

## L. BINSWANGER OR THE CRITIC OF PSYCHIATRIC REASON

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*Inasmuch as I am talking to psychiatrists, I need not emphasizing that falling into sheer positivity, into a simple being – there, with no possible overtaking towards the world into a story – this is the very limit of alienation.*  
(Maldiney, 1973, 87).

### I. A CURRENT QUESTIONING?

Wittgenstein tells us that there is no such thing as an only language from which other languages depend. He tells us, however that there exist different types of discourses: inasmuch as every discourse has its own rules therefore we cannot translate one language into another language. The difficulties we face whenever we try to define human sciences arise, partially at least, from an utilization of apparently univocal terms. Nonetheless, such terms actually reveal multiple significations. Scientists think that a par excellence model of science is developing, a model deriving from Physics. Starting from Physics, elaborating a concept of knowledge apt at being proposed as an *absolute ideal* seems to be possible.

So, *current Psychiatry* is moving, so to speak, at both a research level, and a practice level among operative symptoms, and descriptions of diseases linking «determined psychopathological concepts with figures so that anybody is in a position to collect, and verify data in a similar way, at any place, any moment whatsoever. Figures thus obtained can be exchanged, and compared to figures obtained in any point the world over. Currently, figures, statistics, tables, diagrams, and validations there of dominate the range of both the psychiatric congresses and journals» (R. Kühn, 1996)<sup>1</sup>. The simple fact of the mathematical “exactness” is considered as an evident criterion for truth beyond any doubt whatever.

*«The growing operationalization of Psychiatry, guided by both diagnostic homogeneity criteria, and a will for doing research, forces many a time the legitimacy of their supporting procedures to be questioned anew<sup>2</sup>. A progressive withdrawal from the concrete, the situation, and personal*

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<sup>1</sup> In that sense, Helge Malgrem in “Psychiatric classification and empiricist theories of meaning”, *Acta Psychiatrica Scandinavica*, 1993, vol. 88 (373, Suppl.) pages 48-64, revisits the philosophical bases of the contemporary debate on psychiatric nosologies. This author shows that philosophy underlying DSM-III, and DSM-III-R is based on a theory dealing with the semantic status of operative definitions that had already been left aside by science empirist philosophers of science decades ago. Conversely, the newest, and more realistic empirical theories that have been developed after the 60s offer to psychiatric nosology a better basis by means of operative, contingent criteria.

<sup>2</sup> Rotov M. (1991): “Phenomenology or Physichalism?”. *Schizophrenia Bulletin*, 17, pages 183-186.

*disconnection implied therein as well as an apparent preterition of subject in his or her facticity in favor of an homogeneization of data, all this means progress – even though some gaps have been left open into the very scientificity of Psychiatry itself» (Ramos Gorostiza and Gonzalez Calvo, 282).*

From the logical empirism perspective both “observable facts” and “meaning” are polarized, a polarization where the former are given a priority. Besides, it would seem that the fact that no science whatsoever can be conceived as a sheer data accumulation at the same time that it attempts at “being” only a purely theoretical consideration on such facts has not been taken into account.

If the mathematization principle<sup>3</sup> of Carnap’s physicalism is taken as a starting point-principle states that any sentence pertaining to the psychological field must be stated according to the physical language, efforts are made to achieving a language apt at reducing or translating a mentally ill patient’s experience into observation propositions likely to be construed by means of quantification, verification, and analysis – that is, «a well-made language, free from ambiguity» (Ramos Gorostiza and Gonzalez Calvo, 282)<sup>4</sup>. Obtaining sufficiently primary data allows a subjective, and situation disconnection to be performed while its conversion into some notation or algorithm is simplified thus making data computerization easier. So, a descriptive psychopathological task becomes a *Propädeutik* for strictly statistical procedures. «Participants», however, «are human subjects – that is they are actors (the subjects of sentence), they are not objects (passive recipients of stimuli)» (Polkinghorne, 47). Moreover,

*«The criterial approach to diagnosis as it is implemented in DSM-III-R does not correspond to the way that clinicians actually make diagnoses. The wide use of “rating scales” and “scores” implies a kind of scientific exactness that is simply not present when a person is “rated” by another person. The approach fails to do justice to the complexity of human life, and while we agree that whatever can be measured should be measured, we also claim that it is potentially harmful to pretend to be able to measure the immeasurable» (Spitzer, 4).*

We are not trying not to be aware of the importance of exact, scientific-natural methods applied to Psychiatry. What we wish to point out is that the old psychopathological knowledge and its clinical applications, elaborated by generations and generations of psychiatrists are being relinquished in favor of a new, exact, mathematical, scientific-natural method as can be seen in manuals such as ICD-10, DSM-III-R, and DSM-IV. In a *common psychiatric experience*, a phenomenological experience can also be present so that such experience could function as a Phenomenology of the natural attitude inasmuch as Phenomenology tries to *clarify* experience – and not substituting for experience. This is why we should not confuse Phenomenology with that reason-based construction that is a characteristic of the inferencial model, a model valid for either biological or statistical research the homogeneity of diagnosis thereof being more important than the actual diagnosis validity.

