again provide the basis for understanding the

patient's more dramatic and disturbing experiences. Jaspers gives the example of the ecstasies of some acute psychoses, pseudo-hallucinations, and perverted impulses, all of which have some lesser precedent in a [*sic*] most people's experience (Walker 253).

For example, even if I have never personally felt that my body was not my own, or that the walls in my room were moving independently, I can *imagine* what it might be to experience such a sensation. From there, I can better understand the position in which an individual suffering from such a psychosis is. Whereas objective data can be measured and perceived by the senses, empathic understanding allows us access to those experiences that evade classical definition.

In order to avoid confusion, we must distinguish empathic understanding from rational understanding. Rational understanding also aids in our ability to understand the genesis of an individual's thought or actions, and does so in situations where the connection may be understood on a purely logical basis. Empathic understanding, which is the psychological mode of understanding, goes a step further and allows us to “understand how certain thoughts rise from moods, wishes or fears” (Jaspers 304). That we are able to understand how another individual is feeling or how a sequence of events may have compounded to create or dissolve a mood is not to say that we have immediate access to causal knowledge of the events; the possibilities of explanation for mental states and events are endless. Jaspers therefore encourages psychiatrists to acknowledge their own limitations (Ibid. 305), a sentiment that is echoed in Mosher's letter of resignation several decades later.

As Jaspers astutely notes, a human being is not simply a mind or a psyche encased in a body, but a complex whole. More than that, we are not mechanistic beings, but complex organisms interacting with other complex organisms. The elaborate nature of the psyche

complicates the identification of causality when it comes to mental illness. By the time we reach adulthood, it has become clear that life is a complicated mess: “it is in multiplicity, the unending multiplicity in the fabric of causal relationships, that the reality of life lies” (Ibid. 454). This multiplicity refers to the fact that mental illness is rarely a simple matter of an effect being brought on by a cause. Rather, the same effect may be precipitated by any number of disparate causes, the final effect may have a chain of causes preceding it, or the cause and effect may not have any *necessary* connection. Interestingly, the same cause may create different, occasionally even opposite, effects depending on its intensity and the patient's disposition (Jaspers 451-453). This point is especially pertinent in analysis of genetic causes of mental illness. In chapter ten of *General Psychopathology*, Jaspers outlines various problems with genetic science, such as the manipulability of statistics, uncertainty of the uniformity of method and basis of diagnosis, the influence of environmental factors illustrated by twin studies, and the fact that culture, which plays an important role in mental health, is inherited historically rather than genetically. It is undeniable that genetic sciences have progressed by leaps and bounds since Jaspers wrote this book. That said, genetics still cannot account for more than a biological predisposition, which generally is not sufficient cause for the onset of a psychological disorder.

Since biology is often not a sufficient cause of mental illness, we must turn our attention to the other aspects of the individual. Jaspers uses the term “the momentary whole,” to describe an individual's temporal psychic state, whether the patient is of a clear or clouded consciousness, independent of history or politics. It is dangerous to assume that one's mental state is uniform over time for, as Jaspers notes, “the total state of psychic life is extremely variable and the phenomenological elements are by no means always the same but have individual permutations according to what all the other elements are and to what the total state may be” (137). Of course,

one's state of consciousness cannot independently be the key to unraveling the mysteries of mental health; the physician must rather take into consideration as many aspects of the individual as possible, while retaining the knowledge that we can never have a *complete* understanding of the psyche.

It is notable that, in an 859 page book on psychopathology, nosology (diagnostic classification) is only introduced on page 563. This points to Jaspers' skepticism towards theoretical, traditional diagnostic practices, noting that medicine, especially psychiatry, has often mistaken the symptom for the disease, and that medical theories carry with them false confidence in their certainty and completeness. Problems arise when “we tend to take the conceivable (the possible) for reality; to mistake what is unverifiable (and random) for what is verifiable (and can be determined); and finally to take what is simply construed as basic and presented metaphorically, for the actual objective realities” (Jaspers 549). Every attempt to understand and define consciousness or psyche as such provides one mode of observing and understanding it, or gives us one perspective. The nature of the psyche is such, however, that we can never know any individual *as a whole*, “but we direct ourselves towards this whole by means of totalities, which in themselves however are not the whole but only restricted measuring-rods, the outcome of an analysis which shows us ways for a possible conception of the whole without ever giving us full possession of it” (Jaspers 555).

Purposeful Living with Mental Illness: What we can learn from Milt Greek

The New York Times publishes a series of articles investigating life with severe mental illness. Their segment on *Meaning in Madness* focuses on the life of Milt Greek, who was diagnosed with schizophrenia shortly after completing his undergraduate degree at Ohio University. His story is pertinent for two reasons: it demonstrates the shortcomings of traditional

psychiatry when treating severe mental illness and it highlights the possibility of the existence of underlying meaning in psychosis.

Mr. Greek is an anomaly in that he has come to see his illness as a blessing rather than a curse. By understanding and acting on the messages inherent in his delusions, he manages his illness and has attained that which few in his position are able to attain: “a full life, complete with family and career” (Carey). This was not always the case, however. In Athens, Ohio, Mr. Greek was an outsider who became increasingly isolated from friends and family. When he was finally diagnosed with schizophrenia, after experiencing delusions of meeting God and Jesus, “the doctor never asked what he thought his hallucinations meant” (Carey). He did not make an effort to connect them to other aspects of Greek's life and quickly wrote a prescription, what Jaspers would describe as “mere doing,” or the thoughtless following of dogmatic frameworks without reflection on its actual effectiveness or empirical soundness (Jaspers 461). The physician's reaction is not surprising to the article's author, Benedict Carey, who claims that:

doctors generally consider the delusional beliefs of schizophrenia to be just that – delusional – and any attempt to indulge them to be an exercise in reckless collusion that could make matters worse. There is no point, they say, in trying to explain the psychological significance of someone's belief that the C.I.A. is spying through the TV; it has no basis, other than psychosis (Carey).

When the patients are questioned as to what they believe their delusions signify, they claim that their “delusions have their origin not solely in the illness, but also in fears, longings and psychological wounds that, once understood, can help people sustain recovery after they receive treatment” (Carey). Greek, with the assistance of his wife and the use of medication, has found a

way to fit his religious delusions into a meaningful, productive life. When he hallucinates or experiences delusions informing him he is responsible for saving the world, he channels his reaction toward smaller, but still significant, projects, such as supporting a noise-pollution ordinance or cooking for an isolated neighbor.

Greek and a growing number of other individuals living with severe mental illness are sharing their stories, allowing other sufferers of psychosis to study them and gain insight into their own pathology. Proponents of this method argue that, contrary to common medical conviction, “the content of a delusion should not be ignored but engaged, carefully, once a person has his or her hallucinations under control” (Carey). While this may appear to be an emergent concept, Jaspers does, in fact, emphasize the value that reading *pathographies* can hold for a mental healthcare practitioner. Pathographies are biographies and autobiographies which focus on the psychic life and incidences of particular significance for the development of creativity in the individual. Jaspers believed that all psychopathologists should read pathographies of significant individuals in order to improve their understanding of the psychic life and the effects of experience on the individual's psyche (729). Using pathographies both for the development of the psychiatrist and for the patient's own therapy and self-understanding is a logical step in the direction of a cooperative treatment plan.

Dr. Mosher's call to reinstate integrity into the field of psychiatry is not an isolated voice. Several prominent psychiatrists responded positively to Carey's article. In a letter to the editor of the New York Times, Dr. Jeffrey Freedman, the former president of the New York County branch of the American Psychiatric Association, states that many psychiatrists recognize that there is often meaning behind psychosis. Treatment shortfalls are often consequences of the fact that “there are pressures to see far greater numbers of patients for shorter periods of time, and the

prominent focus is on medications that often reduce the psychosis to prevent hospitalizations” (Freedman). The tendency to prescribe medication without acknowledging or appreciating the unique circumstances surrounding each individual patient may curb hospital admissions in the immediate future but, in the long run, is unsustainable if we are to give the patients any hope of living a meaningful life with, but not defined by, psychosis.

The fact that, as Jaspers lays out in the second section of chapter 2, severe psychological disorders are not positively correlated with lower intelligence quotients, should lend support to the argument that patients should be treated with respect and dignity.

The Yellow Wallpaper: Fact and fiction

Charlotte Perkins Gilman's “The Yellow Wallpaper” is written in the form of a woman's journal during her bed-rest treatment for a prolonged and severe nervous condition and, as such, allows the reader to follow the progression of the morbid process. The story opens with the narrator revealing that her husband has brought her to an isolated mansion so that she may have complete rest; she is not even allowed to care for her young baby. The narrator's husband, John, is a prominent physician who does not believe that she is actually ill and, as she notes, “if a physician of high standing, and one's own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depressions – a slight hysterical tendency – what is one to do?” (Gilman 1899). While the narrator insistently takes issue with the treatment method, claiming that work and company would improve her state, John, in words that parallel the general attitude of the first psychiatrist who attended to Milt Greek, says that “the very worst thing I [the narrator] can do is think about my condition,” and that humoring the fancies of a psychiatric patient only exacerbates the problem (Gilman 1899).

It is significant that the description of the room to which the narrator is confined, and

which she deems to previously have been a nursery, reads more like an asylum than a child's room: "the windows are barred for little children, and there are rings and things in the walls," the paint and wallpaper "is stripped off" in patches; she later notes that "the floor is scratched and gouged and splintered, the plaster itself is dug out here and there," and the bed is bolted to the floor (Ibid.). The wallpaper in the room, which is initially a source of discontent and later an obsession for the narrator, is "dull enough to confuse the eye in following, pronounced enough to constantly irritate and provoke study, and when you follow the lame uncertain curves for a little distance they suddenly commit suicide – plunge off at outrageous angles, destroy themselves in unheard of contradictions" (Gilman 1899). As her psychosis deepens, the narrator takes on a role comparable to that of a psychiatrist, and the wallpaper becomes her patient, whom she must figure out. Midway through the story, the narrator discovers a woman trapped between the two-layered pattern of the wallpaper. Observing the woman in the wallpaper becomes a compulsion, and the narrator grows ever more protective of her secret. As the severity of her psychosis intensifies, she begins to see the woman "creeping" behind the wallpaper and, in the daytime, outside the wallpaper. By the end of the story, the form is no longer that of a journal but the narrator's real-time thought process; the reader *is there with her* as she *becomes* the woman trapped in the wallpaper and shocks her husband, the prominent physician, by tearing off the wallpaper and "creeping" around the room shouting "I've got out at last . . . in spite of you and Jane. And I've pulled off most of the paper, so you can't put me back!" (Ibid.).

Just as the wallpaper has two layers, we can read Gilman's story as fact overlaid with fiction. Gilman was herself treated by the prominent neurologist, Weir Mitchell (to whom the narrator of the story is threatened to be sent if her state does not improve). When she presented him with pages of self-reported symptoms, Dr. Mitchell informed her in no uncertain terms that

he had no interest whatsoever in reading them and “submitted Gilman to his celebrated rest cure that, in calling for isolation, physical inaction, massage, mild electrical stimulation, and fattening, centered on the body as the site of health and disease” (Thraikill 526). At the turn of the twentieth century, when both Gilman and Jaspers were writing, it was common for neurologists, medical physicians and those practicing psychology in its early years to assume that psychological disorders or illnesses were of a corporeal, or physiological, origin. Dr. Mitchell, who was at the top of his field, insisted that the effectiveness of his rest cure was due to the *physical* treatment of the patient's body, and not in any purely psychological effects of isolation. This is not to say that Mitchell was uncertain as to what mind or psyche was; rather, he “conceived the mind to be yet another point of ingress to a person's physical substance, as susceptible to emotion shocks as the mucus membranes were to germs” (Ibid. 532). Mitchell's rest cure gained considerable academic and professional acclaim, despite the fact that patients often did not share his positive view of the treatment. Whereas the rest cure entailed the prohibition of “all physical and intellectual activity,” Gilman firmly believed that purposeful, professional work “could quite literally re-form persons by changing not just their minds but their bodies” (Thraikill 545).

