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**Autor:** Laor, Nathaniel
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# The Myth of Mental Illness: The Feuchtersleben Version[1]

By Nathaniel Laor

Abstract

Ernst von Feuchtersleben is an eminent nineteen century Viennese psychiatrist who is almost completely ignored both by modern psychiatrists and historians of psychiatry. However, he has recently been mentioned by Thomas Szasz who views him as his predecessor and ascribes to him his own thesis, namely, that mental illness is a mere myth (or at best a mere metaphor) which was introduced into psychiatry by Johann Heinroth. The present essay examines the question can Feuchtersleben be viewed as Szasz's forerunner.

Szasz follows the individualistic principles rigorously and argues that all goal-directed individuals are autonomous—regardless of whether they suffer while struggling towards their goals. Hence, Szasz excludes the mentally ill from the realm of medicine and renders immoral the psychiatrists who impose on them psychiatric diagnosis and treatment. For those who endorse in one and the same time both the principles of individualistic ethics and the common opinions concerning the autonomy of the mentally ill, the paradoxicality of the common opinions, in the light of Szasz's works, seems unsolvable.

Feuchtersleben endorses (the Kantian version of) the individualistic ethics yet, sensitive to the paradox, he follows Solomon Maimon's critique of Kant and rejects, at times, Kant's dogmatic view of human freedom. He thus rejects both poles of the paradox as a myth (à la Lévi-Strauss) and offers an alternative approach instead of the paradoxical one. He recommends we view mental health and autonomy as regulative principles in the empirical domain. The physician, the educator, the clergyman and the legislator should cooperate in diagnosing and treating defects of both mental health and human autonomy.

Szasz is therefore in error when he claims Feuchtersleben as his predecessor. The views concerning the mentally ill of these two are diametrically opposed. Moreover, I think Feuchtersleben's view is superior: indeed,

whereas Szasz succumbs to or, at best, explains away the myths which prevail to the present day regarding the mentally ill, Feuchtersleben offers an explanation and a proposal of treatment.

## I Bio-bibliographical

Ernst von Feuchtersleben (1806–49) is almost entirely neglected by historians of psychiatry largely for the reason that he does not "belong" to his period—the early nineteenth century. After Pinel and Rush, historians tell us, comes the period of the two schools, the materialists and the idealists. Feuchtersleben, we shall see, belongs to neither. The materialists (or organicists or reductionists) were represented in Germany by Johannes B. Friedreich (1796–1862) and Wilhelm Griesinger (1817–68), the idealists (or mentalists or antireductionists) by Johann C. Heinroth (1773–1843) and Karl W. Ideler (1795–1860). As psychiatry was dominated by the debate between idealists and materialists, a debate which has not yet come to an end, historians of that period center their attention on these figures, and to a lesser extent on their followers. The division of thinkers of a period into two schools, however, is an idealization of a myth [2]—it is a polarization of a less clear-cut situation: most psychiatrists, of course, belonged somewhere in the middle. Yet such polarizing myths are often popular amongst historians. The popularity of the specific myth in question among historians explains in part how they have come to overlook Ernst von Feuchtersleben, since he rejects the two schools. He also rejects the middle ground between them, as we shall see, so that he could not be squeezed into one of them.

My attention to Ernst von Feuchtersleben was drawn by Thomas S. Szasz who mentions him, even though in a mere rider to his famous book, *The Myth of Mental Illness* (1961): he cites him in the Preface to the 1972 German edition of that book [3]. He notices there that Emil Kraepelin's (1856–1926) *One Hundred Years of Psychiatry* (1917) omits mention of Feuchtersleben. Szasz himself, as he tells us in that Preface, was led to Feuchtersleben by a one page Postscript to Shreber's classical *Memoirs*, added by the editors of that book to its latest edition (1955) [4]. Szasz views Feuchtersleben as his own predecessor and ascribes to him the principal thesis of his own book, namely, that "what we call 'mental illness' constitutes moral, not medical problems." [5] Though it seems to me that Szasz is overgenerous in his ascription of his own view to Feuchtersleben, I think there is a very interesting parallel

here: both Feuchtersleben and Szasz reject the whole tradition: they reject both the traditional organicistic and idealistic views of mental illness, as well as the middle ground between them. Yet, I shall argue, their grounds for the rejection are extremely different.

However, before discussing Feuchtersleben and his views of mental illness, let me mention some significant biographic and bibliographic facts about him.

Ernst von Feuchtersleben was born in Vienna on 29 April 1806. He studied philosophy, literature and medicine at the University of Vienna and after graduating joined the faculty of medicine there and practiced psychiatry. Between 1840 and 1844 he served as the secretary of the Vienna Society of Physicians. In 1844, he was appointed professor of medicine, in 1845, dean of the faculty of medicine, and in 1847 vicedirector of the Department of Medico-Surgical Studies. In 1848, the liberal cabinet offered him the Ministry of Public Instruction, but he requested and was offered and accepted instead the position of Under-Secretary of this office. He at once made attempts at the implementation of his educational reforms and failed; he resigned after four months of struggle and instead joined the Vienna Academy of Science. The opposition at the Vienna Medical School to his educational views prevented his return to academic life. Struck by sorrow and indignation, he fell ill in a mysterious way and died, 3 September 1849.

Feuchtersleben was a prolific writer. His non-medical works are collected in seven volumes which include his philosophical papers, his poetry as well as his political and educational ideas[6]. His principal medical and psychiatric works are still not collected. They are, *Hygiene of the Mind*[7] (1838, *Diätetik der Seele)*, *On the Precision and Dignity of Medicine*[8] (1839, *Die Gewißheit und Würde der Heilkunst)* and *The Principles of Medical Psychology*[9] (1845, *Lehrbuch der ärztlichen Seelenkunde)*. It is the latter book to which Szasz, in the above mentioned Preface, ascribes the thesis of his own book.

Feuchtersleben was quickly forgotten by his Viennese contemporaries. For example, although Moritz Benedikt's (1835–1920) important psychiatric textbook *Die Seelenkunde des Menschen als reine Erfahrungswissenschaft* (1895)[10] presents philosophical discussions of theoretical and clinical psychiatric problems treated already by Feuchtersleben, it omits mentioning his views. I find this fact both distressing and inexplicable (and certainly one cannot seriously suggest that Benedikt was not thoroughly familiar with Feuchtersleben's works). Moreover, not only is Feuchtersleben not mentioned by the prominent twenty-century psychiatrists—e.g. Kraepelin,

Freud[11], Adler, Jung and even Ey—but also the most important Encyclopedias in the English and French language still are ignorant of him[12]. Historians of psychiatry do mention Feuchtersleben but most of them do not explain why—and certainly they show little appreciation of his contribution to psychiatry. For example, Henry F. Ellenberger[13], George Mora[14] and Erwin H. Ackerknecht[15]—acknowledged leading contemporary historians of psychiatry—mention him in passing, and merely gratuitously, as one of the romantic metaphysicians of the nineteenth century. The works of Franz G. Alexander and Sheldon T. Selesnick[16] on the history of psychiatry is fairly well-known and in it Feuchtersleben's contribution to psychosomatic medicine is mentioned as Alexander's own forerunner, whatever this may mean. Gregory Zilboorg[17], one of the most respected and oft-quoted historians of psychiatry, speaks of Feuchtersleben's originality and mentions—in passing though—some of his ideas. Feuchtersleben's medical writings are overlooked even by modern researchers in the field: There are no books and only a few papers devoted to them[18]. Feuchtersleben's educational, poetical and political workshave fared better, since they are the subject-matter of Paul Gorceix's *E. von Feuchtersleben, Moraliste et Pedagogue 1806–1849* of 1976[19].