So, we are in a position to understand why a series of reflections, and questions have appeared, reflections and questions that – impulsed by a quest for a *foundation* of the psychiatric action ...

*«... have been forced to look back on times past, and search for the meaning, and extent that the so-called Phenomenology meant for both Psychopathology, and Psychiatry years ago. Indeed, this comeback to Phenomenology – whichever be the intention for a comeback: either disesteeming Phenomenology or holding Phenomenology as a dignified background, points out to both a problem, and an answer. The problem at stake would be: how scientific is Psychiatry? That is, the*

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<sup>3</sup> Husserl E. (1991): “La crisis de las ciencias europeas y la fenomenología trascendental”. (Barcelona, Critica).

<sup>4</sup> Chaslin, P (1995): “Is “psychiatry” a well-made language?”, *History of Psychiatry*, 6, pag. 398-405.

Castilla del Pino, C. (1991). “Crítica de la razón psicopatológica” (A critique of psychopathological reason) in: Castilla del Pino, C., and Ruiz Vargas, J. A. (Eds) “Aspectos cognitivos de la esquizofrenia” (Madrid, Trotta) pages 11-13.

*type of experience that both the articulation of the psychiatric discourse, and its foundations and supporting reasoning assume. A response was then given by Phenomenology in a fashion that, nowadays, we cannot omit. In other words, justice would be served if Phenomenology were given its meaning, and importance» (Ramos Gorostiza and Gonzalez Calvo, 282).*

In that sense, the phenomenological outline offered a solution to many a problem posed to Psychopathology such as: A defense against psychologism, a redefinition of the psychic realm, a reconsideration of both subjectivity and the concept of experience. So «It is unlikely that the deeply rooted [phenomenological] outline may have been surpassed – hence any Psychopathology questioning its own methodological consistency should continuously resort to [Phenomenology]” (*ibid.*).

Nowadays, Clinical Phenomenology has been enlarging its field with regard to therapeutical aspects. A fact enticing us to verify which *epistemological* consequences arise from the clinical work on the one hand, and, on the other hand, a fact enticing us to verify which are the still existing relationships between Clinical Phenomenology and Phenomenological Philosophy. In other words, how do the theoretical concepts of the latter keep orienting the former, and reciprocally.

«If Husserl’s Phenomenology presents psychiatrists with the views and methods psychiatrists do need at both their practical actions, and their theoretical understanding levels we are thus in a position to say that psychiatric action and thinking did put Phenomenology into action and functioning» (Khün and Maldiney, 14)<sup>5</sup>.

## II. THE EPISTEMOLOGICAL FOUNDATION OF PSYCHOLOGICAL SCIENCES

The central methodological problem of human sciences – and, as far as we are concerned, the central methodological problem of both Psycho(patho)logy and Psychiatry, lies in knowing whether the same type of operative intelligibility applied to other sciences may be applied to human sciences. This is why Binswanger – when commenting on the case of Susan Urban (and thus applying the Husserlian *motto zu der Sachen selbst* i.e. «it is necessary that you progressively allow the nature of things to lead you») is in a position to comment as follows:

«Psychiatry seems to be looking for a philosophical foundation so that both objects and methods be “the same thing” that Psychiatry is willing to deal with – that is, the necessary procedures Psychiatry is in need of so that both object and method are brought to light. However, both object and methods are not handy: They must be elaborated and obtained by means of theoretical decisions» (Ruggenini, 39)<sup>6</sup>.

In his “*Metaphysische Anfangsgründe der Naturwissenschaft*” (Metaphysical foundations for natural science), Kant states that any natural science in its own right needs an apodictical foundation apt at satisfying every certainty reason seeks intrinsically, and this is why an ultimate foundation is assumed. So, Kant sought a basis for physical-mathematical sciences. He considered, however, that Psychology – and why not Psychiatry –, would never attain the rank of a rigorous natural science besides being unable to surpass the condition of being a more or less systematical, inner experience-oriented natural history. On the one hand, the “non spatiality” of the psychic realm impedes

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<sup>5</sup> «Si la phénoménologie de Husserl apporte au psychiatre les vues et les méthodes indispensables aussi bien à son action pratique qu’à sa compréhension théorique, réciproquement, l’action et la pensée psychiatriques mettent en oeuvre et en fonctionnement la phénoménologie».

