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Serious Dilettantism: Reflections on an Impossible Profession

To sum up: If anyone thinks he can exclude philosophy and leave it aside as useless he will eventually be defeated by it in some obscure form or other.[1]

Karl Jaspers

If we define "philosophy" simply as "love of knowledge," then it is obviously a requirement for any serious scientific, scholarly, or professional pursuit – in whatever field. Philosophy's relevance is also wide-ranging or even universal when we define it as the most basic or general discipline: the one that poses foundational questions regarding the nature and legitimacy of knowledge itself. Philosophy does seem, however, to have *special* pertinence for the human sciences, and perhaps especially for the mental-health-related disciplines and professions of psychiatry and clinical psychology. Physics and the biological sciences run up against such problematic issues as the nature of causality, the impact of the observer on the observed, or the essence of life; yet these disciplines seem able to progress quite nicely on their own, with little demand for philosophers or for philosophizing of an explicit sort. Fields like psychiatry and clinical psychology appear, by contrast, to have a more profound need for such input; and indeed, without self-critical philosophical thinking, they often seem to run the risk of degenerating (with little hope of escape) into one or another form of what philosopher of science Imre Lakatos called a "degenerating research program" – whether this take the form of reductionism, rigidification, or mere banality.

This, at least, was the view of Karl Jaspers, whose crucial book, *General Psychopathology,* first appeared in 1913. His opinion has been shared by many thoughtful psychiatrists and psychologists ever since. Though

1) Karl Jaspers, *General Psychopathology*, trans. J. Hoenig and Marian W. Hamilton (Chicago: University of Chicago Press, 1963), 770.

Jaspers recognized that the "correctness of scientific insights in general and in psychiatry is not proved by philosophy," he insisted that philosophy's "exclusion" could only be "disastrous for psychiatry." Not only was philosophy needed to "distinguish the different modes of knowing" in the necessarily heterogeneous disciplines concerned with psychopathology; it was required in order to clarify methods and to organize our otherwise unruly knowledge into a comprehensive and coherent whole – and also (in a reflexive turn) to prevent the sort of conflating of philosophical assumptions with "scientific thinking" that would bring about "a scientific and philosophic confusion." Philosophy was, however, also necessary in order to provide a general "illumination of Existence," of the dilemmas that the human condition poses for all of us – in order to understand the field of play within which a patient and her symptoms exist, but also to allow the doctor or therapist to achieve the "self-illumination" required for true empathy and understanding. "Philosophy therefore creates the space for all the operations of our knowledge."[2] The often nebulous, contestable, and decisively experiential nature of mental or emotional problems render philosophy indispensable to research, theory, and practice in the mental health professions.

Jaspers was an exceptionally broad thinker, with an ability both to appreciate and to criticize a wide variety of perspectives. He did, however, have a special predilection for the phenomenological, existential, and hermeneutic traditions in Western thought. As he recognized, thinkers like Kierkegaard and Nietzsche had offered valuable illuminations of the enigmas of freedom, death, and anxiety; while the phenomenology inspired by Husserl allowed for exploring the experiential dimensions of space, time, the self, and the overall sense or feeling of reality. All this suggested both the possibility and the need to consider these existential dilemmas and these phenomenological horizons as they are expressed in various kinds of mental or emotional disorders studied in the field of psychopathology.

Explicit recognition of the special nature of human beings or of human experience may go back as far as the pre-Socratic Heraclitus, and seems inherent in Aristotle's notion of the *phronesis* or sound judgment required for judging human affairs. Its more recent genealogy can be traced in the hermeneutic tradition, which reached one culmination in Wilhelm Dilthey's late nineteenth century recognition of the role of imaginative empathy in the human sciences (*Geisteswissenschaften*), and a slightly later one in Martin Heidegger's and Hans-Georg Gadamer's work in the early and mid- twentieth century. All these thinkers were well aware of the crucial role of cultural expectations and value-judgments in the constitution of individual experience, and they recognized the necessity, as well as the difficulty, of achieving a "fusion of horizons" between a knower and the human condition or context that one strives to understand. Such a view pertains not only to the study of other cultures and historical epochs, but also to the study of the individual patient: it needs to be remembered that any form of suffering will, at the very least, be filtered through and processed via the cultural assumptions accepted by that individual.