Fortunately, we do not need to rely solely on secondary commentary to appreciate the full-force of Gilman's intent. In 1913, following much questioning as to the motivations for the story, Gilman published an article entitled “Why I Wrote the Yellow Wallpaper.” After suffering from a “severe and continuous nervous breakdown tending to melancholia,” Gilman sought the help of Dr. Mitchell (Gilman 1913). She was advised to abandon any creative work and to live as restfully as possible. Following his advice sent Gilman to the brink of “utter mental ruin,” until, “using the remnants of intelligence that remained . . . [she] cast the noted specialist's advice to

the wind and went to work again,” and only through that did she regain any measure of mental health and autonomy (Ibid.). The story was written in direct response to her experience with the rest cure, and a copy was sent to Dr. Mitchell. Although Mitchell never acknowledged receipt of the story, Gilman later discovered that he had “admitted to friends of his that he had altered his treatment of neurasthenia since reading *The Yellow Wallpaper*” (Ibid.). Gilman's story not only helped the treatment of mental illness to move toward a model that takes into consideration psychological, as well as physiological, symptoms; it also marks the entry of the patient's voice into the discourse of psychotherapy.

Conclusion

While psychiatry has doubtlessly come a long way since its nascent stages at the turn of the twentieth century, the same dogmatism that Jaspers was concerned about still runs rampant in the field. We must resist labeling any thinking that deviates from societal norms as pathological; it is precisely the ability of certain individuals to escape the common mindset and conception of reality that has enabled breakthroughs in science and changes in social structure to come about. Unfortunately, whether because of an overall confidence in the accuracy of their theoretical knowledge, or because of time-constraints, “traditional psychiatric diagnostic methods, which focus on the form and content of beliefs and experiences, are not capable of distinguishing between pathological and nonpathological forms” of psychosis (Jackson 387).

Jackson and Fulford's article “Psychosis Good and Bad” investigates the gray area between pathological and benign psychosis. They define benign psychosis as “a broad range of anomalous experiences that have psychotic features, do not lead to psychiatric consequences, and are spiritual in that they are often associated with a profound sense of personal meaning, a shift in values or significant beliefs, or in that they may be interpreted in terms of a spiritual or

paranormal explanatory framework” (389). The concept of nonpathological psychotic experience is not novel to religion, nor was it to Jaspers, who noted that psychoses could be taken in a positive light in religious or creative contexts (729-730).

Because of the inherent difficulty of pinning down an accurate model of consciousness, or the psyche, we have tried to conform it to our existing model of somatic medicine. This is a bit like inserting a square peg into a round whole; we may get it in, but it will never be a true fit. The result of reducing subjectivity, interpretation, belief, values and interpersonal relationships to a somatic model of medicine is “an institutionalized dumbing down of clinicians' sensitivity to the person and to their unique experiences as individual human beings” (Jackson 390). In order to respect patients' autonomy and integrity as whole, complex beings, we must adopt a more comprehensive approach to mental health care. A turn towards a phenomenological approach, as outlined by Jaspers in *General Psychopathology*, holds hope for a model of mental health within which we could justifiably apply the term 'care'.

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Kant's Logical Evolution of Thought: *Thinking Freedom and Morality*

Emily-Jean Gallant

Kant's "What is Enlightenment?" instructs one to utilize one's own understanding independently of outside influences, encouraging one to be brave enough to *emerge* from the *minority*, that which prevents one from using one's own understanding – *Sapere Aude!* ("What is Enlightenment?" 17). The *Groundwork of the Metaphysics of Morals*, however, promotes one to act only so that one's maxim for acting is universalizable and can become a *universal law*. One has to evaluate one's maxim in order to judge its universalizability. At first glance, it would appear that there is a conflict between these two ideas; on the one hand, Kant wants one to break from the *minority* and to think independently for oneself, while on the other hand he is promoting the evaluation of one's maxim to ensure that it is universally applicable. The two positions, presented in this way, can be deemed as conflicting; however, when thoroughly outlined in the chronological order of publication, the conflict turns into a logical form of argumentation. Essentially, by reading the *Critique of Pure Reason* (1781), in particular, the resolution of the Third Antinomy, followed by "What is Enlightenment?" (1784), and then concluding with the *Groundwork of the Metaphysics of Morals* (1785), the reader can observe a natural and logical evolution of thought. This analysis intends to demonstrate this point by elucidating the arguments in the order in which they were published. This analysis is not insisting that Kant himself actually thought through these arguments in this exact manner (for an

argument supposing to know what Kant actually thought is unfeasible); however, it is simply attempting to demonstrate that Kant's arguments, which appear to conflict, can be reckoned as logically following from one another. This paper can be considered to be a more experimental analysis and, it ought to be noted, as but one interpretation of Kant's work, and it is in no way supposing to be the only way to construe Kant.

By way of beginning, a brief elucidation of the resolution of the Third Antinomy in the *Critique of Pure Reason* (A538/B566) shall ensue. For it is in the Third Antinomy that Kant appears to have successfully outlined how we can be both free and live in a world that is necessitated. Empirically, we see the world behave in a predictable manner: science is based on the assumption that once a hypothesis is proposed, one need only to test it repeatedly in order to justifiably declare it a theory. This process is only possible provided that the world behave in ways that allow for multiple tests to consistently yield the same results. For example, every time pure water is exposed to 0 degrees Celsius or below, it will freeze. Kant does not want to ignore these observable facts and lose the ability to conduct science; however, if the world is necessitated, then what happens to our apparent freedom? In order for human beings to live in societies that contain laws and to be held accountable for breaking those laws, freedom is essential. If one is not free, then one cannot be held accountable for one's actions despite how awful those actions may be. Kant does not want us to lose human agency and freedom since without these our organized societies with their laws would simply fall apart. The resolution that Kant derives is called *transcendental idealism*; that is, Kant's distinction between the *phenomena* (the empirical world of appearances) and the *noumena* (the intellectual world of pure practical reason):

For insofar as this subject is *noumenon*, nothing *occurs* in it and there is found in it no change requiring dynamical time determination and hence no connection with appearances as causes. Therefore, this active being would to this extent be independent and free in its actions from all necessity, which is found only in the world of sense (*Critique of Pure Reason* 541).

These two domains allow for both freedom and necessitation and, if one accepts this split, enables one to move on to explain exactly of what freedom consists. In other words, once Kant (or anyone for that matter) is able to demonstrate that we are in fact free, it seems only logical to move on to a discussion of what that freedom entails. This is where “What is Enlightenment?”, as it shall be further argued, can be reckoned as the next logical move.

Kant begins “What is Enlightenment?” by answering the title’s question: “*Enlightenment is the human being’s emergence from his self incurred minority*” (17). When one is unable to use one’s own understanding because one constantly relies on others to make decisions for him/her, then one is considered to be in the minority. The Thirty Years’ War (1618-1648), sometimes considered to be the “German Religious War,” was prompted primarily due to a conflict between Protestantism and Catholicism (Parker 100). Up until World War II, the Thirty Years’ War was considered to be the “most traumatic period in German history” due to the loss of lives and culture (Parker 192-193). Although Kant was born 76 years after the end of the war, he no doubt learned about the devastation which had occurred. It can be argued that Kant saw the need (more than ever) to encourage the people to speak out for themselves and not allow the powerful religions/political organizations to control the fate of the country. Of course, there are many examples from history that may have influenced Kant’s writings and this may (or may not) be one of them. The fact of the matter is that Kant felt the need to promote individual *freedom*,

which is implied in his definition of *Enlightenment*. For one has to be free to be able to make use of one's own understanding and, as previously outlined, Kant has successfully determined that we are free in his resolution to the Third Antinomy. Therefore, the next logical step for Kant is now to encourage and instruct the people to make use of that freedom:

For this Enlightenment, however, nothing is required but freedom, and indeed the least harmful of anything that could even be called freedom: namely, freedom to make *public use* of one's reason in all matters ("What is Enlightenment?" 18).

Escaping the minority is essential for freedom; however, how does one go about doing that? In order to answer this question, the next logical step, following from the conclusion that we are free, has to be one that not only defines that we have to *make use* of that freedom, but that instructs us on *how* to emerge from the minority, which prevents freedom.

Kant insists that the "minority is *self-incurred*," that it is a "lack of resolution and courage" in the individual ("What is Enlightenment?" 17). According to Kant, the culprit of this minority is the individual who is *lazy* and who does not have the *courage* to make use of his/her own understanding. He therefore delineates, in great detail, just how to enact that freedom within society, for people may be afraid to reason publicly for fear of being punished by the "guardians" ("What is Enlightenment?" 17). Kant uses practical examples from society like that of a priest who, in his *private life*, is bound to fulfill his job accordingly, by reading the Gospel and teaching the word of God to his congregation ("What is Enlightenment?" 19). On the other hand, that same priest *ought* to be able to, in his *public life*, give his own account of the gospel by criticizing the traditional reading and perhaps offering an alternative interpretation ("What is Enlightenment?" 19). Kant even goes so far as to encourage the priest to "resign" from his post if he can no longer adhere to the religious tradition ("What is Enlightenment?" 19). Thus, if the

priest strongly disagrees with the religious conventions, then he *ought* to speak out and, if needs be, leave the church, for he can no longer “in conscience hold his office” (“What is Enlightenment?” 19). Kant is attempting to demonstrate how one can be free within a society that appears to want to control and necessitate its people; in a sense, this resembles the structure of the Third Antinomy where Kant seeks freedom within a necessitated world. “What is Enlightenment?” therefore appears to be continuing the discussion of *how* to be free despite living in a necessitated world or, in this, case society. While the Third Antinomy deals with the metaphysical/epistemological way to be free, “What is Enlightenment?” deals with the practical/social way to be free. This point further strengthens the argument in this analysis that logically, between the *Critique of Pure Reason* and the *Groundwork of the Metaphysics of Morals*, there should be an analysis of how one is to *use* one’s freedom, and that analysis is “What is Enlightenment?” It ought to be noted, however, that Kant maintains that the *noumenal* realm is outside the realm of *appearances* and that no actual empirical observations as such can be utilized in order to describe the *noumenal* realm (*Critique of Pure Reason* 540). Alternatively, Kant explicitly states that:

[We] would still have to *think* it in accordance with the empirical character, just as in general we must – in thought – lay a transcendental object at the basis of appearances although we know nothing about this object as to what it is in itself (*Critique of Pure Reason* 540).

Thus, in “What is Enlightenment?” Kant can be described as actually *thinking* the transcendental in accordance with the empirical character, literally practicing what he is preaching. Since “we must – in thought – lay a transcendental object at the basis of appearances” it seems fitting to suggest that we must – in thought – lay freedom at the basis of our practices (*Critique of Pure*

Reason 540). In other words, just as we have to *assume* a thing in itself behind the appearance, so too do we *assume* freedom behind our empirical practices. In order to do so, we must define what that freedom *is* and *how* to enact it, which, as has been argued here, is what Kant is doing in “What is Enlightenment?” when he demonstrates how to emerge from the minority and to act freely. The next logical step for such an analysis would be to stress the fact that with freedom comes responsibility, viz. morality.