<sup>6</sup> «La psichiatria sembra richiedere una fondazione filosofica perché sia le “cose stesse” di cui si vuole occupare che le procedure necessarie per portarle alla luce non stanno a portata di mano, ma devono essere elaborate e guadagnate attraverso decisioni teoriche».

Mathematics to be resorted to<sup>7</sup>. Inasmuch, however, that the “inner experience” realm is unlikely to be accessed at by means of experiment, and observation, the only resource left is introspection.

W. Dilthey, precisely, will try and free Psychology from methods that are proper to the sciences of Nature inasmuch as such methods –opposing Psychology, were threatening to have Psychology losing the subjectivity that was Psychology’s own specific objective. So, in “Ideen über eine beschreibende und zergliedernde Psychologie” (1894)<sup>8</sup>. Dilthey states that his purpose lies in transforming Psychology into the foundation science of all “the sciences of spirit”.

Switching from an explicative Psychology (*erklärende Psychologie*) to a descriptive Psychology (*beschreibende Psychologie*) means switching from a Psychology explaining the constitution of a psychological world according to its elements (forces, laws) as it were a psychological mechanics, to another Psychology that «starting from the connection of psychological life, considers psychological life as a whole» and «describes and searches elements, and functions uniting them mutually most deeply without interposing any causal construction for psychological processes» (Dilthey, “Ideen”, 175). Now, the idea does not lie in setting up either a listing or a merely repetitive inventory. The idea is making an attempt at capturing the concatenations of *Erlebnis* in which “signified connection” (*Bedeutungszusammenhang*) life of humankind is expressed. So, Dilthey’s Descriptive Psychology contributes to an itinerary starting from a Psychology according to a natural model toBinswanger’s *Existential Analysis*, passing through Jaspers’ *Comprehensive Psychology*.

Husserl considers that Dilthey – when attempting at understanding the essence of the psychic realm, poses for the first time the need for an original foundation for Psychology, hence proposing a “critic to reason”, that is the science of spirit’s own so that the essence, and possibilities of those enormous projects that were the new sciences of spirit be clarified both theoretically and cognitively (*Huss. IX*, 6) in the same way that Kant had done with regard to natural sciences. Husserl also appraises the way Dilthey criticizes *naturalistic* Psychology, even though Husserl’s considers it to be insufficient because Dilthey’s critic fails when dealing with analysis and abstract theorizing, a fact due, maybe, to Dilthey coming from the historical realm, and lacking resources offered by Mathematics and Logic. When Husserl points out to Dilthey’s insufficiencies, Husserl evidences the need for elaborating a new, scientifically founded Psychology – that is a *phenomenological Psychology*.

Husserl thinks that a Psychology only based on an *inner experience* of life is unlikely to reach universally valid physical laws. If historical sciences refer to the individual realm, psychological science must exceed what is both particular, and historical so that psychological laws are reached at – a point sharing some elements with the kantian thesis. Firstly, Husserl thinks that any science needs apodictical foundations apt at exceeding either the assertory or probabilistic plane. Secondly, Husserl states that Psychology – if willing to become a rigorous science, cannot rely on the same procedures as Physics unless Psychology is agreeable in falling into a crisis of principles: a crisis that actually happened. Husserl, however, considers that an apodictical foundation for Psychology is possible provided that Psychology follow a “road” differing from the road natural science followed. Husserl points out that any science requires an absolute validity facts are unlikely to allow inasmuch as any “fact-based science” – such as Psychology, is relative to an *a priori* determining Psychology as a fact-based science beforehand.

Such *a priori* is the frame of reference of the universal forms of absolute requirements that make *sciences of experience* possible:

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<sup>7</sup> It should be noted that Kant only takes into account the “mathematics of quantity”, leaving the “ordinal mathematics” aside. In that sense, Richard Höningwald wonders whether «the psychic is measurable». Hence Höningwald sets up a difference between «the psychic that is unmeasurable as soon as it is related to the ego», and «the psychic as a function». Höningwald, R. “Philosophie und Psychiatrie” (1929), *Archiv für Psychiatrie*, Bd. 87, 1929, pages 715-741.

<sup>8</sup> Dilthey, W. (1914): “Ideen über eine beschreibende und zergliedernde Psychologie, Gesammelte Schriften”, (Leipzig, Teubner).

«When we assert some things as a fact, we often do this with an unproblematizing attitude ignoring the implicit, necessary conditions for making such a statement possible» (Karlson, 1989, 254).