Dilthey was one of the first to be explicit about what would subsequently (e.g., in the work of Charles Taylor and of Anthony Giddens) be termed the "double hermeneutic" – namely, the fact that, in the human sciences (such as the field of psychopathology), it is not only the experiencer's *own* knowing but also the *object* of his knowing that is interpretive and in this sense active in nature. The psychiatrist or psychologist who wishes to grasp the patient's experience or life-world cannot simply record and collate objective facts of behavior, but must seek to make sense out of the action and expression of his patient – and in doing so must recognize that the patient is yet another interpreter who construes and in some fashion *makes* his or her own world. What one interprets is, we might say, interpreting itself – and this implies the possibility of some reversal of roles.

2) Ibid., 769–770.

Ideally, the psychiatric or psychological expert's interpretation will operate with a potentially critical meta-awareness of his or her own value-assumptions and overall cognitive orientation – which derive from the specific sub-culture of psychiatry or clinical psychology he or she inhabits but also, more broadly, from his or her own culture of origin. Though it would be fruitless, and probably even counter-productive, to seek absolute freedom from all such assumptions, one should strive to have enough potential distance from them to allow for self-criticism as well as for significant recognition and appreciation of both the nature and the force of those of the patient. Jaspers recognized the challenges all this posed for psychiatrists and related professionals. It clearly implied that narrow professional expertise could not possibly be sufficient, either for the individual practitioner interacting with a patient or for psychiatry as a scholarly and scientific discipline. Jaspers certainly recognized the importance of knowledge of biology and other natural sciences, and the crucial importance of empirical methodologies; but he recognized as well that some appreciation of art and literature, and more generally, of the humanities and culture, was necessary to foster accurate understanding of what a patient might be going through – of the grounding assumptions and horizonal background of the patient's life-world. He certainly recognized the difficulty of achieving this kind of broad intellectual culture and scientific expertise in a fully satisfying manner (psychopathology is, in this sense, an "impossible profession," an "impossible discipline"), but he also recognized this sort of cultured expertise as a worthy and even necessary goal to which to aspire.

All the articles in this issue of *Eidos. A Journal for Philosophy of Culture* are very much in the spirit of Karl Jaspers. They argue for or exemplify the indispensability of the link between psychiatry and philosophical discourse. They illustrate the importance of recognizing cultural values and orientating factors. They exemplify the value of broad forms of expertise including, in some cases, sensitivity to the specific contribution of literature and the arts.

Each of the articles focuses, in one way or another, on the subjectivity of patients or other human subjects, whether this be understood in terms of value orientations, practical knowledge, phenomenological dimensions like temporality, or existential themes like the confrontation with *Angst* or with death or nonbeing. The first two articles adopt the perspectives of Anglophone analytic philosophers including R.M. Hare, J.L. Austin, Iris Murdoch, and Gilbert Ryle. Three subsequent articles are explicitly phenomenological in the sense of applying the ideas of Husserl, Heidegger, Sartre, or Merleau-Ponty, and two later articles adopt the perspectives of theorists who saw themselves as problematizing phenomenology, such as Lacan, Blanchot, Derrida, or Deleuze. Each of the contributions bears on the general question of psychiatric expertise, sometimes by addressing the topic explicitly, but more often by showing the value *for* psychiatry of perspectives from literature and the arts.

The issue begins with Marek Hetmański's article that explores the complexities of psychiatric expertise, with a focus on the distinction between "knowledge that" and "knowledge how" (Gilbert Ryle), between knowledge that can be expressed in propositions versus that which is manifest in skillful activity. The issue continues with an article by three authors, K.W.M. Fulford, Colin King, and Anna Bergqvist. Their article focuses on the importance of values in determining action and judgment and, in particular, on the human propensity toward "values auto-blindness" whereby one fails to recognize the role one's own implicitly held values may play. The authors (who cite the philosophers Hare, Austin, and Murdoch) advocate creating a "hall of mirrors" in which the diverse values held by different individuals involved in psychiatric contexts could be foregrounded and allowed to interact, fostering "enhanced mutual understanding."