To briefly recap, Kant has determined that we are free, he has described what that freedom is and how to enact it, and now it seems only logical for him to define the next fundamental issue, that of responsibility. Obviously, Kant would not want people going around doing whatever they pleased; there has to be some form of ethics that can be applied. Due to the fact that, as demonstrated above, all rational beings are included in his transcendental idealism, he has to create an ethics that will accommodate and be applicable to all. Anthropologically speaking, human beings are extremely diverse and different cultures have very different laws, and these vast differences are what make human existence so extraordinary and actually something to be cherished; however, for an ethicist, it is problematic. Kant does not want different laws with different definitions of what is *morally good*; he wants that which is morally good for all rational beings in all places and at all times. This brings him back to transcendentalism, where he can show what is morally good for all rational beings who, as he has already defined, are free. The *Groundwork of the Metaphysics of Morals* is here argued to be the next logical step in Kant’s work, the step which determines how to be morally good.

Logically, one cannot simply discuss how one ought to act without first determining whether or not one is free to act in the first place. Furthermore, one cannot simply assume that one knows how to enact that freedom, for if one does not know how to act freely, then one

cannot be expected to know how to be morally good. Kant has thus gotten to a point where he can finally discuss and argue for a certain type of morality; this argument shall be quickly outlined and may not do justice to the complexity of Kant's thought. The intent of this section is not to exegetically delineate the *Groundwork of the Metaphysics of Morals*, but to simply consider the main points that Kant makes in order to illustrate that it is the next logical step in Kant's conception of freedom and hence morality. In contrast to Kant's view, and a view which Kant rejects, is the idea of there being goods or virtues, where virtues are to be sought and vices are to be avoided. For example, generosity is a virtue, but it can become a vice if it is not properly adopted, as one may give to charity to the point where one's family has nothing left. Although an extreme example, the problem remains evident that any virtue (or apparent good) can easily become a vice if one improperly conducts oneself. Kant alternatively proposes that one should always act from *duty*, that actions should be "done *from duty*" and not "from a self-seeking purpose" or ulterior *inclination* (*Groundwork* 52). Kant compares a situation where someone acts from duty and from another inclination: a philanthropist who can and wants to give money (although a noble cause) is not acting from duty but from the fact that he/she receives pleasure from it. On the other hand, if that philanthropist did not want to give money due to being "overclouded by his[her] own grief" but nevertheless gives money, then he/she would be acting from duty (*Groundwork* 53). That duty, from which one is to act, is the *universal law*:

the proposition, the will is in all its actions a law to itself, indicates only the principle, to act on no other maxim than that which can also have as object itself as a universal law. This, however, is precisely the formula of the categorical imperative and is the principle of morality; hence a free will and a will under moral laws are one and the same (*Groundwork* 94-95).

Basically, acting from duty, or from respect for the law, is the condition of morality and what constitutes a good will, “which surpasses all else” including our desire for pleasure and happiness (*Groundwork* 58). Only by acting from duty and respect for the law, viz. the *categorical imperative*, can one be free and morally good: “*I ought never to act except in such a way that I could also will that my maxim should become a universal law*” (*Groundwork* 57; emphasis original). My maxim for acting should be such that I can *will it* to become a universal law, which becomes binding for all rational beings. For instance, if I decide to make a false promise, then I would have to will that all rational beings always, by law, make false promises (*Groundwork* 57). This is an unsatisfactory situation and, as Kant says, self-contradictory, for if all rational beings were to make false promises, then how could anyone trust anyone else? The possibility of trust and even the ability to make promises would be lost. Thus, our actions have to be such that we can will them to become a universal law, which will be consistent and binding for all rational beings. Additionally, this *categorical imperative* goes back to the noumenal realm where the intelligible character and the idea of freedom and morality are thought to reside. As previously discussed, the world, and all rational beings within the world, are both phenomena and noumena. We encounter the phenomena (appearances) of things sensuously, but these sensations are just that, sensational appearances, and are not what the things are in themselves. For the things in themselves are noumena and not actually encountered; we can merely presuppose them, and this is where both freedom and morality originate. We can make use of our pure practical reason to determine that we are free and, likewise, we can (and must) make use of our pure practical reason to determine what is morally good. Again, freedom and morality are noumena:

We have finally traced the determinate concept of morality back to the idea of freedom; but we could not even prove the latter as something real in ourselves and in human nature; we saw only that we must presuppose it if we want to think of a being as rational and endowed with consciousness of his causality with respect to actions . . . (*Groundwork* 96).

In the *Groundwork of the Metaphysics of Morals*, Kant appears to have come back to the definition of freedom, which was where he began in the Third Antinomy; albeit, he now speaks of a *positive* freedom as opposed to a *negative* freedom. In the Third Antinomy, Kant sought to merely establish that we can be free in a necessitated world; however, in the *Groundwork* his notion of freedom ceases to be negative, as he calls it, and becomes positive; that is, the free will *is* the will under moral law (*Groundwork* 95). Perhaps one can simply read the *Critique of Pure Reason* followed by the *Groundwork of the Metaphysics of Morals* in order to grasp Kant's notion of freedom and morality; however, as has been argued here, a vital step may be missing. One cannot be moral if one is not free; this is not only Kant's argument, but a logical assertion and it seems, similarly, that one not only has to be free but has to *know* that one is free. Yet, mere knowing may not be enough, for one would still have to know *how* to be free in the first place, and "What is Enlightenment?" is where this ability to enact one's freedom is described empirically. Assuming to know *how* to be free is as problematic as assuming that we are free without providing a demonstration of the possibility of freedom in the first place. Not only is "What is Enlightenment?" demonstrating how to act freely, but it can be argued, perhaps contentiously, that it is a link to the phenomenal realm. In other words, as stated previously, Kant insists that we have to presuppose that there are things in themselves at the basis of appearances and, likewise, we have to presuppose that we are free when we act in the world of appearances. It

is specifically the world of appearances that Kant is dealing with in “What is Enlightenment?”, actually showing us, following our presupposition of freedom, *how* to act freely.

This analysis has argued that Kant’s Third Antinomy, “What is Enlightenment?” and *Groundwork of the Metaphysics of Morals* follow a logical evolution of reasoning with respect to the idea of freedom and morality. It is by reading the three texts in the order of their original publication that this assertion can be made and clearly demonstrated. This analysis has been but one interpretation and did not intend to presume to know Kant’s original intentions nor did it intend to be an exhaustive account of Kant’s moral philosophy. In fact, it can be argued that there are some areas in the *Critique of Practical Reason* and the *Critique of the Power of Judgment* that appear to be inconsistent with the *Groundwork of the Metaphysics of Morals* rendering this analysis problematic. The intent of this analysis was simply to reject the assertion that Kant’s “What is Enlightenment?” and the *Groundwork of the Metaphysics of Morals* are in conflict and instead assert that they can be regarded as actually aiding one another to continue a logical evolution of thought dealing with the *thinking* of freedom and morality:

As a rational being, and thus as a being belonging to the intelligible world, the human being can never think of the causality of his own will otherwise than under the idea of freedom; for, independence from the determining causes of the world of sense (which reason must always ascribe to itself) is freedom. With the idea of freedom the concept of *autonomy* is now inseparably combined, and with the concept of autonomy the universal principle of morality, which **in idea is the ground of all actions** of *rational beings*, just as the law of nature is the ground of all appearances (*Groundwork* 99; **my emphasis**).

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A Tale of Two Patients: James Tilly Mathews in Bethlem and the Klinik

Chandra Kavanagh

Psychiatry is a discipline with a checkered past, and much of the information we now have about the human psyche was derived from extremely ethically questionable sources. One of those ethically questionable sources was a young tea broker named James Tilly Mathews who was born in 1770 and died in 1815. James Tilly Mathews was the subject of the first ever in-depth, longitudinal case study of a patient suffering from what we now call schizophrenia. James Tilly Mathews was incarcerated in 1797, at the Bethlem Royal Hospital, which was located at the time in Moorefields in the city of London, UK. Thirteen years later, in 1810, the Apothecary of Bethlem Hospital, John Haslam, published a short book about JTM called *Illustrations of Madness: Exhibiting a Singular Case of Insanity, And a No Less Remarkable Difference in Medical Opinions: Developing the Nature of An Assault, And the Manner of Working Events; with a Description of Tortures Experienced by Bomb-Bursting, Lobster-Cracking and Lengthening the Brain. Embellished with a Curious Plate*. In the following pages, there will be a discussion of the life of JTM, the people who populate this particular period of his life and his experiences in the Bethlem hospital insofar as they are historically accessible. I intend to illustrate the psychiatric treatment that JTM would have received due to his historical, political and socio-economic situation at the hands of apothecary John Haslam and the mental health philosophy of the day. I will compare this treatment to treatment that would have been received just 100 years later in an institution managed in tandem with the philosophy of the Heidelberg

School of Psychiatry, and informed by Jaspers' *General Psychopathology*. In a thought experiment called "the Klinik" I will explore alternative possibilities for treatment, including how JTM's therapeutic team might have been selected, how methodologies for treatments might have been chosen and what methodologies might have been considered in the treatment of JTM. I will also delve into the ways in which JTM's psychosis could be considered meaningful, a radical movement away from the Haslam-era treatment that saw madness as totally unrelated to either reason or meaning. The final diagnostic and therapeutic tool I will consider from the Jaspers-era canon is the orientation that the patient has towards his own illness. Consideration of JTM's movements on the awareness/insight spectrum would have had key significance to the treatment of JTM in "the Klinik" setting. Overall I wish to illustrate the way two very different philosophies of mental health map onto one fascinating patient.

The Set

In order to postulate an alternative outcome to the life of James Tilly Mathews, we must first set the stage and introduce the characters of the original. At the time of JTM's arrival, the Bethlem hospital was housed in the Moorefields Building, which had been built in 1676 (Shrigley). Though it had a beautiful façade, it was shabbily built, there was no foundation, and it was cold and poorly ventilated. J. Andrews describes the state of the building by 1800 as "extremely dilapidated" (206). In addition to the physical discomfort of living in a building unfit for human habitation, JTM was forced to cope with being on display. In his book *Separate Theaters: Bethlem 'Bedlam' Hospital and the Shakespearean Stage*, Ken Jackson writes: "The hospital was some sort of theater, a place of perverse and sometimes fashionable entertainment for Londoners" (11). In Bethlem, you were often watched without your consent. The Bethlem

Hospital had been open to the public and a tourist attraction for over 200 years before JTM's arrival behind its walls on the January 28th, 1797. By the 1760's, public visiting was curtailed due in part to an increased public sensitivity to the plight of the mad (Andrews 152). Also, due to the caliber of people who were beginning to frequent the public visits, Bethlem visits were no longer serving as a warning to the God-fearing public as to the consequences of sin, as had been the intention. Rather, Bethlem was attracting all manner of hooligans and ruffians wishing to drink and carouse with the mad, as well as those who found enjoyment in bullying them. Though open visits were no longer allowed during JTM's incarceration, scheduled visits from middle and upper class people were still very much accepted. JTM, along with several others, served as the star attractions of their day. Other times, when a keen eye was most necessary, there was none to be found. M. Jay says that "[t]he 250 or so patients, including around 100 or so long term 'incurables', were overseen by three medical staff" (41). This mixture of surveillance without any guarantee of personal safety is one factor among many that likely had an ill effect upon JTM and the other patients of Bethlem Hospital.