Psychological actuality refers to the “essence” of the psychic field, determining essence beforehand because, without an essence, either the being or the psychological life are unlikely to be thought of (“Huss. IX”, 46). Hence every psychism contingency is put “between brackets” (ἐποχή) in order to attain *eîdos*, *Urbildung*. In other words, instead of looking for essence, what it is sought is that essence presents itself in its whole purity – and this is why a method is fundamentally useful to tear apart all of a sudden what has always been co-captured, and co-perceived<sup>9</sup>. The point no longer lies in the scientific reduction that offers “me” one aspect only. What is at stake is the *phenomenological reduction* that gives me the *eîdos* of what appears before myself.

Hence, an “a priori” system is established – a system able at founding apodictically every possible science of subjectivity. An *a priori* does not point out to any type of prejudice. Instead, an *a priori* refers to the absolute need for establishing a starting point likely to secure the knowledge of a concrete area, a “regional ontology” so to speak. Hence, the Husserlian concept allows the traditional rupture between the knowledge of facts, and the knowledge of essence to be surpassed. Even though Husserl’s way of posing the problem situates us to the perimeters of a determined Psychology, it gives us a possibility to address the *eîdos* of the “psychopathological phenomena”.

### III. BINSWANGER AND AN EPISTEMOLOGICAL FOUNDATION FOR PSYCHIATRY

So, L. Binswanger’s project was an intend at “thinking all over again” a Psychiatry apt at being called “a scientific discipline” – in other words, his intention was setting up “the very *a priori* of Psychiatry”<sup>10</sup> – which does not mean that Psychiatry would be denied. On the contrary, Binswanger capitalized on the acquisitions of both Semiology, and Psychiatric Clinic, and worked patiently on. Above all, Binswanger absorbed the psychoanalytical theory and therapy, and tried to englobe all those autonomous disciplines at a totalizing eidetic level. When facing other attempts at foundation, Binswanger found out that Phenomenology has no starting point rooted in suppositions: Phenomenology is rooted into the phenomenon and leaves a phenomenon to evidence itself. Such an exhibit – i.e. no construction, no deduction – of its *eîdos* as a being-in-the-world is the *condition for possibility* of existence itself. If phenomenological Philosophy inquires into universal structures the rising of conscience itself requires, phenomenological Psycho(pato)logy inquires into *empirical structures* that are either typical or general for a determined group of people.

This is why Binswanger inquired on «actuality, possibility, and limits of the understanding horizon, or world project of Psychiatry in general», a problem Binswanger defined as a «self-reflection of Psychiatry on its own essence as a science, or as its effort to *understand itself as a science*»<sup>11</sup>. Borrowing an heideggerian expression, we could say that this is an «auditing on fundamental concepts» – concepts that «determine a previous understanding of a region functioning

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<sup>9</sup> «The contribution of Phenomenology to Psychiatry would be sterile if Phenomenology was only applied to introspection, and Jaspers’ purely esthetical approach» states Binswanger in “On Phenomenology”. Leaning on Husserl’s “Logische Untersuchungen”, Binswanger shows that the point lies in studying the structure of humans in relation with their world “beyond humans” life experience. An intuition of essence (*Wesensschau*) must complete both introspection and *Einfühlung*. What is at stake is not only to either describing or feeling but also living in one’s self the sense of phenomena (*die Bedeutung sich Einzuleben*) as well as perceiving, thanks to intuition, and beyond a patient’s words, the essence of psychopathological phenomena (*in das sprachlich angedeutete abnorme seelische Phänomen selbst hineinzuschauen*).

<sup>10</sup> It is our contention that his objective could be applied to the psychological clinic as a whole.

<sup>11</sup> Binswanger L. (1958): «Importance et signification de l’analytique existentielle de M. Heidegger pour l’accession de la psychiatrie à la compréhension d’elle-même». In “Introduction à l’analyse existentielle” (Paris, Minit) pag. 247.

as a basis for all topical objects of a science, hence offering an orientation to any scientific endeavour» (“Sein und Zeit”, § 3).

After Valdinoci, we may wonder «how can it be said that both a phenomenological *a priori*, and the autonomy of a discipline called “Psychiatry” are compatible? »<sup>12</sup>. Around 1920, at the International Congress on Psychoanalysis in The Hague<sup>13</sup>, Binswanger stated that the central dilemma of Psychiatry lies in Psychiatry deciding whether «it is to become either an applied science only – v.g. a conglomerate of Psychopathology, Neurology, and Biology – sustained by a determined task or praxis, or if Psychiatry wishes to become a psychiatrically unique science». Precisely, *phenomenological Psychiatry* – unlike Psychoanalysis – does not arise from patients’ direct treatment: Phenomenological Psychiatry arises from a theoretical-scientific consideration, from an epistemological foundation of Psychiatry itself. Thus, when offering a regulating role with regard to the corpus of psychiatric theories, Binswanger’s thinking constitutes a «critic of psychiatric reason», as Kant would express it<sup>14</sup> (Tatossian, 1986).