I have chosen to devote the present essay exclusively to the examination of the question how and to what extent might Feuchtersleben be viewed as the forerunner of Szasz. This calls, naturally, for a presentation of Szasz's views regarding mental illness.

## II Szasz on Mental Illness

Szasz has developed his view of mental illness on the background of an ethical paradox—as he pointed at in numerous places in his writings[20]. There is, according to Szasz, an obvious contradiction between the principle of individualistic ethics (which is, as is well known, that the individual is autonomous and hence has the full responsibility for his own actions) and the commonly-held intuitions regarding mental illness as defective autonomy. Indeed, the uncompromising individualist must regard the recommendation to forcibly treat mental patients as morally objectionable. Yet in western society almost every physician, even the most ardent individualist, would deem enforced medical treatment necessary in some extreme cases, no matter how rare. The case is the same even when the cause is brain

damage—due to concussion, hematoma, or poisoning (be the damage drug intoxication, viral infection, metabolic disorder, or physical compression). Admittedly, an uncompromising individualist might argue that in these cases the patients are not themselves, just like comatose patients. For they are in a sort of organically induced psychosis, so that they might be viewed as defective-in-autonomy in the sense that comatose patients clearly are. In this case perhaps enforced treatment and autonomy are reconciled. However, for the majority of patients of mental institutions, there is no record of physical brain damage, and therefore this excuse certainly does not apply to them. Can we claim, then, that they too are not themselves, namely, defective in autonomy? For, if we view psychosis—or any other mental illness—something imposed on patients, then perhaps enforced treatment is but the removal of the constraint on the individual and the restoration of his autonomy. Yet this will not hold if mental illness is viewed as the result of the individual's free decision, for example, if it is viewed as the patient's chosen way of life. This fact—that we may view mental illness as imposed or chosen—makes it problematic for the uncompromising individualist.

Thomas S. Szasz is, then, a brave uncompromising thinker who follows the individualistic principle rigorously. He views, indeed, all goal-directed individuals as autonomous regardless of whether they suffer while struggling towards their goals [21]. For Szasz under no condition can suffering and sorrow serve as signs and symptoms for medical disease entity. A disease entity is, indeed, decided upon nosologically and only then can we enlist signs and symptoms in the aid of diagnostic procedures. What, then, is the disease entity called mental illness? Take away the suffering, says Szasz, and no disease entity remains [22]. Indeed, scientists could not generally claim objective markers for mental illness, and, according to Szasz, only organic markers could serve this function. Hence, mental illness, says Szasz, is a mere myth or at best a mere metaphor. The role of this metaphor, he adds, is to be in the service of psychiatrists for the oppression of mental patients. The autonomous individual—be he voluntarily or forcibly labelled neurotic, psychotic, psychopath, drug addict or malingerer—should never be considered diseased nor be he treated in the domain of medicine—unless, to repeat, he suffers some physical damage, including physically induced psychosis. Hence, says Szasz, the autonomous individual's decisions and behavior are to be dealt with in the field of ethics, education or even religion, not medicine.

By the rejection of the notion of mental illness as a disease entity, Szasz implicitly rejects both the organicist's and the idealist's views of mental

illness, as well as any possible middle ground between them, in that he rejects the very subject-matter of their dispute. However, he adopts the idealistic view regarding the human condition we traditionally call mental illness, namely, he does accept the view of mental anguish as only mental, not physical. It is merely that he recommends viewing the human condition traditionally viewed as mental illness, medically as well as ethically, as normal rather than as pathological. Moreover, what characterizes these conditions, he thinks, is not anguish nor deviance but a peculiar (variant indeed) verbal mode of conduct [23]. Hence, it is by claiming the mentally ill to be always autonomous, that is, always free of specific (pathological) organic constraints and free to determine their own goals that Szasz a) excludes themen tally ill from the realm of medicine and b) renders the mentally ill always responsible and the coercive psychiatrist always immoral agents in society [24].

For those who endorse in one and the same time both the received opinion concerning mental illness and the status of autonomy of the mentally ill (as sometimes defective) and the principle of individualistic ethics, the paradoxicality of the common opinion on the mentally ill seems, in the light of the works of Szasz, to be more pressing than ever. Yet Szasz claims that matters have stood that way—painfully paradoxical yet almost ignored—ever since Johann C. Heinroth published his *Textbook of Disturbances of Mental Life* (1818, *Lehrbuch der Störungen des Seelenlebens*) [25]. Moreover, Szasz claims that the solution of the paradox, namely, his view of the concept of mental illness as a mere metaphor, was already introduced only one generation following Heinroth—in Feuchtersleben's *The Principles of Medical Psychology* [26]. Is, then, Szasz's view of Feuchtersleben as his own predecessor correct? This seems to me to be a very severe indictment of the whole psychiatric tradition. The indictment rests on the view—advanced by Szasz himself, to repeat—of Feuchtersleben as a predecessor to Szasz.

In the rest of the present essay I will examine the following:

- Section III: What are (should be) the human conditions which we do (should) call mental illness and what domain do (should) they belong to?
- Section IV: Can (should) the mentally ill be viewed as autonomous or as defective-in-autonomy?

In the concluding section, Section V, I will argue that the Szaszian solution to the paradox is explicitly rejected in Feuchtersleben's textbook of psychiatry while an alternative approach for its solution is introduced.

## III To Define True Madness

Feuchtersleben views mental illness as a defect in the psycho-physical totality of man: "Psychopathies, therefore, or disease of personality (insanity in the more comprehensive sense), is the name we give to those compound conditions, in which the psycho-physical reciprocal relation is diseased in several directions, so that the empirical personality of the individual appears thereby to be disordered.»[27] And Feuchtersleben emphatically summarizes his main thesis: "The 'empirical' personality" is affected, "not 'the ethical'."[28]

For those who are not acquainted with the philosophy of Immanuel Kant (1726–1806)—adopted by Feuchtersleben throughout his textbook of psychiatry as a matter of course—Feuchtersleben offers a brief explanation of the Kantian view of the dual nature of the self[29]. Every human being, says Kant, is endowed first with a transcendental ego, with a spirit, which, in Feuchtersleben's terms, consists of his abstract or "metaphysico-ethical" personality—whose character and existence the metaphysician must affirm *a priori*. Every human being in his capacity of a transcendental ego is free to decide upon intellectual and moral matters—concerning truth and error and concerning righteousness and sin. Yet the empirical, that is, the concrete actualization of human freedom, the empirical ego, depends upon the second human endowment—which is the human being's subjective conditions, including his body and his empirically given personality. And, according to Kant, the transcendental (epistemological and ethical) and the empirical (psychological) have their separate domains of investigation; hence, they should not overlap. Yet Kantian thinkers constantly blurred their boundaries. For example, moral behavior and cognition were the subject-matter of empirical research while relativistic views of ethics and of logic were introduced into the transcendental domain contrary to the original universalistic intention. Indeed, what these Kantian thinkers needed is the possibility to discuss, in parallel, the same problems in both the transcendental and the empirical domains. This, however, is forbidden by Kantian philosophy. Hence, either human experience ended up being split or Kantian philosophy had to be done away with. However, those thinkers, like Feuchtersleben, who accepted Kantian philosophy and, still insisted, for practical reasons, on the unity of human experience, had to compromise and tolerate inconsistencies in their theories, as we shall see. This is all too confusing and sooner or later led to the collapse of the Kantian foundation

for epistemology and ethics as well as for psychiatry: the chasm between the transcendental and the empirical is rejected by modern philosophers and psychiatrists alike.