The Characters

Our cast of characters includes two hospital staff, John Tilly Mathews himself and his wife, referred to only as Mrs. Mathews. Auxiliary characters include the seven members of the Air Loom Gang, Drs. Birkbeck, Clutterbuck and Monro, as well as Jaspers and many members of the Heidelberg Klinik. John Haslam was elected Apothecary of Bedlam in 1792 and was re-elected every year until the court case exploring the deplorable treatment at Bethlem destroyed his reputation in 1816. Minutes from the Bridewell Royal Hospital court of governors, the governing body for Bethlem hospital, show an unwavering support for Haslam:

The Court then proceeded to the Election of an Apothecary and the Petitions of Christopher Buck and John Haslam being read the Governors gave in their Ballots which being cast up the numbers appeared to be for Christopher Buck 6 John Haslam 92 Whereupon John Haslam was declared duly Elected until the next Election day 30th of July 1795 (Bethlem Royal Hospital Archives).

Haslam practiced the mental health care of the day called “mad-doctoring.” It required its practitioners to practice total and absolute control over their patients. The mad were thought of as crafty and prone to unexplained violence. Therapeutic techniques included being spun on a chair and suspended in the air until the patient both defecated and vomited on themselves in order to release toxins. Surprise submersion in ice water was also popular, achieved by having patients walk back and forth across a floor with a trap door concealing an ice water pool. Bleeding, purging with vomit-inducing drugs and brain surgery were also popular therapeutic techniques. Haslam was a young man from an impoverished background, too poor to complete his M.D. and desperate to make a name for himself in the medical world. JTM, a popular topic of discussion in London at the time of his incarceration, was an excellent chance for Haslam to contribute to the popular medical milieu.

Another important character is the institution’s Head (and only) surgeon Bryan Crowther. Though there is little written about any interaction that Mathews and Crowther might have had, his very presence in the institution must have had an enormous effect on all the patients, including JTM. Often called the “mad surgeon” in the literature, Haslam himself attested to Crowther’s madness during the investigation into practices at Bethlem, going so far as to claim that several times Crowther had required the use of a “straight waistcoat” (“Bedlam: The History of Bethlem Hospital”). Crowther was an extreme alcoholic with an affinity for dissecting the

corpses and brains of deceased patients, particularly attractive, young female corpses. The possibility of brain surgery is a terrifying enough prospect without considering that it would be performed by a mad alcoholic with terrible tremors.

A group of characters that offer a particularly fertile set of meaningful connections is the Mathews family, most specifically JTM's wife, Mrs. Mathews. From the time of JTM's incarceration to the time of his death, Mrs. Mathews fought for her husband's freedom, including invoking the right of Habeas Corpus and organizing a court case to free her husband. Her perseverance and determination to help her husband were unmatched, and with the help of her children, her relatives, the Mathews family and their local parish, there were several unsuccessful attempts made to procure JTM's freedom. The staff at Bethlem Hospital viewed her as such a threat that they banned her from visiting him, a choice that would have been very difficult to justify even given the social and historical setting. On the first page of the introduction to *Illusions of Madness* Haslam writes, "Although his insanity was then most evident, yet his relatives did not possess the faculty of perceiving his disorder" (Haslam 1).

Finally, we come to the man with top billing, the man whose meaningful connections we wish to posthumously map, Mr. James Tilly Mathews. In addition to his position as a successful tea broker and family man, JTM also appears to be heavily involved with British and French politics and espionage. Information about JTM is spotty before his incarceration at Bethlem. Much of the information available prior to 1797 comes from letters written to and from freedom fighters in France during the French revolution, as well as from correspondence between JTM and the Committee of Public Safety in Paris. After several trips back and forth between Britain and France, the peace talks JTM claimed to be involved in were falling apart. Both countries publicly reported the necessity of war while privately negotiating peace. When these negotiations

begin to go downhill, JTM's position as a British citizen with no passport in revolutionary France becomes infinitely more dangerous. On August 20th, 1793, JTM finds himself in the custody of the Committee of Public Safety (Jay 123), just 16 days before the beginning of "the Terror." He is imprisoned for three years. During this time, he sends a constant stream of letters to the Public Safety Committee and all of the people he had worked with throughout his peace negotiations. There are polite responses at first, then claims of his connections to British politics, then nothing. At this point JTM's letters get more frantic, displaying his dedication to the French cause. Eventually, his letters leave politics behind to a degree and he sends an extremely long letter to the Public Safety Committee detailing how to assist with the food shortages in Paris. He suggests filling abandoned buildings with a few feet of manure and cultivating cabbages. Finally, after three years, he gets someone's attention and, after demanding his freedom, two weeks later is freed. He arrives back in England on March 6th, 1796 (Jay 157).

Upon his return he continues his prolific letter-writing career by contacting the right honorable Robert Banks Jenkinson, Earl of Liverpool, commonly called Lord Liverpool, the home secretary of Britain. By the content of the letters it appears, from JTM's viewpoint, that the two know each other quite well, but he receives no response. After sending several letters, JTM goes to the House of Commons; we will never know exactly why. However, if we believe that he was already experiencing assaillment by the Air Loom Gang at this time, we must suppose that this walk to the House of Commons was his most arduous journey yet. The Air Loom and its gang are the famous delusions that arose out of JTM's alleged psychosis; the Air Loom Gang use physical and psychic control tactics to stop JTM and anyone else from advancing the cause of peace. If JTM was attending the House of Commons to encourage peace with France and he was already experiencing these delusions, this walk to the House would have been excruciating.

During this particular sitting in the House of Commons, we have historical record of what almost appears to be the Air Loom at work. Discussion of the day revolved around the possibility of war with France and popular opinion focused on the patriotic necessity of war. At the time, most politicians espoused a war-based rhetoric. Years later, in conversations with Haslam, JTM attributed this political trend to ideas implanted by the Air Loom (Haslam 74). After several speakers bellowed a war cry, parliamentary reformer Thomas Erskine rose to suggest prudence and inspection into the reasons for war. After a few paragraphs from Erskine, the parliamentary minutes stop quoting and a note in the margin reads: “Here Mr. Erskine suddenly stopped and, after a pause, sat down under evident symptoms of indisposition” (Jay 15). These symptoms are very close to what Haslam would later record as “Fluid Locking, a locking or constriction of the fibers of the root of the tongue” (Haslam 30). JTM describes this effect of the Air Loom to Haslam as an almost insurmountable impediment to speech and often accompanied by acute nausea. After Erskine’s unexpected silence, Lord Liverpool rose to speak and espoused the necessity of war with France. For JTM to hear Lord Liverpool cast aside all of his life’s work and any chance of peace with France must have been unbearable. It is at this moment that he jumps to his feet and yells “Treason!” pointing to Liverpool with a trembling hand. He is arrested moments later and sentenced to the Bethlem Hospital within weeks.

The next we hear from JTM is a court case organized by his wife to try and win his freedom. He has been observed and questioned by two medical doctors, Birkbeck and Clutterbuck, who both concur that he is perfectly sane and can safely be released into society. On the opposite side are Haslam and the rarely seen attending physician, Thomas Munro, both arguing passionately for Mathews continued incarceration. A letter surfaced during the trial sent from Lord Liverpool to Thomas Munro demanding JTM’s continued incarceration: “I

recommend that you do continue to detain in your hospital . . . James Tilly Mathews” (Haslam lv). Despite this seemingly unethical request, JTM loses his case. Perhaps one of the most persuasive arguments in the court case, and certainly the one Haslam focuses on in his book, is the argument that an M.D. who works with the body is ill-equipped to study diseases of the mind: “Haslam had robust distrust of flights of medical speculation” (Haslam xxvii). Therefore, the doctors hired by the Mathews family, though experts in their field, appear to the court as naïve to the deceptive nature of the mad Mr. Mathews.

Our next historical source of information on JTM’s life is Haslam’s book *Illustrations of Madness*, published in 1810. Though the depiction of the person in the book is quite likely a caricature of Mathews to be used as evidence against him in any further court cases, it is this Mathews that the Heidelberg Klinik will treat in my re-creation of this drama. First, let us outline the likely course of his treatment in Bethlem hospital. The philosophy of the time was that there is no reasoning with madness and to even try and find meaning in madness is an act of madness itself: “Madness being the opposite to reason and good sense, as light is to darkness, straight to crooked” (Haslam 15). This attitude comes with a specific kind of treatment goal. The patient must turn himself over to the doctor entirely, admit that all of their hallucinations and delusions are the meaningless products of a diseased mind, and agree to follow the doctor’s every suggestion.

JTM was treated in a slightly different way than the average “bethlemite” as Haslam viewed him as a “fit and proper subject” (lv). Haslam recognizes that JTM is well-educated and has the manners of a gentleman. He also sees the value in JTM’s popularity as a way to become recognized in the medical field. Due to the attention being paid to him by Haslam, JTM was afforded a few small luxuries that no other patients had, including his own room, a pencil and

paper. He also had access to a very small plot of land where he could grow vegetables. The downside to these small luxuries is that the pain of having them taken away must have been very great and this threat was well-used by Haslam. JTM was not allowed visits with his wife or children, as Haslam claimed they exacerbated his condition. Instead, he spent most of his time talking to Haslam, who was in the midst of writing his book. Upper-middle class gawkers also visited him quite often in order to view the sinful mad. It would seem here that surely JTM would be heavily encouraged to live in the world of his delusional fantasies, first due to his heinously oppressive surroundings and secondly due to the fact that every human being in contact with him desperately wants him to be mad. Add to this the knowledge that he will likely die behind Bethlem's drafty, crumbling walls and this atmosphere would transform the soberest judge into a lunatic.

With an understanding of our subject's history and treatment, it is now necessary to get a glimpse into JTM's psychosis itself. JTM believes that an elaborate machine called the Air Loom is controlling his mind. The machine functions by weaving magnetic, mesmeric vapors that flow through everything into strong magnetic rays that can produce a litany of effects on the human beings it is directed at. The science behind what JTM was describing was extremely popular in the day. Franz Mesmer developed a wildly popular theory that there were magnetic forces flowing through everything that could be manipulated by humans. Called mesmerism, manipulation of the body's mesmeric fluids was happening in salons all over Europe at the same time JTM was being assailed by the Air Loom (Jay153). The machine was run on a filthy mix of excrement and bodily fluids. The fuel was gathered and the machine was run by a mysterious group of seven French agents. The agents were controlling JTM as well as many of the most powerful British and French politicians, and their ultimate goal was war between the British and

the French. All of those being controlled were absolutely unaware of it. JTM was the only person who knew the truth of what was happening, as he was the only one who felt the immense ill effects of the magnetic control because he was the only one who tried to resist. JTM is also the only one who can see what is happening; he describes seeing, smelling and hearing much of what the Air Loom gang and the Air Loom itself are doing. JTM describes tactics that he has developed to thwart the machine. For example, “whenever he is about to make the wrench by suction, he [JTM] has recoiled as one expecting to receive a blow . . . Without such ability and precaution he must long since have become the victim” (Haslam 58). His one source of comfort from the unrelenting attacks perpetrated by the Air Loom gang is that he is able to experience what is happening and steel himself against it.