In his “Der einzig mögliche Beweisgrund zu einer Demonstration des Daseins Gottes” (The sole, possible foundation for a proof of the existence of God) (1763) Kant demonstrates that existence cannot be reduced to conceptual deductions. Existence is fully – besides, existence implies a perception physical process. Opposing Leibniz and Wolff, Kant points out that existence only occurs within a perceptive space, and a perceptive time as well. If sensitive perception deals with the terrestrial realm, culture will be referring to other orders – and this is the case of pathological perception.

Kant felt obliged to unify again the two dimensions of existence: a dimension wherein reason is expressed, and a dimension wherein reason is lacking and madness is at hand. Madness is ir-ratio. Kant is a critic thinker in Philosophy, and a dogmatic thinker in Psychopathology. Hegel seems to be more prudent in spite of his idealism: any alienated existence is not irrational, it is a realm wherein reason formerly protected by the kantian transcendental ego leadership comes to an end. If, in Kant’s opinion, Metaphysics is in vain, Psychopathological Physics is naught. So, if madness is to be understood, it will be necessary to elaborate perspective indexes among which an alienated existence could exist...

«... *In spite of Kant’s veto telling us that such a pathological Physics – it must be what we call now Psychiatric Semiology – only calls for reason as its sole Metaphysics. And this is how we get back to Binswanger*» (Valdinoci, 1986, 143)<sup>15</sup>.

With Pinel and his Medical-philosophical Treatise a differentiation of perceptive elements received helps building the pillars of a Psychiatric Semiology. Pinel’s Clinic is a critical Clinic in a kantian sense since it points out to the differential “conditions of possibility” that are needed to perceive a pathological existence without, however, resorting to the kantian egological, and categorial apparatus. Currently, nosographies have become the actual pathological categories. A perceptive subject disappears: instead some “ideal concepts of Clinic” are at work<sup>16</sup>. This was the way a conceptual autonomy of clinical Psychiatry was built, up to late 19<sup>th</sup> Century. Clinic was

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<sup>12</sup> Valdinoci (1986): “Comment l’*a priori* phénoménologique et l’autonomie de la discipline “psychiatrie” sont-ils compatibles?”, pag. 140.

<sup>13</sup> Binswanger L. (1981): “Psychoanalyse et psychiatrie clinique” (1920). In “Analyse existentielle et psychoanalyse freudienne” (Paris, Gallimard), pag. 152-3.

<sup>14</sup> Binswanger, in his “Introduction to the problem of a general Psychology” (Einführung in die Probleme der allgemeinen Psychologie”, Berlin, Springer Verlag, 1922, pag. 5) already considered his method to be “critic”. A long time afterwards, in a homage to Husserl “Dank an Edmund Husserl” in AA.VV “Festschrift zum 100. Geburtstag von Edmund Husserl”, Der Haag, Nijhoff, page 64, Binswanger stated again that his way was rooted in Kant’s ways.

<sup>15</sup> Malgré le veto de Kant qui nous dit que cette physique pathologique – ce sera la sémiologie psychiatrique – n’appelle pas une autre métaphysique que celle de la Raison. Par où on revient vers Binswanger.

<sup>16</sup> Bercherie P. “Les fondements de la clinique. Histoire et structure du savoir psychiatrique” (Basics of clinic. A history, and structure of psychiatric knowledge), Paris, Ed. Universitaires, 1991.

moving around, so to speak, within a more globalizing realm, out of the limits that Kant had signaled to reason.

Binswanger will be the man to propose an extra-clinical essence for Clinic (Valdinoci, 1986, 144). Binswanger withdraws from Kant because rationalization must be taken out of the pathological existence forasmuch as Kant was not in a position to demonstrate its consistency so that the other aspect of existence could be understood – i.e. the principal aspect any pathological existence is only an inflection thereof. Binswanger does not downgrade this thinking: Instead he takes it toward a wider *perceptive* scope of problems. Kant had placed an obstacle as far as accessing the truth of the existence phenomenon was concerned: Its noumenal wholeness escaped from the perceptive conditions of knowledge. Conversely, Binswanger did not go back to a perceptive empirism: Instead he adopted Husserl's way: a total (*noumenal*) existence is, in fact, possible – without any false rational deduction. Kant had solved existence by the way of Practical Reason, by the way of the realm of aims, while Binswanger goes beyond the practice of the realm of aims, and answers conceptually with the act of a universal existence – an intersubjective fact indeed. «Within any particular phenomenon, a person can be known, and, conversely, any phenomenon gives us a possibility to penetrate into a person» wrote Binswanger in his article “On Phenomenology”. A psychopathological phenomenon will always reveal a more complex doctrine on the perception of the other.