We are still, in our discussion, in the beginning of the nineteenth century, time when the spread and influence of Kantian philosophy was in its peak. Feuchtersleben, indeed, adopts it wholeheartedly, though, for theoretical and for practical reasons he, at times, blurs the boundaries between the transcendental and the empirical, and, at other times, he even courageously ignores the transcendental altogether[30]. Hence, he says, only "when the psychical principle in man has obtained such a mastery over his organs as, consistently with his individual personality ... (is) he ... psychologically free; i.e., with respect to psycho-physical circumstances, in health. If he cannot do this, he is not free, i.e., he is out of health."[31]

I have presented above two questions as one: a) what is mental illness? b) what is autonomy? seemingly suggesting mental illness to be a defect in autonomy. It turns out that matters are not that simple. Within the Kantian framework, we remember, the question of mental illness pertains to the empirical concrete ego and the question of autonomy to the transcendental abstract ego. Of course, we may overcome this gulf by raising the question of autonomy once transcendentally and once empirically, admitting autonomy as transcendentally inviolable yet empirically violable. It is easy, however, to postpone the question of autonomy altogether for now and discuss only the empirical question of mental illness.

Feuchtersleben demands that we avoid the question how is mind related to body? and, staying within the empirical discipline he adopts a view of mental illness as a functional imbalance between mind and body. Mental illness, he says, being functional, has no "seat."[32] And he warns us against equating his view with the trivial psychosomatic approach to mental/somatic illnes. For, the psychosomatic approach seeks a physical cause to a mental illness or a mental cause to physical illness and is thus etiological, whereas his is diagnostic[33] and puts the blame on function. Etiology, he says, serves no demarcation between mental and organic diseases, nor a demarcation between the domain of psychiatry and that of somatic medicine: "The notion of *mental illness* must therefore be deduced, neither from the mind nor from the body, but from the relation of each to the other. The question does not turn here on the external cause of psychopathies, which may be either psychical or corporeal ... where psychical phenomenon appear abnormal, there is mental disorder which has its root in the mind, so far as this is

manifested through the sensual organ, and has its root in the body, so far as this is the organ of the mind",[34] so that all mental illness is psychosomatic. That is, then, why "every psychosis is," for Feuchtersleben, "at the same time a neurosis; because without the intervention of nervous action, no change of psychical action becomes manifest."[35]

Feuchtersleben echoes the reductionistic tradition, of course, when he says that every psychosis is also a neurosis, i. e., has a physical (neural) basis. Yet there is a great difference here. The reductionistic concept comes to direct psychopathology away from the search of a mental (psychic) defect (psychosis) and toward the search of its physical (nervous) basis or underpinning (neurosis). Feuchtersleben rejects this advice of the reductionist. Observing that whereas, admittedly, every psychosis is also a neurosis, not all neuroses are psychoses; he concludes that we are never allowed to ignore the mental (psychic) dimension of a mental disease, and hence, that no reduction is ever complete. (This view is these days ascribed to Sir Karl Popper.)[36]

Now, in parallel with Feuchtersleben's adherence to the reductionist's view up to a point, he also adheres to the Kantian view up to a point. In this content he echoes the anti-reductionism of Solomon Maimon (1754–1800): "The higher powers of the mind must ... be entirely excluded from medical psychology"[37] (by higher mental function Maimon refers to logical and ethical reasoning, of course). Feuchtersleben obviously transgresses here the boundaries between the empirical and the transcendental, and it seems to me he does so in order to delineate the domain of mental illness as distinct from that of mental health. For wherever there is free activity of the intellect—be it disturbed or obscured, as, for example, in error or in sin—"we ... find prescribed ... also the limit of our inquiry."[37] Several questions arise here: why do we need a limit put on our inquiry? does our intellectual activity ever show up empirically? can the "higher powers of the mind" serve the limit of psychiatric inquiry and thus be entirely excluded from the domain of psychiatry? Do all other mental functions and states—besides these pure intellectual powers (whatever "pure" means)—belong to the domain of mental illness to be discussed and treated in the field of psychiatry?

Consider the defects that the mind can suffer—intellectual, moral, emotional, perceptual, and others. In particular, even physical defects (e. g. neurosis) may lead to a defect of the mind, i. e., to dementia (e. g. psychosis). Now what defect is mental illness? Physical defect, we saw, as long as it affects the mind, always comes into the domain of mental illness and we may

thus ignore the physical course of the illness. Intellectual defect can be sheer error; moral defect can be sheer sin; what are, then, the mental defects to be considered mental illness? If only some mental defects (emotional, perceptual or others) are mental illness, and if these do not cause moral and/or intellectual defects, then we may indeed ignore the transcendental individual altogether. Is that so? And if say some emotional or perceptual defects cause moral and/or intellectual defects, can we ever demarcate between mental illness and sin proper and mistake proper? Put in other words, keeping the empirical level alone, what is the domain of psychiatry and what is that of somatic medicine and what is the domain which is none of the business of medicine altogether?

Notice that the notion of cause in the last paragraph is not etiological—since Feuchtersleben rejects the problem of etiology on (Kantian) principle—but in the diagnostic sense of demarcation: what is the mental defect or mix of mental defects which makes one mentally ill? can mental illness be empirically demarcated from mental health?

Feuchtersleben first presents the view of mental illness endorsed by dualistic philosophers and laymen of his time, to wit, that "by disease in a non-figurative sense, only the somatic are understood, the physician has to do with them alone."[39] Thus, the disorder of the higher intellectual powers is called disease only in the metaphorical sense "and is not to be removed by cold shower ... but ... by an influence on the mind."[40] This, of course, is almost in line with Kantian theory. Almost, I say, as the above formulation already lets the psychiatrist into the domain of "the higher intellectual powers" which is the counterpart of the transcendental self in the empirical self. Traditionally it is left to the philosopher, the teacher and the clergyman.[41] (In this sense and in this sense alone Socrates is a healer in Plato's early dialogues. He insists that to cure obsessions one needs not a Socrates but an exorcist.)[42] Yet Feuchtersleben rejects the demarcation between the somatic and the philosophic. And he does so for two reasons: one theoretical and the other practical.

On the theoretical level Feuchtersleben says that empirically the higher powers of the mind always consist not only of cognitive functions but also of their emotional and somatic counterparts. For example, empirically speaking, ethical reasoning is accompanied by, as it indeed consists of and depends upon, moral feelings[43]. Hence, empirically, "pure" higher powers of the mind no longer exist and all powers of the mind and their vicissitudes might come into the domain of psychiatry: Hence, any human condition—any

human defect, be it moral, intellectual, emotional or any other—might be considered, according to Feuchtersleben, as a mental illness. So much for theory of the empirical functions.