The next three articles fall within the overlapping traditions of phenomenological psychopathology and existential phenomenology. In an article on obstacles in psychiatric research, Raymond Cacciatore offers an in-depth analysis of the nosology of mood disorders in light of ideas from Merleau-Ponty's *The Structure of*

Behavior. Cacciatore considers the variations of temporal experience, involving "debilitating shift in existential feeling," that can occur in mood disorders, and he argues that attending to such distinctions could contribute to a more adequate nosology of these conditions. In his article on the existential phenomenology of suicide, Michael French uses the ideas of Heidegger, Sartre, and Emil Cioran to discuss "ontological petrification" in suicidal individuals. By discussing various statements from suicidal individuals, including suicide notes, he explores the shift into a mode of action that precedes the actual suicidal act. In another contribution, Martina Mauri discusses similarities and differences between Heidegger's and Freud's concepts of *Angst*. She employs Husserl's analysis of lived time and of aesthetic experience to offer a comparison of the temporality characteristic of trauma with that inherent in certain forms of aesthetic experience, such as viewing a painting.

These explicitly phenomenological articles are followed by two that adopt the perspectives of post-structuralist thinkers and attempt to offer interpretations of experiences that might seem to defy the usual sort of phenomenological description. Krzysztof Skonieczny considers various manifestations of what could be termed "catatonia," which the philosopher Gilles Deleuze understands on three levels: as a clinical state or psychiatric condition, as a specific type of subjectivity, and as "a position toward the social system." Skonieczny discusses catatonia as a "slow pole" of schizophrenia, and looks as well at literary manifestations of catatonia in the work of Herman Melville, especially "Bartleby the Scrivener, a Story of Wall Street," whose main character instantiates refusal as a fundamental life choice (Bartleby: "I would prefer not to"). In her contribution, Dorothée Legrand takes up some enigmatic and paradoxical issues that may challenge standard phenomenological assumptions: namely, the question of whether there is any sense in which a person can experience their own death, or something akin. She uses Winnicott's notion of an "anterior death" – "a death that already happened without being experienced as such" – and puts this notion in dialogue with the thought of the literary theorist Maurice Blanchot and the post-phenomenological philosopher Jacques Derrida, while applying her analysis to the unspeakable and (in some sense) unlivable experiences of the concentration-camp prisoner.

The Forum section contains two articles that were not explicitly directed toward the issue's theme. Interestingly, however, both articles can be placed in dialogue with the overall philosophy/psychiatry theme. Myron Moses Jackson considers the dilemmas and challenges that confront us as denizens of what sociologist Zygmunt Bauman has aptly termed our contemporary "liquid Modernity": a world in which radically different cultural rituals and identities interact intimately, even promiscuously, thereby giving rise to both "mixophobia" and "mixophilia." Jackson's discussion of cultural appropriation, assimilation, and adoption (he prefers the latter strategy) might offer ways of thinking about the challenges inherent in developing the "hall of mirrors" advocated by Fulford, King, and Bergqvist. In another contribution, Adam Lipszyc uses both Lacan and the Deleuze/Guattari duo to consider the differences between "feelings," "emotions," and "affects." He focuses on the disruptive and disordering impact of affects, which can deconstruct one kind of spectator-subject in favor of another, "truer" one. Lipszyc's use of Deleuze, along with his critique of overly complacent forms of subjectivity or phenomenology, may have some affinities with the two post-structuralist articles just mentioned.

Finally, I would like to draw the reader's attention to the penetrating comment by Zofia Rosińska, which serves as a fitting coda to the reflections in this special issue. Professor Rosińska reminds us of the humbling fact that our expertise, such as it is, can only be, at best, a kind of dilettantism, given the impossibility of attaining mastery of the diverse scholarship, knowledge, and cultural production that are of relevance in the mental-health professions. I would like to think, however, that we can at least aspire to a *serious* form of dilettantism (albeit not a *self*-serious one). Rosińska discusses the insights of the Polish psychiatrist Antoni Kępiński – insights that are highly consistent with the Jaspersian ones discussed above. As Kępiński recognized,

> psychiatrists differ from other specialists in medicine by virtue of the fact that they are not specialists. They are rather the antithesis of specialists insofar as they have to possess some knowledge in many fields, which naturally means that they really cannot reach in-depth understanding in any of them.[3]

Kępiński also stressed the need to recognize the active role of the patient in forging his or her own life and perspective, as well as the importance of fostering critical self-awareness in both the patient and oneself.

3) Antoni Kępiński, *Podstawowe zagadnienia współczesnej psychiatrii*; quoted after Zofia Rosińska.