The situation of Psychiatry is «such that – when he discovered it in time past into the uncertainty of its foundation, and the dispersion of its concepts as well, Ludwig Binswanger received an impulse that decided him toward his endeavour – i.e. determining the mode of scientific understanding under the horizon of which psychiatric acts are endowed with a converging sense» (Maldiney, 1973, 88)<sup>17</sup>.

In 1950 already, at the World Congress of Psychiatry (Paris)<sup>18</sup>, Binswanger pointed out that such a substantiation constitutes now an imperative inasmuch as Psychiatry should not keep being a conglomerate of methods and techniques. Instead, Psychiatry must understand that there is an idea here that guides Psychiatry – an idea that must be revealed:

*«The progress of Psychiatry depends on a constant exchange between the practical attempts at having access to a patient, and a reflection on Psychiatry's own essence as a science»* (Binswanger, 1971, 263).

In that sense, Phenomenological Psychiatry does not claim its aim to be “to explain” (*erklären*): Conversely, Phenomenological Psychiatry claims its aim to be “to clarify” (*klären*), that is to say to bring a psychiatric experience to light – in other words, transforming a psychiatric experience into a *phenomenon*. An experience on new conditions is not at stake: What is at stake is a new experience on, and in what that is already an object of experience (Tatossian, 1986). As far as Psychiatry is concerned, understanding itself as a science «is not only getting some clarification on basic, or fundamental concepts that open and clarify the relevant theme area, and offer a theme for doing research on together with those research objects working with already delimited elements – but also, and principally [the fact that Psychiatry understands itself as a science] offers an explanation in the sense that the Greek language gave to the expression λόγον δδόναι – that is, construing the realm of the self appearing in these fundamental concepts according to the fundamental structure of the self»<sup>19</sup>. «Madness is rather originated within the relationship of a

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<sup>17</sup> «(...) telle que, la découvrant autrefois dans l'incertitude de son fondement et dans la dispersion de ses concepts, Ludwig Binswanger en reçut l'impulsion qui décida de son entreprise: déterminer le mode de compréhension scientifique sous l'horizon duquel les actes psychiatriques ont un sens convergent».

<sup>18</sup> See “Daseinsanalytik und Psychiatrie”, originally in *Nervenarzt*, Januar 1951, fasc. 1.

<sup>19</sup> Binswanger L. (1971): “Importance et signification de l'analytique existentielle de M. Heidegger pour l'accession de la psychiatrie à la compréhension d'elle-même”(1958), in “Introduction à l'analyse existentielle” (Paris, Minuit), page 249.

subject with his or her self – even though society takes good care to worsening the situation» (Fauré, 223).

It is Binswanger's contention that «a mental patient differs from a healthy subject not primarily due the fact that he or she is a sick person: A patient is different due to the fact that he or she is a human being – that is, primarily, a patient is an example of humanity whose way of presence evidences one of the possibilities of being a human» (Kühn-Maldiney, (10)). Beyond the outlines of comprehension or concepts of actuality the psychiatric knowledge uses, it is thus necessary to go back to an understanding of the self as a function that [*at the same time*] lays a foundation for transcendence, and accounts for transcendence<sup>20</sup> – that is, a function that lies a foundation (*gründen*) and accounts for, or gives an explanation on (*begründen*). Inasmuch as Psychiatry has left the problem of its foundation in darkness, the binswangerian analysis is going to firstly try and illuminate the ontologic soil of Psychiatry. In that sense, Binswanger considers the works by Heidegger to be fundamental as far as a phenomenological description of the structures of existence is concerned. So, Binswanger starts from the anthropological forms towards the ontological conditions of existence.

«We are only in a position to understand what is either a normal situation or a pathological situation, if we understand how such a situation is likely to be possible, and if we refer such a situation to its conditions of possibility» (Maldiney, 1986, 16)<sup>21</sup>.

Binswanger does not look for the motive of the object-driven knowledge that, out of the life history of a patient, only picks out the history of patient's illness: Instead, Binswanger considers that empirical facts only start to be understood scientifically when an “*a priori* essence” is known – an *a priori* essence from which facts are constituted.

Starting from the heideggerian determination of the *Dasein* ultimate constitution, Binswanger understand factually given psychopathological phenomena as special variations of the said fundamental constitution: Psychopathological phenomena are “mutations” (*Abwandlungen*) of the different ways of existence.