On the practical level of psychotherapy, especially when problems pertaining to human suffering are at issue, Feuchtersleben finds metaphysical questions such as of whether or not the spirit can become diseased unimportant, and he asks the physician, when facing a clash between transcendental speculation and empirical diagnostic and therapeutic requirements to ignore the former and hold on to the latter [44] on the gounds of the empirical moral commitment to the suffering patient. Hence, transcendental considerations may by practically ignored, though not the theoretical question pertaining to the empirical, namely, must all observable higher mental functions have somatic counterparts? And, though the transcendental considerations block any answer, empirical considerations impose the affirmative answer: all mental functions must have somatic counterparts: "no psychosis without neurosis."

The only important question which arises then is practical: can the physician do his job? Feuchtersleben expands at times the scope of psychiatry to include certain aspects of medicine as well as of empirical ethics and empirical education. Indeed, for practical reasons, as we shall see, he deems, at other times, demarcation between these fields important. However, he maintains the view that mental health rests empirically on the treatability as well as on the educability of the empirical self—the transcendental self is of no need of education or treatment, indeed, it is untreatable and uneducable [45]. Hence, for practical reasons, the psychiatrist should be trained in all of these fields. The sensitive psychiatrist, then would avoid diagnosing and treating transcendental people—the mere abstractions of human condition. He would address even the empirical higher mental functions of the individual—be it in the domain of ethics, religion or aesthetics. In this way, says Feuchtersleben, the totality of the individual's experience would not be fragmented and it might be concretely addressed—if not by the clergyman, the teacher, the philosopher or the psychiatrist, then perhabs better it be dealt with by their cooperation. As we remember, Feuchtersleben first argues that human experience might be, at times, entirely reduced to the medical dimensions of health and disease [46]—as it might be, at other times, entirely reduced to the ethical dimensions of sin and righteousness or the cognitive dimensions of truth and error. He is aware, however, of the shortcomings of reductionistic approaches and thus, in the domain of the

empirical, he recommends replacing dogmatic reductionism by relativistic generalism, namely, the complementariness of all related empirical fields: The field of the empirical is divided into different sub-fields (which may overlap somewhat)[47].

Feuchtersleben thus explicitly rejects, as Szasz does, both the organicist's and the idealist's views of mental illness, as well as any possible middle ground between them, in that he rejects the very subjectmatter of their dispute, namely, the discussion regarding the etiology of mental illness. For him mental illness is an empirical pathological (psycho-physical) condition to be prevented and treated by the psychiatrist. Szasz would disapprove of this. For him, as we remember, mental illness is a mere myth, a mere variant mode of verbal conduct and should be kept therefore outside of the domain of medicine, and within the domain of education or rhetoric. According to him, the domains of empirical ethics, empirical education and medicine should be kept clearly delineated and kept each apart from the other: There is not even a relation of complementariness between the fields, much less any possible overlap.

We see, then, that Feuchtersleben's view of mental illness greatly differs from Szasz's. We shall see that when they discuss the autonomy of the mentally ill the distance between their views increases even more. Feuchtersleben, as we remember, argues that within the empirical field of mental well-being empirical ethics, empirical education and psychiatry are complementary, and within the field of medicine somatic medicine and psychiatry are complementary. However, as much, as it might be laudable to view the situation this way, it is certainly not enough; especially when there is no clear demarcation between these diverse fields. The problem of demarcating between empirical fields is even more disturbing as we remember that Feuchtersleben equates health and autonomy (see above p. 9), since autonomy is transcendental, not empirical, to begin with. Can autonomy ever empirically show up? What is the domain of the empirically autonomous and what is then—empirically if not also transcendentally—the domain of the defective-in-autonomy?

Feuchtersleben, indeed, recommends on the demarcation between the sinner, the mistaken, and the mentally ill, yet on their being treated sometimes as identical in the domain of empirical ethics, empirical medicine and empirical psychiatry[48]. This is obviously an anti-Kantian[49] stance that Feuchtersleben endorses, since for Kant the transcendental and the empiri-

cal are not allowed to clash. Does Feuchtersleben hold, then, the anti-Kantian view that what is true in theory is not necessarily true in practice?[50] Does he have a merely pragmatistic approach in the domain of empirical ethics? Or, does Feuchtersleben hold the Kantian view that empirical practice should have its own—transcendental—theory?[51] For, when empirical practice has its own (ad hoc) theory what if the (ad hoc) theory of the practice and (transcendentally founded) scientific theory proper—especially in the field of ethics—conflict? These are some of the questions I will discuss in the following section. In particular I will focus on Feuchtersleben's view concerning the empirical problem of the autonomy of the mentally ill, namely, can (should) the mentally ill be empirically viewed as autonomous or as defective-in-autonomy? More broadly stated, who is (should be) the individual considered responsible and who a responsible agent in society?

## IV To Define True Sanity

Feuchtersleben explicitly adopts the principle of individualistic ethics, namely, that the individual is able "to comprehend the exterior world in a manner peculiar to himself alone, and so to react upon it."[52] Hence, says Feuchtersleben, the individual should be left free to do so, and if indeed he is free, he should also pay the price for his decisions and actions. Who is (should be), according to Feuchtersleben, considered a free individual agent in society? Here, in his attempt to answer this question, Feuchtersleben, the individualistic psychiatrist, lapses—from his psychiatric theory—into quasi-Kantian common sense—a fault shared by many thinkers of his time.

For Feuchtersleben, the Kantian psychiatrist, "The notion of responsibility", that is, the notion of empirical autonomy, is "the notion of medico-psychological freedom", that is the empirical notion of mental health: "... there is here only one will which is not free, namely, that which is fettered by disease, no quarter-free, of half-free will."[53] There is (should be), then, he says, a clear line between the autonomous and the defective-in-autonomy. Hence, he says, states of mere impeded self-government, as for example, are the states of the bewildered mistaken or the passionate sinner, are not diseases of the will, as they do not involve a "genuine" organic dysfunction. The point here is subtle: ethics is, for Kant, the attribute of all rational beings as such. One who waives one's rationality, say in an act of passion, is a sinner, whereas, one whose rationality is defective, is exempt from moral duty and

from moral rights alike. Feuchtersleben takes cue from this and claims that empirically we can demarcate the sinner who can be rational but chooses not to be, from the one whose rational faculties are disturbed. Only "genuine mental illness," he says, to wit, the quality of the disturbed empirical psycho-physical whole, should be viewed as a defect in reason which impedes empirical human freedom[54]. This is, indeed, the traditional way Kantians justify the received opinion which attributes responsibility for all action to the actor, including the responsibility for error and sin to the mistaken and the sinner, and yet exempts the mentally ill from all responsibility including the responsibility for erroneous and evil actions.