The Klinik

Now let us consider the same story of JTM in a slightly different place and time. Imagine the same history, the same shout of “Treason!” in the House of Commons, but instead of being transported to Bethlem Hospital, JTM is transported to the Heidelberg Klinik. Psychiatrische und Neurologische Klinik der Ruprecht-Karl-Universität, Heidelberg University’s psychiatric and neurological clinic opened in 1878, just 63 years after JTM’s death inside asylum walls. Prestigious professor emeriti from that institution include Emil Kraepelin, who served from 1891-1903, during which time he hired Franz Nissl, Alois Alzheimer and Gustav Aschaffenburg as Staff Physicians. Other Staff Physicians included a geneticist with strong ties to the Nazi party, Ernst Rudin and social psychologist Willy Hellpach (*A Historical Dictionary of Psychiatry* 124). After Kraepelin, neurohistologist Franz Nissl served as professor and head of the clinic from 1940 to 1918. During this time the phenomenological approach grew rapidly in depth and popularity.

In January, 1908, after taking his final medical examination, Jaspers entered the Psychiatrische Klinik at Heidelberg as a psychiatric trainee (Janzarick 241). It was young students like Karl Jaspers who convinced Nissl of the fruitfulness of the psychopathological approach as opposed to the neuropathological one. From 1918-1933, Karl Wilmanns served in the head position at the Klinik after Jaspers turned down the position due to his health problems. Wilmanns was a deep source of encouragement for Jaspers' writing of *General Psychopathology*. The question upon which the book was based, "is [mental illness] a development within a personality or a process?" (Janzarick 242), came from Wilmanns.

This new university Klinik was a complete turnaround from the dank, prison-like receptacles for the mad in which JTM received his treatment. The Heidelberg Klinik was a clean, ordered, organized facility both for the treatment of patients and for learning and advancing the science of psychiatry. According to E. J. Engstrom, "[t]hey [psychiatric institutions] represented new scientific, didactic, and prophylactic environments, designed to make the execution of these tasks [testing, application and dissemination of psychiatric information] more efficient and hence improve the overall efficacy of psychiatric labour" (200). Information on the precise practices of the Heidelberg Klinik in English has been difficult to come by in this limited time frame. For the purposes of this project, I intend to derive a kind of psychotherapeutic practice based on a reading of Jaspers *General Psychopathology*; in particular, a way of understanding madness in terms of meaningful connections. This thought experiment institution will be referred to as the Klinik.

Our first step in assisting the patient JTM is to choose a team that will have the capability to help him. We need people who can understand JTM not by analogy for, as Jaspers says, "conclusions by analogy are a myth" (254). Instead, we need those who can understand directly,

in what Jaspers describes as a “lightning flash” (Jaspers 254). Jaspers argues that people who develop this capability have “clear vision” which “is always accompanied by a ‘feeling’ - *an overtone, betokening the meaning, the sense of the forms, their psyche*” (Jaspers 256; emphasis original). Somehow the outward expressions of the inner delusions reveal something about the inner psyche or the totality of meaningful connections that make up the individual as a whole. I think it is safe to say that Haslam, with his philosophy of total domination and the meaninglessness of delusion, would not fit well into this category of physician.

Another feature to consider in treating JTM is the methodology used. Jaspers says that “Research methods define their objects by the method chosen. The object is therefore never reality as a whole but always something in particular” (23). Jaspers’ model is similar to the experience of standing too close to a large canvas and only seeing one small part of the picture. The difference between this experience and Jaspers’ model is that, in this case, we are in the picture and can never step back to view it as a whole. Rather, we can use different methodologies to view different parts in different ways, knowing it will never be complete. One of psychopathology’s major contributions is relegating the role of science to understanding and delimiting methodologies: “Science means understanding the methods by which we obtain knowledge, along with the presuppositions and limits of those methods” (Ghaemi 75). A thorough understanding of the limits and presuppositions of the spinning chair method of treatment prescribed by John Haslam would certainly seem to exclude it as a form of treatment for our leading man JTM. In understanding that all methodologies have limits and offer a singular, narrow view, it will be necessary to employ several different methods in order to address a complex and multi-faceted issue. For example, in the case of JTM it might be useful to employ a psychoanalytic method that delves into JTM’s personal history, in addition to a

phenomenological method that addresses his psychosis as it is directly manifesting itself. Many different methods could prove useful to JTM's mental health aside from Haslam's laser-beam focus on the admission of insanity.

The third step in beginning JTM's treatment, after creating a team and considering what methodologies might benefit him, is for the Klinik to assess his mental state. This assessment consists of two steps: addressing the manner in which the psychosis being experienced has meaning to the patient, and an assessment of the patient's own orientation toward the experience. This is an assessment project that never ends; it is constantly changing to meet the changing phenomenological experience of the patient and, thereby, the changing needs of the patient. One of the fissures that separates Jaspers-era psychiatry from Haslam-era mad-doctoring is a consideration of the meaning of psychosis. Apparently, "[h]e [Haslam] felt no obligation . . . to classify his [JTM'S] delusions nor investigate their meanings. Indeed, one may surmise that for Haslam, there were none; Mathews thoughts were just the meaningless ramblings of a man gripped by delusions" (Haslam xxxvi). This kind of attitude could not be more different from the one proposed by Jaspers in *General Psychopathology*.

Jaspers discusses three different ways that psychosis relates to meaning. The first is psychoses that introduce their own significance. JTM's Air Loom, when viewed in these terms, could be understood as a constructive process whereby the senselessness of JTM's incarceration was given meaning by way of his professed delusions. Through a construction of meaningful connections, the dank and frightening atmosphere of the inadequately monitored Bethlem institution became less a dumping ground for impoverished maniacs and was transformed into the perfect location for JTM to be assailed by the nearby Air Loom and its gang. The putrid smells of unwashed bodies, feces and urine soaked hay, and rotting, dismembered bodies became

the very fuel that drives the machine's magnetic rays. According to *Illusions of Madness*, the machine is powered by "seminal fluid, male and female –effluvia of copper- ditto of sulpher- the vapours of vitriol and aqua fortis- ditto of nightshade and hellebore- effluvia of dogs- stinking human breath..." (Haslam 28). The list goes on. This mixture of malodorous biological waste and corrosive alchemical compounds as the propellant and sustenance of the Air Loom closely resembles the Bethlem Hospital itself. Bethlem hospital fed on two types of nourishment to keep itself alive. One was the impoverished, broken and unwanted mad, the biological waste of society which gave the institution both a purpose for existence and, through the donations of the parishes to which the incarcerated mad belonged, the financial backing to endure. Bethlem's second reason for being was the scientific experiments and dissections of mad people's brains and bodies that were being conducted by Bryan Crowther.

The second way that Jaspers relates psychosis and meaning is through "Psychosis that are attached to something meaningful in the personality" (416). This idea could relate to JTM's experience in any number of ways. Consider, for instance, his experience in French prison during the Terror. Though it remains unclear whether JTM was a British agent sent to negotiate peace with the French or a tea broker in an unstable mental state who took it upon himself to attempt to negotiate peace, it is clear that he was forced for three years to deny his plans, his loyalties and his very mind in order to survive guillotine-happy revolutionary France. Three solid years of denying one's own thoughts and personal history to anyone that asked is bound to take a toll on the most secure of mental states. Perhaps his experience in French prison precipitated the formation of the Air Loom. Such a machine would give a meaningful explanation to JTM's experience of a double life. As opposed to having to maintain multiple separate identities (tea broker, British citizen, French patriot, peacemaker, family man), the Air Loom allowed JTM to

maintain a singular identity while having an easily accessible explanation for how all of these multiple and conflicting roles fit into his life. Another way that the particular delusional construction of the Air Loom might apply to JTM's personality in a meaningful way is through the treatment he received at Bethlem by John Haslam. In one of the world's worst places, JTM was receiving slightly more reasonable treatment due to the fact that his delusions were of interest to Haslam. JTM's delusion could have become meaningful within the given context because the delusion afforded enormous benefits within his particular social historical location. If JTM's delusions were the only thing that provided him with the minute amount of freedom he had, then the delusions must have become an extremely valuable part of his personality.

The third way that psychosis and meaning can relate, according to Jaspers, is through "Psychosis that are alien and thereby embarrassing" (416). Here Jaspers is discussing the idea of meaningless psychosis or, at least, psychosis whose meaning is not clear to the person experiencing it. This is the tale Haslam wishes to tell in *Illustrations of Madness*. Haslam suggests JTM was experiencing meaningless delusions of no consequence that were merely random illustrations of a disease. However, Jaspers' suggestion that when the psychosis is not being experienced the meaningless delusions become embarrassing rules out an "alien psychosis" connection for the Klinik. JTM was certainly not embarrassed by his delusions. Even Drs. Birkbeck and Clutterbuck claim to have spoken to him about his delusions, and JTM did not deny them or dismiss them; he instead discussed them openly, honestly and intelligently. In the court documents, Birkbeck claims the reasons he was given for Mathews' incarceration from the physician Thomas Munro were "his inflexible resistance to the admission of the alleged insanity, and . . . the customary expression of thanks for the benefits received in the hospital"

(Haslam 8). He did not admit he was crazy and he did not thank the people incarcerating him; these facts were the criteria for his madness.

From this consideration it is clear that the Klinik would have considered JTM's delusions meaningful in their particularity. Perhaps his delusions would be considered psychosis that have introduced their own significance or as psychosis that are attached to something meaningful in the personality, but more likely as both. Now that the clinicians have attached meaningful understanding to the plight of JTM, it is important to deduce whether JTM had any awareness of his illness or insight into it. Having insight into illness is considered a very positive attribute in Jaspers' consideration of the patient's attitude to his illness. Insight into his illness would significantly change the course of treatment prescribed by the Klinik.

Awareness is a reaction to the content of psychosis. For instance, the following are examples of JTM's awareness of/reaction to the content of his psychosis: "Lobster-cracking . . . an external pressure of the magnetic atmosphere surrounding the person assailed, so as to stagnate his circulation" (Haslam 32), and "Laugh-making . . . forcing the magnetic fluid . . . so that the muscles on the face become screwed into a laugh or grin" (Haslam 35). These are reactions that engage the content to the delusion directly as opposed to considering the illness as a whole. The particular experiences are given names, histories and causes, but they are never linked together outside of the illness narrative. According to Jaspers, "[t]he term awareness of illness is applied to the patient's attitude when he expresses a feeling of being ill and changed, but there is no extension of this awareness to all of his symptoms nor to the illness as a whole" (419). It is clear that JTM had significant awareness of the particulars of his illness. For instance, he did not merely experience the sensation of extreme pressure followed by an intense explosion associated with "bomb-bursting." Rather, he developed a keen awareness of it, he knew what

putrid liquids and gasses it took to produce the effect, he knew who had to work the machine and the precise ways in which the operator had to weave the magnetic forces in order to achieve the desired sensation. There was only one small part of his delusion of which he was not aware: the functions and mechanics of the top part of the machine. For some reason, in every one of his visions, it was obscured from his view, and in every one of his drawings of the Air Loom the top fades into hazy, piecemeal parts. Haslam describes this feature of the psychosis as follows: “The bulky upper parts, which, though always indistinct, appeared once or twice to be hid by an horizontal, broad projection” (Haslam 46).

It is very difficult to judge posthumously whether or not JTM had any insight into his illness. Jaspers offers “organic dementia” (218) as a disorder which usually has a low degree of insight. Insight is not necessarily an understanding of all of the individual elements of psychosis as manifestations of an illness and therefore meaningless and to be dismissed. Rather, it is the understanding of the effects of psychosis from a holistic, “big-picture” viewpoint that includes access to the way the psychosis as a whole relates to the person as a whole or the “totality of meaningful connections” (Jaspers 428). Insight consists of an overall understanding of one’s illness as an illness. A patient experiencing insight into his illness has some modicum of understanding that, while psychosis is happening to him, it is also coming from him. If we were to believe Haslam’s book, it would appear that JTM does not have any understanding of his illness as a whole. Insight is something that must be cultivated, “insight is by no means automatic” (Jaspers 856). In order to cultivate insight, it is necessary for one to have opportunities and an environment that promotes insight into one’s illness. Unfortunately, JTM did not have those kinds of opportunities. Due to the importance of insight into one’s illness as a whole, this would be one of the focus points of treatment for JTM at the Klink.