Binswanger accesses human essences as *empirical* essences – that is access is granted at the *ontic* or anthropological level. Mental illnesses are “mutations” (*Abwandlungen*) and by no means morbid alterations of an existence form<sup>22</sup>.

At a transition period, Binswanger focuses on the problem of experience<sup>23</sup> that he distinguishes from “existence” (*Dasein*). “Natural experience” is characterized by a no-problematicity, and a no-reflexivity on everyday life while either the rupture of the inconsequence of life which is proper to an alienated person, lies in an impossibility to leave things, or other people just as they are. Instead, there appears an arbitrary, and despotic way of having things at one's disposal. “Transcendental confidence” is not only lost but it also reaches to dissolution, a situation leading to an “experience of loss of the world”. There appears then an alternative of a “rigid this or that”. Husserl would say that things, matters, and other people become highly problematical inasmuch as «the real world exists only within an assumption – consistently sustained – that every experience will go on forever, within a same constitutive style» (Husserl)<sup>24</sup>. Inasmuch as, apparently, a serene way of life is impossible, “gaps” and “lapses” appear in experience, hence an exit is sought so that a new order

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<sup>20</sup> Binswanger L.: *Ut supra*, page. 252.

<sup>21</sup> Nous n'entendons ce qu'est une situation normale ou pathologique que si nous comprenons comment elle est possible, que si nous la référons à ses conditions de possibilité.

<sup>22</sup> Up to that point, Binswanger “moves around”, so to speak, among the “existential analysis”, existential modes and their existential mutations. Quite contrary, the “constitutive-transcendental phenomenological analysis” deals with transcendental conscience at both its constitutive moments, and its *morbid alterations* considered as alterations of a functional instance.

<sup>23</sup> In spite of Heidegger's influence, Szilasi's influence (with Szilasi's concept of “natural experience”) can be noted on Binswanger's thinking.

<sup>24</sup> Husserl E. (1929): “Formale und transzendentale Logik”, *Jahrbuch X*, page 22.

could be achieved, and gaps, and lapses are “filled up” with ideas, activities, ideals. An *ideal* always stands for a support when anxiety arises whenever a person suffers from some persecution or a persecutory delusion, and all the rest is whatever contradicts such an “ideal”. Concealing or uncovering the unbearable condition of an alternative is what is at stake so that an “extravagant ideal” could be sustained - the worn out-being of *Dasein*, a peak of antinomy tensions, however, (a) feels eventually to neither being-unable-to-get-out nor getting-in, (b) resigns itself, and (c) withdraws from its own existential realization. Ideal gets abandoned to itself (*Selbst*) – as is in delirium – so that it is in a position to surrender to strange powers.

Hence, Binswanger’s starting point lies in a phenomenological description of “the structures of existence”, going to and from among human being’s anthropological forms, and “conditions for possibility”. So, Binswanger tries to elaborate an anthropological structure apt at being suitable as a general frame of reference while he also tries not to indulge into treating pathologies only as deficiencies.

When Binswanger analyzes the constitution of the there-being modified by pathology, he reverts to Husserl to wonder about the *condition of possibility* in this world not, however, as a *milieu* wherein such a function takes place (Heidegger) but as a “transcendental, functioning life” so that a functional structure could be discovered. When reaching this last stage, Binswanger starts from *constituted transcendences*, in a Husserlian sense toward the world of *constituting transcendences*. So, for example, Binswanger shows the “constitution” of the schizophrenic delirious conscience to be a lack of union between intentional acts and objective clues coming from the world as a “deficiency in experience structure”.

Now, the objects of general experiences, personal experiences and contents thereof are no longer the last frontiers to do research on: All points stand for worldly experiences or experiences of the world, objective experiences of intentional objectivities but no transcendental phenomena. Binswanger applies the phenomenological-genetic method that turns to be a “methodology of Psychiatry” inasmuch as it offers a basis for the analysis of existence as *a theory of the ontological constitutions of mental illnesses*. Binswanger not only aims at capturing the worlds of mental patients as well as the anthropological structure of the psychotic ways of existence, but also Binswanger seeks the clarifying of such structural modes related to the husserlian theory of the *phenomenological-transcendental constitution* of the being, and the world. When Binswanger switches from an unveiling of presence (*Dasein*) to a *constitution of transcendent conscience, and the transcendent Ego*, he ultimately seeks to do research on a similar philosophical foundation for Psychiatry.