A question may be raised at this juncture. Why is that so important for Feuchtersleben to delineate the mentally ill not only from the mentally healthy but also from the sinner? In other words why is it important that the sinner be always considered mentally healthy? The answer must take into account, I think, the common intuitions at that time concerning the autonomy of the mentally ill and the problem of justification of Man's Free-Will (in the domain of ethics and of the law), which always intrigues philosophers. The view of sin as mental illness is repeatedly read into Freud's theory by friend and foe, and may, indeed, has its roots in the Socratic theory of the eudaimony: one does not sin, says the Talmud, unless one is possessed by folly. (This theory is presented and its consequences discussed in detail in Samuel Butler's *Erewhon.)* For, if the sinners—that is, every one of us—were considered mentally ill, then they—that is, every one of us—would also be considered defective-in-autonomy (by the common intuitions and also, as we recall, by Feuchtersleben's psychiatric theory). In that case, the domain of ethics would lose its basis and that of the law its moral foundation. Psychiatry and/or cybernetics would have then to replace them. However, the identification of the mentally ill with the sinner also goes contrary to common intuitions and might cause more harm (neglect) to these mentally tormented individuals. Therefore, Feuchtersleben, a psychiatrist sensitive enough to philosophical questions as well as to human sorrow, is concerned about the demarcation between the field of empirical ethics from empirical theory of mental health (and thus also of psychiatry). And he is eager to grant the sinner his autonomy but not to burden the mentally ill with theirs. Yet, as we shall see, he repeatedly blurs their boundaries.

In viewing the sinner as totally autonomous and the mentally ill as not autonomous at all, Feuchtersleben treats empirical autonomy the same way Kant treats transcendental autonomy, namely, as an all-or-nothing affair.

Indeed, in Kantian metaphysics Man's spirit serves as the foundation for transcendental autonomy: it sets Man, as a free rational agent, above the Kingdom of nature. (Man's spiritual endowment is also an all-or-none affair, of course). However, the metaphysical justification of Man's Free-Will does not come into the domain of empirical psychiatry, says Feuchtersleben. Yet, often is the psychiatrist faced with the burning question, who is the individual who lost his place in the Kingdom of Freedom and who is the one who still resides in it?

In Feuchtersleben's discourse the moral is at once a factor in the transcendental domain and in the empirical domain as well. For, if Man's humanity is his rationality which comes together with his freedom and duty, then depriving him of his duty may deprive him of his very humanity! This exemption, says Szasz, happens in practice all too often even today, when the person declared mentally ill is deprived of his human rights. It certainly was more so in earlier days. Hence, Feuchtersleben's quandary: it is rooted in Kant's transcendental philosophy. How can, then, the autonomous be demarcated from the defective-in-autonomy without the transcendental burden, i.e., only by the means and in the domain of empirical psychiatry? And were such empirical a demarcation possible would it not have a violent impact on the transcendental domain as well?[55] And even were it so, wouldn't it be permissible to permanently maintain the split between these two domains? Can, then, Feuchtersleben demarcate the theory of psychopathology both from transcendental metaphysics and from empirical ethics (and psychiatry)? Can the practice of psychotherapy, which Feuchtersleben calls sometimes "second education",[56] likewise be demarcated, first from ethical principles and second from primary education? Can their domains of application be clearly demarcated—the autonomous from the defective-in-autonomy, the mentally ill from the mentally healthy?

For Feuchtersleben, as for any Kantian, these are burning questions which seem insoluble. For—and let me repeat here—if every man has a rational spirit then all individuals, including the minor and the mentally ill are (and therefore should be considered) autonomous. However, if every man is always affected by some psycho-physical defect then all individuals, including the intelligent sinner, the irresponsible mistaken and even the genius, should be considered defective-in-autonomy (or insane). These two extreme views of the individual are, of course, mutually exclusive. Yet Kantian philosophy endorses both[57] and so does also Feuchtersleben. He recommends assuming human freedom as a given (transcendental) princi-

ple[58] yet he does so only to resume a careful investigation into the gradational dissolution of empirical human autonomy[59]. Hence, for Feuchtersleben, the expert student of empirical moral pathology, for him the concrete individual—be he mentally ill or sane, be he physically well or sick, be he righteous or mistaken or in sin—he is, empirically speaking, never completely free; his will is always impeded: "Who can venture to say of himself, 'I am free'; none but the best and even they should add 'perhaps'."[60]

Ignoring the transcendental, Feuchtersleben argues, empirically speaking, no individual is autonomous. He recognizes too well the harm which is so often inflicted on suffering individuals who are coerced into preconceived transcendental frameworks. This is, of course, a marked deviation from Kantian dogmatism, a devitation that permits Feuchtersleben to view human (empirical) autonomy as gradational, thus heralding Freud's theory of psychopathology of everyday life. The gradation is made possible, of course, by giving up the view of transcendental autonomy and centering instead on the view of empirical autonomy; in doing this Feuchtersleben presents a critique of Kantian philosophy which is very similar to Maimon's. Indeed a word in respect to Maimon's ethics is now in order, since the line of descent, logically and I think historically as well, is from Kant to Freud via Maimon, Feuchtersleben and others (including, as is well-known, Schopenhauer and Nietzsche).

Maimon's transition from the transcendental to the empirical is not as problematic as Feuchtersleben's subsequent transition (which may explain the latter's silence as to his following the former if he does follow him as, I think, is obvious). For, unlike Feuchtersleben, Maimon never accepts Kant's claim for certitude for his transcendental theory. This certitude is what makes the theory transcendental, since its proof transcends both empirical knowledge and mere formal logic (belonging to what Kant calls transcendental logic). For Maimon, then, Kant's transcendental philosophy is at best a true but doubtful hypothesis. Doubtful hypotheses may, of course, be empirically testable, and then may be consistently rejected. In his later, more skeptical, writings[61] Maimom rejects altogether Kant's transcendental metaphysics not only the claim that it is certain. The principle of absolute autonomy serves for Maimon at that stage as a mere regulative idea for empirical ethics and for practical ethical decisions. Hence, says Maimon, "the concept of *absolute freedom cannot be presented in the empirical world* since experience offers us only the determination of the will by means of theoretical reason according to natural laws but does not give us the determination of the will by means of the so called pure practical reason ... We must then regard absolute freedom only as an idea to which we can approach closer and closer by the more perfect use of theoretical reason but never reach."[62] Hence, freedom of the will is an acquired virtue, "maintained by practice and is capable of reaching various levels."[63]

Maimon recommends, however, that a certain level of autonomy (sanity) be required from every individual in society—different individual levels at different individual occasions. The required level should be determined, according to Maimon, by socially accepted standards of volition. That is to say, the individual would be regarded empirically, as sufficiently autonomous if every rational being (a being related by mutual commitments to all other rational being) in society desires decisions or actions similar to his. Indeed, this is Maimon's improvement on Kant's categorical imperative[64]. This is also, I think, the starting line for Feuchtersleben's more skeptical views, even though his move is not as bold as Maimon's and hence it is less problematic.

Feuchtersleben, too, suggests we view the individual as empirically capable of reaching various levels of autonomy. The individual person he says, is helped in his empirical search for autonomy by his fellow-men, to whose empirical autonomy he may also contribute. Moreover, the individual's empirical search for autonomy is always to be viewed on the background of a given political or social or cultural framework to which progressive development it may also contribute[65]. Hence, the empirical level of autonomy of an individual person in a given society or culture may be viewed as an inter-personal construct. This is perhaps why some individuals in society can always be empirically viewed as responsible agents. However, the practical question is still nagging. Who is (should be) the individual considered empirically a responsible agent in society? Obviously, not the fully autonomous individual—as empirically speaking none of us, we remember, can be fully autonomous. How is, then, the endowed with responsibility empirically demarcated from the devoid of it?