We conclude with two very different pictures of the treatment of one patient. In the historical case, JTM was incarcerated for the rest of his life. He lived in a filthy, freezing, crumbling asylum, its very inhabitability proven by the fact that the conditions eventually killed him. The person in charge of his institutionalization offered him the most meager of privileges and intended to use JTM to make his name in the world. These same, small privileges were in turn used by Haslam to control him efficiently and thoroughly. He was forced to perform for an unending series of affluent gawkers. His treatment included total domination of the patient, domination to which JTM never submitted, and in so doing helped to seal his fate of living out his days in an asylum. Sixty-three years later in our imaginary Klinik, Jaspers and the Heidelberg school offer another course of treatment. A team is constructed that have the ability to understand JTM not by way of metaphor, but rather through direct understanding. Team members are chosen based on the adjacency of their own phenomenological experience to that of the patient and the possibility that they will understand in some small way what he is experiencing. Methods are chosen around what the patient needs at the moment and what the interaction of team members and patient requires. Methods are always changing in an attempt to match the changing needs of JTM. Several methods are used to triangulate fragments and deduce the most effective way to begin healing them. The different ways that the content of JTM's psychosis relates to the meaningful connections in his life are explored and noted. The psychosis itself is engaged with in a meaningful way that would have Haslam pull out the straight waistcoats for the whole therapeutic team. Diagnostic divisions are still made. Though the sharp bifurcation of sane and insane seen in Haslam's therapeutic philosophy is cast aside, other divisions and terminology form which are much more permeable and mobile. I offer the example of awareness of illness and insight into illness as a continuum with important diagnostic

significance. We will never know if the Heidelberg School could have done any more for James Tilly Mathews than John Haslam did, but Mathews' fascinating case serves as a beautiful canvass to paint a singular, static approach in comparison with a multiplicitous and mobile one.

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Understanding Abnormal Psychic Life beyond Rigid Theoretical Conceptions

Kristian Piraino

The tendency toward a mechanistically reductive and generalized perception of the world is perhaps a symptom of a deep-rooted anxiety of a world without order, a world of chaos. This tendency has become particularly destructive within the field of psychiatry, reducing the human being to a stagnant object to be measured by the psychiatrist or psychologist's instrument of choice. There are a courageous few, such as Karl Jaspers, who wish to withhold this reductive tendency in exchange for an exploration of the psyche (and its disturbances) as a unique, meaningful phenomenon of an individual. Thus, we see emanating from Jaspers' critical insights on psychopathology an essential principle, which fundamentally demands that morbid psychic life be engaged not from a rigid abstract theoretical conceptualization of mental illness as such, but as a meaningful disruption of a particular individual's existence in-his-world. Any attempt at understanding and explaining a patient's psychic disposition from this or that predigested theoretical conceptualization runs the risk of manipulating empirical data by unwittingly shaping fact to theory, and ultimately loses sight of the subject of investigation, namely the individual human being and all that it entails. Instead, an intimate understanding of, and engagement with, an individual's unique and meaningful existence in-his/her-world must be made fundamental to any investigative and subsequently therapeutic approach to morbid psychic life.

In an effort to fully grasp the essential need for an individualistic, meaning-based

approach toward morbid psychic life, one must first recognize the dogmas, dangers and limitations that threaten under the reign of an absolute, rigid explanatory psychology. Perhaps nowhere in clinical mental health practice is there a more deeply engrained dogma than the tendency to explain causally an individual's abnormal psychic event with reference to a prototypical understanding of a disease process. This explanatory method distinguishes the morbid process from the specific individual in whom it has arisen, and attempts to understand in abstraction by appealing to a generalized understanding of the psychic process as such. For example, the clinician reduces a particular patient's psychic disturbance to 'depression,' which he then states is the result of a constitutional dysfunction of neurobiological mechanisms. The clinician believes that it is not necessary to understand the particular individual in any great detail beyond the point that he can extract a diagnosis. Thus, the clinician does not seek to understand the individual; rather, he seeks to understand the 'disease process' that the individual happens to 'have.' The explanatory method that distinguishes the disease process from the specific individual makes an artificial delineation and ultimately limits its understanding in doing so. Nowhere in reality is there a disease process outside of an individual. By separating the disease process from the particular individual, we lose sight of the contextual whole from which it has arisen. One cannot fully understand the health of a flower without an understanding of the state of the soil from which it grew, and in fact there is no flower without the soil. Likewise, the cause of a disease process cannot be fully understood without an understanding of the particular individual for whom it has arisen. To understand the individual is to understand his life history, environment, physiology, and meaningful psychic connections as a unique interconnected network. The absurdity of an explanatory approach which attempts to understand a specific individual's morbid psychic life by an abstract appeal to a generalized, theoretical conception

will best be elucidated if we see its implications as it applies to a specific case.

Damien was a single twenty-five year old male resident of New York City working as a postman in East Harlem. He was the son of an aggressive, short-tempered father who served as an officer of the military. His mother, on the other hand, was an angelic, caring and hardworking housewife who always showed great concern for her family. Damien was the youngest of four children, with three older sisters who all became successful travelling businesswomen. As a child, Damien's family constantly moved from city to city in accordance with his father's work placement. At the age of thirteen, his parents divorced and Damien was forced to live with his father as per his father's demands. Over the years, Damien gradually began to lose contact with his mother and sisters, who all lived together in West Virginia, until finally they had lost all contact. Damien was certain that this loss of contact was due to his father's bitterness towards the divorce and the fact that his mother had met another man.

From the time Damien was ten years old, he experienced persisting periods of a complete loss of interest in activities during which he would often experience weight gain, difficulty thinking, feelings of worthlessness and reoccurring thoughts of suicide. Several different specialists had diagnosed him with a major depressive disorder on multiple occasions. Similarly, Damien's father also experienced periods of depression from the time he was a young man. Throughout these periods, Damien often found it very difficult to socialize with classmates and workmates. It is worth noting, however, that Damien was continuously subject to ridicule throughout his childhood, constantly being alienated by others for being "fat," "short," and "ugly." Nearly ten years after having lost all contact with his mother and sisters, Damien received a phone call three days before his twenty-fifth birthday. Damien was informed that his mother and sisters had died in a house fire one day after his mother's marriage to her new

husband. On Damien's twenty-fifth birthday, he fell into a severe state of depression, lasting for a week, until he was found hanged in the closet of his bachelor apartment.

The limitations of a methodology which analyzes the disease process as distinct from the individual is exemplified by examining Damien's case through the lens of a physiological conceptualization of causality. Although it is in the scientific spirit to make clear and concise that which is under investigation, causality remains complex and obscure, and “nowhere do we know any real, direct cause” (Jaspers 452). Rather than think in terms of a singular, one-way causality, explanatory psychology must consider causality as a complex reciprocal network of multiplicity and intensity within a whole, namely, the individual's life. Jaspers says that “[i]t is in multiplicity, the unending multiplicity in the fabric of causal relationship, that the reality of life lies” (454). To consider causality in multiplicity is to understand that an effect is dependent on a vast array of interacting factors. Nowhere in psychic life can we identify a simple cause/effect relationship; rather, we encounter a multitude of interacting causal factors which never retain a definitive causal quality, but always maintain a potentiality to produce a multitude of effects depending on the constitution of the whole (individual's *Anlage* and his environment) at any given time. For example, the combination of flour and sugar may result in a cake or a cookie, but this is dependent upon a multitude of other factors beyond sugar and flour. It is understandable, given Damien's history with depressive episodes, why a psychiatrist may want to assert that the cause of his final bout of depression was the result of an innate neurobiological imbalance (endogenous depression), and this may be true, but it cannot be thought to be the complete truth. The same can be said for an explanation that asserts that the result of Damien's final depression was a reactionary response (reactive depression) to the death of his mother and sisters. Both explanations may be true, but are not definitively sufficient on their own. It must be understood

that Damien's biological mechanisms do not simply shape his life; rather, Damien's *Anlage* (disposition of one's being at a given time) and his environment interact with and contribute to the shaping of his biological mechanisms. For Jaspers, "[l]ife, it is true, makes use of mechanisms but the mechanisms themselves are created by life, conditioned by life and are transformable" (453). The final regulating system, and thus the primary cause, cannot be found in Damien's biological mechanisms, as these are also subject to influence. An absolute physiological explanation of causality reduces Damien to a mechanistic operation and attempts to understand his psychic state in terms of this operation. However, this reduction never reaches an elementary cause. The physiological mechanisms are in a constant state of plasticity. Physiology cannot be considered to be in isolation from environment, and neither physiology nor environment is in isolation from the individual's psychic life. For the purposes of explanation, Jaspers does distinguish the endogenous (psyche) from the exogenous (all that is not psyche including the cerebral), but he asserts that the two are constantly shaping each other, and thus he states "life always consists in the interplay of inner and outer" (454). An explanatory methodology that attributes the cause of Damien's depression to a biological factor or psychosocial stressor (death of mother and sisters) in exclusivity undermines their complex reciprocal relationship. Both a physiological and psychosocial understanding of morbid psychic life can present clear and useful facts, but neither can be thought to be the primary source of causality.

For example, in the explanatory tradition of neurobiology an attempt is made to localize the cause of an abnormal event to a specific functioning of the brain. Hence, it is explained that depression is largely the result of an irregularity of the neurotransmitter 5-HT (serotonin). However, to note that depression occurs when there is a deprivation of serotonin does not

provide a basis for causal explanation; it simply demonstrates correlation. This correlation provides no grounds for an absolute explanation of psychic events; rather, it simply indicates that abnormal serotonin levels are related to depression. We can even say that it is necessary for there to be abnormal serotonin levels in order for depression to occur, but this is no more than to say that “intact muscles [are] the condition for any volitional act” (Jaspers 458). Although it is necessary to have functional muscles in order to perform a volitional movement, we cannot say that intact muscles are sufficient to cause a volitional act. Alongside intact muscles there must be a motivational drive, a host of cognitive abilities and an environment that allots a certain degree of freedom. The correlation of a specific part of the brain and a psychic occurrence is insufficient to explain causality. Jaspers justly asserts that “we do not know a single somatic event which we could consider to be the specific basis for specific psychic events” (457). This is not to say, for example, that somatic events did not play a significant role in Damien's depression. However, we cannot allow ourselves to be overcome by the simplicity that a physiological mechanistic model of causality offers; we must approach every investigation of the psyche as a complex interplay between *umwelt* (biological world), *mitwelt* (interrelation world of human beings), and *eigenwelt* (one's relation to himself). The reality of life lies in the simultaneous interplay between these three modes of existence: “they are by no means three different worlds but three simultaneous modes of being-in-the-world . . . the reality of being-in-the-world is lost if one of these modes is emphasized to the exclusion of the other two” (May 63). The interplay between these three modes of existence can never be the same in any individual. Each individual has a specific, unique and changing biological disposition, social relationship, and personal relationship. The only way that this complex interplay can be investigated is by understanding each person on an individualistic level.