Differing from the Freudian Psychoanalysis that was born out of practical problems, the Binswangerian *Daseinanalyse* was born, precisely, as an attempt at illuminating the ontological ground of Psychiatry – hence, constituting a *Metaphysics of Psychiatry*. Now, this “meta” particle is not aiming at a point beyond Psychiatry, a point beyond things sensitive oriented toward an ultraphysical world. The “meta” particle is oriented toward a “trans” concept that does not «withdraw us from what we have learnt. Instead, it immerses us into the very actuality of Psychiatry». That is, transcending within Psychiatry as well as from Psychiatry, as we could be in a position to say if some concepts by Xavier Zubiri can be borrowed in this connection.

Binswanger tries to constitute an “anthropological *a priori*” for Psychiatry. Now, in what sense are we to understand here the “anthropological” concept?

Let us borrow now some concepts from Umberto Galimberti<sup>25</sup>, and let us say that Psycho(patho)logy and Psychiatry are laden with the *logic of separation* that has been inaugurated

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<sup>25</sup> In Occident, the “body” has become “the negative of every possible value”: Platon’s body madness, the biblical curse on the flesh, the Cartesian splitting, Science’s divided or anatomized body, Medicine’s body as an organ to be healed, body as a labor implement to hire (...) It is thus necessary to abolish the fence separating body and soul. It is more urgent to do that than abolishing the fence separating the conscious and the unconscious. Psychological representation has given us a simplicity that we must pull down and dissolve on the one hand, and, on the other hand, we must understand the superabundance of signs body produces – because that is a language.

by the logic of disjunction between a clear, evident conscience, and a jail-grave body for the soul (σώμα-σῆμα). This is when an antithesis appears between both values: psyche is the positive value, and body the negative value. If both Psychology and Psychiatry deal with the psyche, apparently Medicine is supposed to deal with the body thus strengthening dualism – that cancer of psychological sciences as Binswanger would say. This is why psychological sciences – if they want to “think themselves” must reverse their own foundations, overcoming dualism, and considering the ἄνθρωπος as a whole.

Hence, when an anthropological research is referred to, this means, at a first level, elaborating an anthropological structure apt at serving us as a general frame of reference that, hopefully, will not intend treating pathologies as mere deficiencies. At a second level, this means linking the particular empirical with a general, ontological structure already conceived. Deviated forms are not only considered to be a sole connection with a “norm” but also as positive, constitutive moments of the human existence, as a possibility for an essential, and necessary modification, inherent to the being of humans. Whenever classical Psychiatry finds either fragments or an absolute chaos, there exists a possibility to mention different contexts of meaning, an meaningful structural order, if biography is taken as a whole that is, including those moments likely to appear as interruptions that take the meaning away from biography.

Binswanger thinks that Husserl’s attempt at laying the experience of the very things within the structures of intentional life could help orienting the psychiatric exploration, and this impulses Binswanger to look for the ultimate dimensions of existence, *for the conditions of possibility of a sick human* that are also the conditions of possibility for Psychiatry (Kühn-Maldiney). The ultimate function of this phenomenological, basic science allows a “regional ontology” of the abnormal (Blankenburg, Kisker) to be constituted, oriented to transcendental subjectivity without renouncing to the results of an analysis of the existential structures of the psychopathological phenomena – as the heideggerian thinking made it to be possible.<sup>26</sup>

#### IV. SUMMARY

Around 1920, Binswanger stated that the central dilemma of Psychiatry could be expressed in the following terms: either Psychiatry decided to only be an applied science, i.e. a conglomerate of Psychopathology, Neurology, and Biology supported by a task, or a *praxis*, or did Psychiatry wished to become a psychiatrically unique science. Precisely, binswangerean thinking offers a regulating role to the ensemble of psychiatric theories and, in a kantian sense, offers a “critic of the psychiatric reason”.

*Key words:* Phenomenology; Binswanger; Psychiatric Epistemology; Psychopathology.

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<sup>26</sup> Heidegger’s existential analysis starts from a radical fact of human beings: *Dasein*, referred to the self while Husserl’s first stage of thinking starts from transcendental consciousness. From “*Sein und Zeit*” onwards, Heidegger had tried his best to be different from his teacher on the one hand while, on the other hand, Husserl utterly clarified his disciple’s misunderstanding. It is Binswanger’s contention, however, that both ontologies have no contradictory sources: Binswanger even quotes a synthesis between both orientations that Blankenburg expressed in “*Daseinanalytische Studie über einen Fall paranoider Schizophrenie*” (*Schweizer Archiv für Neurologie und Psychiatrie*, 1958, Band 81, 8, 105). Figueroa Cave, however, (1982, 23) is not agreeable with Blankenburg’s perspective, and K. P. Kisker also differs as can be observed in “*Die Phänomenologische Wendung L. Binswanger*”, *Jahrbuch für Psychologie, Psychopathologie und Medizinische Anthropologie*, 1962, 8, 142.

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