Feuchtersleben's (quasi-Kantian) answer is disappointingly confusing and similar to Heinroth's: Transcendental metaphysics is the domain where one should look for an answer, and by that he means, of course, ultimate justification. This, we remember, is not needed once Maimon's views are introduced, but they were not. Historically, Feuchtersleben's views come after Maimon's; logically they occupy a place in the middle—between Kant and Maimon. Were Maimon's views publicly known, maybe Feuchtersleben's views could be ignored by historians; but they were not. Historically, then, I think, Maimons's function was only as the theoretician's theoretician. Hence, we may study his impact on Feuchtersleben: he seeks justification but tries to pay least for it so as to achieve a result similar to Maimon's: when justification is required Feuchtersleben still retreats to the view of the Kantian Heinroth, but he retreats minimally and usually he does so only in the social domain, that is, the domain of applied empirical ethics.

Feuchtersleben recommends, then, that transcendental ethics be reintroduced and pragmatically employed for the maintenance of the social order[66]. (At times, we remember, he recommends it may also be pragmatically ignored. Here he refrains, however, from discussing the effect that transcendental justification might sometimes have in the social domain, that is, the blocking of social progress in the service of dogmatic conservativism). Hence, he says, "this [transcendental] standard must be maintained, if we would avoid falling into the extreme of ultra-philanthropic tolerance, which now and then flatters the tenderness of our age. This extreme would in science, neutralize the endeavours to lay down definite boundaries, and, in life, would aid vice and crime in their escape to the convenient city of refuge."[67] Feuchtersleben is, then, concerned, as Szasz is nowadays, about the possible exploitation of ambiguous standards of responsibility, and he views the gradualistic approach to empirical autonomy as leading to too laxed standards for individual responsibility. The pragmatic retreat to transcendental ethical justification is, then, his answer in defense of social order against criminals and malingerers[68]. However, the question still bothers: can empirical standards for responsibility ever be derived from transcendental principles? Who would determine such standards? Who is a responsible malingerer? Who is "genuinely" ill and thus devoid of responsibility? Who would diagnose and demarcate between them?

When Feuchtersleben seeks justification for the existing social order in transcendental metaphysics he introduces a rift between the notion of the individual's empirical autonomy and that of his social responsibility, namely, between the ethical and the legal. This rift widens especially when the use of an arbitrary standard is rationalized in the service of social control by the demarcation between the responsible and the devoid of responsibility.

This may sound too remote from the rational discussion one should expect to see evolve. Feuchtersleben, I think, is aware of that. He agrees, however , that a price be paid for confusing unclarity and arbitrariness, and he also argues that we—normals as well as deviants, psychiatrists as well as mental patients—are called upon to pay the price for this rationalization (arbitrarization): "The law cannot here avoid a certain degree of human harshness, from which fate itself does not exempt us. It punishes even our unintended error, our natural incapacity. We must even bear the consequences thence arising of being what we are."[69] Hence, the physician[70] has to act as an empirical arbiter, to pay the price for and to make his decisions in the face of ambivalent attitudes[71]: who is a malingerer and who is genuinely

physically as well as mentally ill, who is empirically responsible and who is exempt from responsibility. The mentally ill person is also called upon to pay a price: he is sometimes punished for his disease and sometimes declared incompetent for his own, at times, perhaps, autonomous, empirical decisions and conduct.

Isn't then this situation unbearably confusing both for the psychiatrist and the mentally ill alike? It may be so, says Feuchtersleben, but only to a certain degree. First, for him, individual responsibility, we remember, is now only a practical notion—it is merely a means for regulation of social order (indeed by a standard borrowed from transcendental metaphysics and dogmatically justifed). Second, even if one still holds the notion of responsibility as that of the individual's empirical autonomy, even then, says Feuchtersleben, we—children, as well as adults, healthy individuals as well as mental patients—are always educable, that is, treatable, to a certain degree at least [72]. As members of society, he says, we are entitled to expect not to be neglected by our fellow-men, that is, to get education, psychotherapy and when needed, even properly individualized (mitigated) legal punishment or even individualized imposed psychiatric treatment [73]. And who is more capable a professional in our society, he asks, than the psychiatrist-physician who is properly trained in the fields of medicine, psychiatry, ethics and education, to assess the individual's empirical amenability to treatment, to wit, his potential empirical level of autonomy!? [74] Hence, Feuchtersleben urges the physician-psychiatrist to accept the burden of a paradoxical framework for the prevention of neglect in our society.

The physician may be caught, then, in an impossible dilemma. If he treats a patient against his expressed will he may do wrong by imposing on the patient, yet if he withholds treatment, he might also be in the wrong because the suffering patient should not be ignored, that is, should get treatment. In other words, if the physician is forced to choose between imposition and neglect, then the system forcing this choice on him is in the wrong. Feuchtersleben, I think, is sensitive to this problem and while establishing the psychiatrist as a moral and social engineer, he warns him against the dogmatic empirical application of principles, especially in the domain of empirical ethics and psychiatry [75]. In particular, he addresses the difficult situation the psychiatrist so often faces while dealing with the prevailing paradoxical intuitions in regard to enforced psychiatric treatment. (The contradictory intuitions, we remember are a) the mentally ill are always autonomous, hence enforced treatment is always morally injustifiable and

b) the mentally ill are sometimes defective in autonomy, hence enforced treatment is morally justifiable.) He recommends that the very confused or immature person should never be left alone, since leaving him alone (with the justification of classical individualistic ethics) is "false philanthropy," it is acting under a false pretense, namely, this act of leaving the very confused or immature person alone is either sheer neglect or else it can be justified only by (disguised) paternalism. Yet this is not meant as a license to enforce treatment as a rule. Feuchtersleben abhors such a rule as "convenient harshness."[76] The question is then disturbing, is there for him, a place in the middle, between rules permitting enforced psychiatric treatment and no enforced treatment at all? And if there is such a place in the middle is it still in line with the principles of individualistic ethics?