The story is much the same if one attempts to explain Damien's depression as a condition of his heredity. It is true that heredity has an incredible influence on the development of the human being, and one need only to look to twin studies for confirmation of this fact. However, heredity, like the physiological mechanisms, is not a disclosed and stagnant determinant. Heredity (innate *Anlage*) comes up against the influencing forces of an acquired character disposition (acquired *Anlage*) and a unique environment. Heredity on its own is not sufficient to bring about an illness; rather, there must be an environment that supports the development of that illness. According to Jaspers, “[i]llnesses which depend most definitely on hereditary factors require environmental conditions for their manifestation and all environmental effects also require the *Anlage* if they are to come about” (514). Although it may be the case that heredity played a significant factor in the manifestation of Damien's depression, it cannot be considered sufficient to explain causality. Had Damien's family not split up, or his mother and sisters never died, or his mother never married another man or his father not been so aggressive, etc., Damien may not have experienced that final bout of depression. We can say that heredity might have been *a* factor but not *the* factor. David Healy describes this phenomenon as the Luke Effect, “the sower sows the seed; some falls on stony ground and withers, some falls on fertile ground but is choked by weeds, while some falls on fertile ground and yields a bountiful crop” (Healy 180). If we are to understand causality and in turn understand the individual, we need to become intimately familiar with the host of influencing factors that are unique to each individual and which contribute to the development of a morbid psychic event.

Thus far we have seen how a rigid theoretical approach to explanatory psychology is insufficient for obtaining an appropriate understanding of Damien's psychic life. We will now examine some of the dangers that a theoretical approach can present, particularly as a dominating

force within psychopathology, unwittingly forming empirical data into theory. It is not the intention to claim that all theorizing is debilitating; rather, as Jaspers states, theories can allow for the discovery of fresh facts. The problem comes when one is no longer master of his theory and, as such, he allows the theory to dominate and dictate his investigation. The theoretician falls prey to the deception that his theory is in full grasp of the very essence of reality, of the human as a whole: “it is the basic deceptiveness of theory-building that however much it starts from a first glimpse of the whole it ends by losing itself in the trappings of a rational construction” (Jaspers 548). Rather than act as a tool for discovery, the theoretician forcibly attempts to fix all empirical data to his theory, which has now become an absolute in the sense that it is believed to provide a clear representation of reality. For example, Freud related all ‘neuroses’ back to a problem of sexuality. Under analysis by Freud, Damien's depression would have most likely been considered a manifestation of a sexual issue. However, a theory which has assumed a status as absolute, such as Freud’s, fails to view the facts as they are. The theory becomes intertwined with the empirical data, and thus the instrument (theory) is mistaken for the observable facts. D.T Suzuki warns of such a danger, stating “to point at the moon a finger is needed, but woe to those who take the finger for the moon” (Suzuki 10). When one takes a theory as absolute, he mistakes his instrument for reality. The doctor then does not openly investigate; rather, he immediately digests the patient according to his theory. By holding to an absolute theory, the doctor overlooks the very human being in the room. Thus, we ask who or what is in the room with the doctor? But I leave this discussion to last. For now, we must conclude that no theory is sufficient for explaining the whole (the individual). Every theory is erected on the foundations of particulars (i.e. particular knowledge and viewpoint). To convert a particular into an absolute is to artificially assume the whole as equal to its part. For example, it would be illogical if one had

never left Newfoundland before, but assumed the rest of Canada was equally as rugged in landscape. Jaspers states that it is a “simple methodological rule not to take the particulars for the whole” (549). In investigating the psychic life, we need not abandon theory, but must remain master of it and keep in mind that the individual as a whole can never be fully understood through the lens of rigid adherence to a theoretical conceptualization. Rather than explain the patient away by theory, the doctor must engage in an intimate investigation which seeks understanding of the individual and uses theory only as a subordinate means to give shape to facts. Damien's depressive state can only be understood if one remembers that he is a unique individual who gives shape to his conscious and unconscious mechanisms. We can conclude that “causal knowledge is always faced by something which no matter how we operate it implies that in the end all the well being of man is still dependent on something decisive in himself, which is only approachable if we understand” (Jaspers 462). To understand a psychic event causally is to understand the individual not only physiologically, but meaningfully with respect to his unique being-in-a-world.

Just as Wittgenstein thought it absurd to understand the meaning of a word by extracting it from its context within the world, it is equally absurd to attempt to understand an individual apart from his world. A person acquires meaningful connections throughout his life in the manner in which he relates to his world. In order to understand the cause of Damien's final bout of depression, it is necessary to develop an understanding of Damien in-his-world. The understanding of Damien “in-HIS-world” must be clearly delineated from an understanding of Damien “in-THE-world.” The former seeks to understand the world as best as possible from the perspective of Damien. Binswanger writes that psychiatry “[has] paid far too much attention to the deviations of patients from life in the world which is common to all, instead of focusing

primarily upon the patients' own or private world” (May 197). Not only do we have to attempt to understand Damien as an agent who fashions himself, but also we must understand him in the context of his own world. This may prompt one to ask what exactly is meant by ‘world’? Rollo May describes ‘world’ as “the structure of meaningful relationships in which a person exists and in the design of which he participates” (59). The world is a complex network of meaningful relationships that a person not only exists in, but to which he or she also contributes. We can say that Damien's world consists of a vast network of personally meaningful connections that he has developed throughout his life history, and which continue to influence his world. To understand Damien in-his-world is to understand the meaningful ways in which Damien *relates* to the world as propelled by his life-history, for “at any given time we are the result of our own lived history” (Jaspers 694). To ask ‘why’ of Damien's last bout of depression is to ask the following: who Damien is and what is his life history? For example, upon further enquiry into Damien's life history, we discover that his father violently sexually abused him and the rest of his family. Damien and his three sisters were made to perform sexual acts for their father as he videotaped them. The fact that we know that Damien’s father was sexually abusive to him and his family allows for a better understanding of Damien in the present. Thus, a situation in which Damien is being videotaped is not going to elicit the same meaningful connections that perhaps another person may have. The video camera to another person remains as a simple tool, but for Damien it may represent dominance, helplessness, embarrassment and a host of other feelings. In understanding another person we must not assume that people, places and things exist for the patient as they do for ourselves; rather, we must remember that each individual lives a life informed by his unique life history.

However, it should not be thought that an individual's past is the sole determining factor

of the present. May says that “[t]he deterministic events of the past take their significance from the present and future” (69). We must not fall victim to viewing the individual as a passive mechanism pushed along by his or her past. Damien is not deterministically bound by his past. Though his past does inform his present, the choices he makes in the present and the way in which he situates himself toward the future can alter the significance of the past. For example, if Damien had become a devout Christian who sought God, it may have changed the meaning that he took from being sexually abused. Rather than seeing the abuse as a punishment for being a failure in his dad's eyes, for example, he may now see it as a signpost that helped direct him on his path to God. The value and therefore the meaning of the sexual abuse may become inverted taking on a more positive rather than negative quality as a result of his projection toward the future. According to May, “[w]hat an individual seeks to become determines what he remembers of his has been” (69). In order to understand the meaningful relationship that an individual has with the world, one must not only look to the person's life-history, but must also understand how the individual is projecting himself toward the future and how this might alter his relation to past and present events.

If in fact the doctor should refrain from ‘digesting’ the patient by way of a reductive theoretical model, it begs the question “what is the doctor’s function in the patient/doctor relationship?” Fundamental to a methodology which seeks understanding rather than theoretical explanation is a constant acknowledgement of the patient's existence as a human being in the room. If the doctor only seeks data about the individual, there comes a point when there is no longer a human being, but instead a bundle of facts. The human being who lives the existence that we have gathered facts about is lost beyond a mountain of facts. May argues that “[w]hen we seek to know a person, the knowledge about him must be subordinated to the overarching fact of

his actual existence” (38). Although data is a significant and necessary part of the investigation, we must remember that the data is of a human agent in the room. Rather than hide behind the comfort of technical theoretical abstractions, the doctor must be able to intimately engage in dialectic with the human being. This engaging with the human is beyond the confines of science and into the practice of art. Jaspers states that “interpretation is a science only in principle, in its application it is always an art” (313). The doctor who is artist is able to adapt to and utilize what the patient presents. For example, rather than sticking to a structured questionnaire, the doctor is able to deviate and follow the ‘leads’ that the patient provides. If the patient is asked about his present phenomenological experiences and he responds by talking about the death of his mother, the doctor must be willing to suspend his question and consider the significance of the information that the patient is giving. Furthermore, the doctor must also be cautious not to impose his own attitude such that the patient feels as though he must defend his own position. Rather, the doctor must be capable of being the patient's equal or an authority depending on the demands of the situation. This interaction cannot be scripted; it depends on the intuition of the doctor. At bottom, however, the doctor “must have at least a readiness to love the other person, broadly speaking, if [he] is to be able to understand him” (May 38).

In order to understand another human being's morbid psychic life, one must be willing to detach himself from rigid theoretical positions and engage with that person as a unique being-in-his-world. Psychic life remains complex and thus resists any reductive model that attempts to explain morbid events in a mechanistic fashion. The case of Damien functions as an example of the way that one's life develops meaning only in relation to and for that individual's world. The study of psychic life is incomplete at best, and dangerous at worst, if it fails to understand the human being for whom the morbid illness has arisen.

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The Existence of A Priori Knowledge: A Comparison of Rationalism and Radical Empiricism

George Ingerman

Oftentimes, young children have very inquisitive minds. It has almost become cliché in television and cinema to depict an ‘annoying’ young child who, upon hearing some new idea, asks “why?” over and over again until the authority of knowledge becomes frustrated for not having sufficient answers themselves after a certain number of questions. Perhaps it is some form of this child within all of us which permeates the study of knowledge. In the history of philosophy the subject of epistemology has had various theories to account for how humans acquire what appears to be knowledge. Contemporary thinkers continue to debate whether or not all human knowledge is *a posteriori*, meaning after experience, or if certain elements of our knowledge are *a priori*, meaning prior to experience. The law of parsimony states that when analyzing two conflicting theories the one which makes the least amount of new assumptions usually provides the correct account. While it is denoted as a law, there is no explicit reason to adhere to this doctrine of simplicity. However, it appears intuitively beneficial in establishing a philosophy to not have it bloated with needless assumptions and their consequences. It is in light of this intuitive benefit which this paper will examine the conflicting theories of radical empiricism and rationalism concerning the existence of *a priori* knowledge, to assert that no such type of knowledge exists.