The history of the question concerning the autonomy of the mentally ill dates back to the seventeenth and eighteenth century, to the philosophers of the Enlightenment—Francis Bacon (1561–1626), René Descartes (1596–1650), Thomas Hobbes (1588–1679), Benedictus de Spinoza (1634–1677) and Immanuel Kant. An examination of their views suggests that they contain the paradoxical intuitions which prevail in society, regarding the autonomy of the individual in general and the mentally ill in particular (see, above, section I)[77]. We saw that Feuchtersleben's views contain them too. Hence, Szasz would probably argue that Feuchtersleben (as well as other psychiatrists of his time) and the classical individualistic philosophers of the Enlightenment are mistaken in the way they apply individualistic principles. Perhaps Szasz would also view this argument as license to present his own theory of mental illness and his view of the autonomy of the mentally ill as a mere improvement on Feuchtersleben. Personally, I do not think so. I think that this ambivalent (paradoxical) attitude toward the status of autonomy of the mentally ill (as well as of the healthy sane individual) is traditional within classical individualism, and Feuchtersleben's theory reflects it. Szasz's view of the mentally ill, however, explains the paradox away[78] by adopting only one pole of the paradox and rigorously adhering to it. Yet, Feuchtersleben, whose sensitivity to the paradox is no less than Szasz's, points at a very obvious, though so often ignored, fact: adopting one pole as well as choosing a place "in the middle" (between the poles) of a paradox still leaves one within the paradoxical framework. The only way to avoid a paradox is to discard both poles, indeed, the paradoxical framework altogether: Hence he suggests that psychiatrists "see clearly that in the question now so warmly disputed in England about the system of *restraint*

and of *non-restraint*, the truth does not lie in the middle but in judicious application of both to individual cases." [79]

It is Maimon, we remember, who first presents this idea and develops it in his ethical writings. Feuchtersleben, however, does not follow Maimon's example all the way through. Hence, he still offers the psychiatrist an all too paradoxical theory for his assigned task and leaves him to use his no less paradoxical common sense for delineating—if I may paraphrase on Kant—between the empirical domains of humanity and sheer animality.

## V The Myth of Mental Illness

Szasz is thus quite right when he suggests that Ernst von Feuchtersleben might be viewed as his predecessor. Feuchtersleben's view of psychiatry as well as his personal involvement in education and political reforms stand for his courageous commitment—which reminds one of Szasz's—to individual moral development. Yet this does not permit us to equate Szasz with Feuchtersleben. Feuchtersleben, I think, may be viewed as Szasz's predecessor only in regard to his individualistic approach and his sensitivity to theoretical and practical paradoxes which this approach, as we remember, is traditionally entangled with.

Szasz and Feuchtersleben differ on basic issues. Szasz's theory is free of the transcendental yet its background is still the paradoxical framework of classical individualism. Feuchtersleben's theory, however, is not free of the transcendental, yet it is sometimes pragmatically ignored. In the empirical domain, however, Feuchtersleben recommends (as Maimon does) transcending the paradoxical framework of classical individualism. He does so by turning the concepts of empirical autonomy, empirical health and empirical mental illness (psychosis) into mere regulative ideas. Hence, for him, in reality there are only empirical gradations of autonomy, of health, and of mental illness. (For Szasz, mental illness is always a mere metaphor, and autonomy an all-or-nothing empirical phenomenon.) Empirical practice, however, forces Feuchtersleben to draw the lines between the healthy and the mentally ill, between the responsible and the devoid of responsibility and for him these lines are not necessarily identical [81]. The line is always pragmatically drawn and he recommends, therefore, that we do not lose our skeptical attitude in the field of theory as well as in our practice. "Truth has its limits," he says, "Absurdity has none." [82]

This brings us to the end of our essay. Let me then repeat. I think Szasz is therefore in error when he claims Feuchtersleben as his predecessor. Not only is Feuchtersleben's skepticism at odds with Szasz's dogmatism, but also, I think, Feuchtersleben's view is superior: indeed, whereas Szasz succumbs to or, at best, explains away the myths which prevail to the present day regarding the mentally ill, Feuchtersleben offers an explanation and, I think, following Maimon, an improved commonsense view of the autonomy of the individual (in general and the mentally ill in particular) as well as a proposal of treatment.

## *Notes*

[1] This essay received the 1982 Lustman Award, Yale Department of Psychiatry. Professor Joseph Agassi of the Department of Philosophy, Boston University and Professor Stanley W. Jackson of the Departement of Psychiatry, Yale University School of Medicine, read a draft of the present essay and offered valuable comments and support. I would like to thank Mrs. Edith Wolkovitz for her secretarial help.

[2] In the present essay C. Lévi-Strauss's view is endorsed which regards myths as coming in polarized pairs. For discussion of this view, see Joseph Agassi, *Towards A Rational Philosophical Anthropology* (The Hague: Martinos Nijhoff, 1977), pp. 77, 194–5.

[3] For the English version of the Preface to the German edition of The Myth of Mental Illness published by Walter Verlag, Olten and Freiburg in 1972, see Thomas S. Szasz, "The Myth of Mental Illness, Three Addenda," *Journal of Humanistic Psychology*, 14 (1974): 11–19.

[4] Daniel Schreber, *Memoirs of My Nervous Illness*, ed. Macalpine I. and Hunter R. Translators and Editors (London: William Dowson and Sons, [1903] 1955).

[5] Thomas S. Szasz, "The Myth of Mental Illness," p. 15.

[6] Feuchtersleben, *Sämtliche Werke*, ed. Hebbel F. Editor (Wien: Carl Gerold und Sohn, 1851–1853), 7 vols.

[7] Feuchtersleben, *Hygiene of the Mind*, tr. Sumner F. C. (New York: Macmillan Comp., 1933).

[8] Feuchtersleben, *Die Gewißheit und Würde der Heilkunst* (Wien: Carl Gerold und Sohn, 1839). This book has not yet been translated into English.

[9] Feuchtersleben, *The Principles of Medical Psychology Being The Outline of A Course of Lectures*. (London: Sydenham Society [1845] 1847).

[10] Moritz Benedikt, *Seelenkunde des Menschen als reine Erfahrungswissenschaft* (Leipzig: O. R. Reisland, 1895). Moritz Benedikt omits mention of Feuchtersleben also in his earlier lectures given in the years 1874–1875 and collected in *Drei Vorträge zur Psychophysik der Moral und des Rechtes* (Wien: Josef Schwarzinger, 1890).

[11] Alan Parkin in his "Feuchtersleben: A Forerunner to Freud", *Canadian Psychiatric Association Journal*, 20 (1975): 477–481, discusses the influence which Feuchtersleben's theory of dreams might have had on Freud's and also the possible reasons for the omission of Feuchtersleben from Freud's writings.

[12] The *Britannica*, the *Americana* and *Larousse* omit Feuchtersleben from their index.

[13] Henry F. Ellenberger, *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (New York: Basic Books, 1970), p. 210

[14] George Mora, "Historical and Theoretical Trends in Psychiatry" in *Comprehensive Textbook of Psychiatry*, ed. Kaplan H. I., Freedman, A. M. and Sadock B. J. Editors (Baltimore: Williams and Wilkins, 1980), vol. 1, pp. 4–98, see esp. p. 66.

[15] Erwin H. Ackerknecht, *A Short History of Psychiatry*, tr. Wolff S. (New York, Hafner [1959] 1968), pp. 62, 72

[16] Franz G. Alexander and Shelden T. Selesnick, *The History of Psychiatry* (New York: Harper and Row, 1966), p. 144.

[17] Gregory Zilboorg and George H. Henry, *A History of Medical Psychology* (New York: W. W. Norton, 1941), pp. 475–478.