With respect to the above stated law of parsimony, it would appear as though the rationalist case, that which espouses the existence of *a priori* knowledge, has the more difficult

case to make. It is an assumption here that at least some knowledge is derived from experience, particularly (at base) the sensual perception of that experience, though it should be noted that thinkers such as Plato and Fichte do assert that all knowledge is *a priori*. Though the assumption made here is not essential to the argument, it is merely the perception of this arguer, and will be elucidated upon in more detail later in the argument. In any case, if the argument that *a priori* knowledge does not exist is indeed accepted, there need not be an acceptance of the position that all knowledge is *a posteriori*, as it could also be the case that there does not exist any knowledge. But, if *a priori* knowledge were to exist argued to exist, it would need to first demonstrate a claim as a type of knowledge and, secondly, prove that the perceived truth of the claim was derived from no experience whatsoever. Often epistemological concerns with the existence of *a priori* knowledge are entangled with ideas of necessity, analyticity and certainty, and a complete discussion of the concept of the *a priori* would not be complete without their mention. Initially these concerns will be set aside until they need to be addressed. The reader should keep in mind that rationalist thinkers have varying degrees of commitment to the idea that *a priori* knowledge is necessary, analytic and/or certain, or any combination of these three, but it would seem that all rationalist thinkers have a commitment to at least one of these elements in their conception of any *a priori* knowledge. (Cassam, 48)

A classic example of alleged *a priori* knowledge is the proposition: “All bachelors are unmarried men.” Intuitively, the example appears to display some kind of knowledge, insofar as its utterance represents a truth about the world, pertaining to the concept of bachelors, and also of unmarried men. Of course, one would not need to make an account of each bachelor in the universe and ask whether or not they are unmarried men so as to verify the truth value of the statement. But does this example accurately provide proof of the existence of *a priori*

knowledge? Well, let us examine how it is we know the claim to be true: It would appear as though it is because we are familiar with the concepts involved. But the concepts did not become familiar to the user prior to an experience; on the contrary, the concepts became familiar to the user through their usage. To view how this type of proposition is clearly *a posteriori*, one might imagine learning a new word or new language. Should an individual be introduced to the word ‘frolic’ and its accompanying definition, and then claim that the statement “all frolicking is engaging in lighthearted play,” how could we say this type of knowledge is *a priori*? It was clearly allowed for by the experience of exposure to the word “frolic.” This criticism is applicable to all claims of the existence of *a priori* knowledge which rely on knowledge of the semantics or syntax of a given language, including the language of mathematics. Is it possible to know that ‘ $2+3=5$ ’ is true prior to experiencing all examples of sets of two objects combined with sets of three objects? Certainly. One might even go so far as to say that an individual might have a justified true belief in asserting that ‘ $2+3=5$ ’ prior to experiencing a set of two combining with a set of three, by means of things like appealing to authority. But would this conjecture, given the justification of appeal to authority, be an example of knowledge? It would appear not, since the justification for such a claim is merely an authority, whose accuracy is entirely fallible, and would require a further means of justification. Insofar as individuals are not born with knowledge of a verbal language examples in this line of thinking in attempting to justify the existence of *a priori* knowledge fall apart.

Quassim Cassam, in giving an overview of the arguments for and against the existence of *a priori* knowledge in his essay “Rationalism, Empiricism, and the *A Priori*” gives generalized versions of said arguments. He says that rationalists describe the type of argument concerning claims such as “all bachelors are unmarried men” as an argument pertaining to “rational

intuition.” (Cassam, 48-49) It is his assertion that rationalists wish to claim that such truths are known to be by means of a rational intuition, an intuition experienced by the intuiting party but not itself derived from experience.(Cassam, 49-50) The response representing the side of (moderate) empiricists explains that this rational intuition is merely a “semantic intuition,” (Cassam, 50-51) deriving from the experience of a particular language (though Cassam does not necessarily extend this view to mathematics a language as this paper has done). The existence of a semantic intuition alone would appear to be less controversial, as we can see that there need not be anything posited within this type of intuition other than an understanding of semantic and syntactical laws, rather than the positing of something extrasensory. As was seen with the above example of the word ‘frolic,’ to assert that a claim is analytic/ *a priori* knowledge in this sense is equivalent to saying that knowing it is true is essential to understanding the meaning of the words, discounting that language is itself a learnt experience.

It should be noted here for the sake of completeness that the debate concerning the existence of that which is *a priori* is not restricted entirely to the field of epistemology, but also extends to the field of metaphysics. It is elucidated upon here so as to limit the potential for confusion between metaphysical status and epistemological status. While there are further elements to the conception of the *a priori*, such as *a priori* justification, for the sake of clarity a demonstration of arguments surrounding a metaphysical *a priori* status will be demonstrated here. Should we return to the example of mathematics, it can be demonstrated how one might conceive of the *a priori* in a metaphysical sense. It has been argued above that our proposition of the truth value of the claim “ $2+3=5$ ” is derived from a type of ‘semantic intuition,’ rather than what has been denoted as ‘rational intuition.’ But that is how the truth value of the claim comes to be apprehended by an individual. This, however, does not account for the matter of fact that

when two things combine with three things the sum accumulates to five things, insofar as that is true. It is asserted that this is simply a fact in our universe, independent of the minds which perceive it. So while the perceivers knowledge may only be derived *a posteriori*, the claim of existence of such 'facts' *a priori* is not effected. However, this position is not without its detractors. An example of a counter position claims that without an individual to separate and/or encapsulate a given series of objects into sets there do not exist objects in our universe such as '2,' '3' or '5.' These objects exist only insofar as they have been created within the infrastructure of all numbers by an intersubjective group, such as humans. Without individuals to impose such a structure on elements (or sets of elements) within a given universe, no such objects exist independently of the mind. So the idea that ' $2+3=5$ ' as *a priori* is essentially nonsensical insofar as the natural numbers (along with all sets of numbers), addition and mathematical equality are all constructed by minds. This remains a point of contention for those who subscribe to different metaphysical positions, such as that described by Plato, in works such as Meno, Theaetetus, and Cratylus. This position (explained in short using the language of Leibniz) asserts that universals, called Forms, exist in their own realm, and the particulars of possible worlds are merely participants in said unchanging perfect Forms. If this were the case, there would be mind-independent objects such as '2,' '3,' et cetera which would impose by their nature that " $2+3=5$." The scope of this essay is restricted to epistemological concerns, and thus will not argue for or against either position. Nevertheless, when discussing the existence of *a priori* knowledge it is important to separate between epistemic and metaphysical concerns so as that no confusion may arise.

The argument presented in this essay has clearly been in favor of the empiricist position that *a priori* knowledge is non-existent. But some may argue that in the formulation of how one

might prove the existence of knowledge *a priori*, particularly that the perceived truth of the claim was derived from no experience whatsoever, I have already lead myself toward a certain conclusion, namely by stating that the validity of the claim is perceived rather than mind-independent, I have no other choice but to arrive at the same conclusion as the empiricist. In stating that the truth of the claim is merely perceived rather than objective, contingent rather than necessary, the purview of this essay is restricted to empiricism. Admittedly, this does appear to be the case, but it is not due to ignorance of the issues involved in concerning oneself with the *a priori*. Rather, it is the result of prior philosophical decisions concerning further epistemological concepts. It is here where the issues of necessity, analyticity and certainty come into play. In defining these terms and elucidating upon how they relate to the idea of *a priori* knowledge, it is my hope that the reader might recognize that there need not be a link between any of these three concepts and *a priori* knowledge; they are not necessarily intertwined. Rather, a claim may possess one, if not more than one, of these qualities and not represent *a priori* knowledge, or it may be the case that some of these qualities are impossible to attribute to any claim.

First and foremost, it is the assertion of the author that certainty is merely a brain state, and does not need to correlate to necessary and/or objective facts about the natural universe as some rationalist thinkers may assert. This concept seems the most intuitive, as individuals can hold beliefs certainly without the belief correlating to anything in the actual world. For example, one might be certain the earth is flat, or certain that there are 45 days in March. Even though these claims have no factual referent, it does not necessarily change the certainty of the individual who is certain. Secondly, the idea of analyticity, such that truths can be reached through analysis of concepts alone rather than through synthesizing them with facts about the world would seem to be subject to the same pitfalls as described above concerning semantic

intuitions rather than rational intuitions. The example conjecture above, that “all bachelors are unmarried men” is a classic example of a supposedly analytic truth, but it is required that the truth value of that statement be derived from the experience of language, as was demonstrated earlier. Thirdly, necessity (as a modal operator) is a concept which conveys that a proposition holds in all possible worlds. It should be noted here that possible worlds are differentiated from each other by allowing that at least one point in a particular time space continuum (insofar as the stipulated universe has time-space, time and/or space) be different from the other. For example, there exists a possible world where Reagan wins an election in 1980 and another possible world where he wins an election in 1402, and another where he loses his face only to have it be replaced by that of Shane McGowan, and so on and so forth. In so far as the world in which we (presumably) inhabit is a space-time continuum, there are uncountably infinite possible worlds with respect to our own world. It is with this in mind which we examine the concept of necessary truth. It is clear that there are contingent truths, such as those expanded upon by science whereby we recognize them as true until counterexamples arise within given research, so by the law of parsimony with which we embarked upon this journey, it would seem the onus is on the counterposition (i.e. that not all truths are contingent) to prove the existence of necessary truths so that it may be added to our ontology. And this would appear to be the challenge laid before current rationalist thinkers, should they entangle their concept of *a priori* knowledge with the concept of necessity. And while this author may concede one day that such a necessary truth exists metaphysically (given an adequate example), with the idea that such a truth must permeate uncountably infinite possible worlds, and human minds can only comprehend a finite amount of information, it would seem impossible that such a truth could be attained by minds such as our own so as to acquire knowledge.

In closing, it would be irresponsible of the argument to not mention difficulties with the radical empirical argument, specifically the one concerning a grounding justification. Basically, the argument goes that the claim that “all knowledge is *a posteriori*” requires justification, and to claim that this is justified empirically is to beg the question, thus engaging in circular reasoning, but to assert that the claim is *a priori* is to contradict the initial claim. It may be claimed that the rationalist position may fall prey to the same pitfalls, but even as a radical empiricist I do not see this as the case. Firstly, the assumption that the question posed to the arguer for either radical empiricism or radical rationalism could be answered is infeasible should one properly understand either position. Not because of the reasons mentioned above concerning circularity or self-contradiction, but rather failing to understand what is inferred by authentically holding either the position of radical rationalism or radical empiricism. To believe either is to assert that there do not exist other possibilities on which one justifies one's knowledge, insofar as one has knowledge. With the existence of a single possibility only, to ask how one justifies any claim, even the claim “all knowledge is *a posteriori*” for the radical empiricist or “all knowledge is *a priori*” for the radical rationalist and not have circular reasoning is to fail in understanding that there do not exist other possibilities. It is only when one commits to the idea of a constitutive *a priori* knowledge, such as that given by moderate rationalists or moderate empiricists that one has a problem such as the one proposed above. In this case, either there is circular reasoning in that *a priori* claims are justified by other *a priori* claims, or there needs to exist a primacy concerning whether or not *a priori* claims are justified by *a posteriori* claims, or *a posteriori* claims are justified by *a priori* claims. Either there is an infinite regress of possible justifications, or one has primacy over the other, thus committing one to say there is an “ultimate” justification method upon which all knowledge is based, hence in actuality committing to either radical

rationalism or radical empiricism. Another fashion in which the problem of justification may be seen as a false problem, is that the problem would seem to rely on the assumption that the claim that either “all knowledge is a priori” or “all knowledge is a posteriori” is true, which in turn is a conjecture based on the assumption that the truth exists. While this argument certainly does not attest that truth values do not exist, in that a proposition might be ascribed as either “true” or “false” (or any other number of options depending on the logical system employed), it does assert that this projection does not guarantee the existence of a truth or falsity outside of that projection. At its core, these potential refusals of the question of how one justifies the claim of radical empiricism or radical rationalism relies on rejecting the assumption that all knowledge, insofar as knowledge can be had, can be justified.

This discussion began with an appeal to the law of parsimony, and merely said it was intuitive to ascribe to such a law. This is not to say that one ought to or ought not to be influenced by such a law. It is through this law which I have perceived the distinction between radical empiricists and rationalists concerning *a priori* knowledge. That is, radical empiricists have seen no need to postulate the existence of necessary or analytic truths, when the position that merely contingent synthetic truths exist is adequate to account for acquisition and justification of knowledge, insofar as knowledge can be had by individuals. Arguments such as those made for rational intuition, the existence of necessary truths, and the existence of analytic truths merely posit too much for the radical empiricist. When responding to the child who continually asks “why?” the rationalist appears to need to bloat his ontology further with the positing of not only those concepts required to hold his position but also that of the empiricists position as well.

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