[18] See, for example, Max Neuburger, "Feuchtersleben als Psychiater und Psychotherapeut" *Wiener Medizinische Wochenschrift*, 83 (1933): 662–664; W. Creuz, "Der Dichterarzt Ernst

Freiherr von Feuchtersleben und die psychosomatische Medizin", *Zeitschrift für Allgemeine Medizin und Therapie*, 5 (1951): 286–289. See also Charles L.C.Burns, "A Forgotten Psychiatrist-Baron Ernst von Feuchtersleben, M.D., 1833", *Proceedings of the Royal Society of Medicine*, 47 (1954): 190–194, Otto F.Ehrentheil, "The Almost Forgotten Feuchtersleben: Poet, Essayist, Popular Philosopher and Psychiatrist", *Journal of the History of the Behavioral Sciences*, 11 (1975): 82–86, and also Alan Parkin's essay mentioned in note 11 above. Feuchtersleben's classification system of mental illness is dealt with by Alan Parkin, "Neurosis and Schizophrenia: I Historical Review", *Psychiatric Quarterly*, 40 (1966): 203–216, Alan Parkin", "Neurosis and Schizophrenia: II Modern Perspectives", *Psychiatric Quarterly*, 40 (1966): 217–235, Jorge J.Sauri, "The Meaning of the Term Psychosis" ("Las Significaciones del Vocablo Psicosis"), *Acta Psiguiatrica y Psicologica de America Latina*, 1972 (18): 219–226, and also by Lewis L. Robbins, "A Historical Review of Classification of Behavior Disorders and One Current Perspective" in *The Classification of Behavior Disorders*, ed. Eron L.D.Editor (Chicago: Aldine Pub. Co., 1966), pp.1–37. To note, Szasz participates in this volume with an essay of his own and he also discusses Robbins' paper, yet he omits mention of Feuchtersleben (Thomas S.Szasz, "Discussion", in *The Classification*, ed. Eron, pp.38–41, and Thomas S.Szasz, "The Psychiatric Classification of Behavior: A Strategy of Personal Constraint" in *The Classification*, Eron, pp.125–170.

Feuchtersleben's relationship with romantic philosophy has also been discussed at length. See, for example, Wolfgang Kloppe, "Goethes Naturschau und ihre Interpretation durch den Dichterarzt, Ernst v.Feuchtersleben", *Medizinische Monatsschrift*, 24 (1970): 13–23, and see also the bibliography in the end of the essay.

[19] Paul Gorceix, *Ernst von Feuchtersleben, Moraliste et Pedogogue (1806–1849)* (Paris: Press Universitaires de France, 1976).

[20] See, for example, Thomas S.Szasz, *The Myth of Mental Illness, Foundation of A Theory of Personal Conduct* (New York: Harper and Row [1961] 1974), esp.pp.250–261, and also, Thomas S.Szasz, *The Ethics of Psychoanalysis. The Theory and Method of Autonomous Psychotherapy* (New York: Basic Books [1965] 1974).

[21] See, for example, Thomas S.Szasz, "Men and Machines", *British Journal for the Philosophy of Science*, 8 (1958): 310–317.

[22] The malingerer is a case-study for Szasz's view of mental and somatic illness. See, for example, Thomas S.Szasz, "Malingering: Diagnosis or Social Condemnation?" *Archives of Neurology and Psychiatry*, 76 (1956): 432–443, and Szasz, *The Myth of Mental Illness*, esp.pp.132–134.

[23] To the best of my knowledge, Alfred Adler was the first psychiatrist who viewed mental illness as, among other things, a variant way of life, and who integrated this view into a general psychiatric theory of mental health and disease. Some of his views concerning mental health and disease have been tacitly and widely accepted even though his name is rarely mentioned in modern psychiatric circles, especially modern academic psychiatric circles, especially modern American academic psychiatric circles—but there is no need here to dwell upon the reason for this. According to Adler, one's lifestyle, that is, one's way of perceiving of and of acting in the world, namely one's way of communication—with one's own and with one's fellow humans—reflects the very meaning one gives to one's life (see Alfred Adler, *What Life Should Mean to You* (Boston: Little Brown and Comp., 1931) and

see also Heinz L. Ansbacher and Rowena R. Ansbacher, eds., *The Individual Psychology of Alfred Adler: A Systematic Presentation in Selections from His Writings* (New York: Basic Books, 1956), pp. 284–286). However, although, according to Adler, mental illness might also be viewed as a way of life, to my best knowledge, enforced treatment did not pose itself in his writings as a major difficult ethical issue. Vaihinger saw human autonomy and responsibility as he saw all theoretical constructs, namely as mere functional fictions (see Hans Vaihinger, *The Philosophy of 'As If': A System of the Theoretical, Practical, and Religious Fictions of Mankind*, tr. by C. K. Ogden (New York and London: Harcourt, Brace, and Comp., 1925), and Adler followed his philosophy (see, for example, Alfred Adler, *The Neurotic Constitution*, tr. by Glueck, B. and Lind, J. E. (New York: Moffat, Yard and Comp., 1916). But following Vaihinger we see no place for a serious moral discussion to begin.

The existentialistic school of thought in philosophy has an important implication for psychiatry as it views mental illness as a way of life (see, for example, Ludwig Binswanger, "The Existential Analysis School of Thought", tr. by Angel, E., ed., May, R., Angel, E. and Ellenberger, H. F., Editors in *Existence, A New Dimension in Psychiatry and Psychology* (New York: Simon and Schuster [1958], pp. 191–213). Existentialists, as is well known, regard the individual as necessarily autonomous. Hence they cannot demarcate between autonomous life-styles and life-styles which are defective in autonomy, and thus existentialism worsens the paradox of the autonomy of the mentally ill (discussed in sections II and III of this essay), especially while treating him forcibly, or denying him legal responsibility. In the view of R. D. Laing, the mentally ill, the psychotic, are at least as autonomous as the sane (Ronald D. Laing, *The Politics of Experience and The Bird of Paradise* (Harmondsworth: Penguin, 1967). For Foucault's similar view see Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, tr. by Howard, R. (New York: Pantheon Books, 1967). The recommendation to forcibly treat a mental patient thus becomes paradoxical and immoral. However, Laing simply explains away the paradox of the autonomy of the mentally ill and takes no notice of commonly-held intuitions (see note 78 below) concerning the autonomy of the individual. Hence, Laings's views regarding the autonomy of the mentally ill worsen the paradox of the autonomy of the mentally ill, especially for those who accept the individualistic principle and in the same time recommend enforced treatment. Even if enforced treatment is recommended only in the most extreme case of severe mental dysfunction, for example, catatonic stupor, the paradox is still no less painful and general in its implications.

Szasz, however, is the only modern psychiatrist who explicitly adopts the principles of individualistic ethics as formulated by the classical philosophers of the Enlightenment and thereby poses an unbearable ethical dilemma for the individualist.

[24] See, for example, Thomas S. Szasz, *Law Liberty and Psychiatry: An Inquiry into the Social Use of Mental Health Practices* (New York: Macmillan, 1963), Thomas S. Szasz, *The Manufacture of Madness: A Comparative Study of the Inquisition of the Mental Health Movement* (New York: Harper and Row, 1970), Thomas S. Szasz, *Ideology and Insanity* (Garden City, New York: Anchor Press/Doubleday, 1970), and see also Thomas S. Szasz, *The Theology of Medicine, The Political Philosophical Foundations of Medical Ethics* (New York: Harper and Row, 1977).

[25] It is of interest, I think, to note that Szasz wrote a book on the history of psychiatry in which

he complains that the religious origins of psychotherapy have been "completely ignored" by historians of psychiatry (see Thomas S. Szasz, *The Myth of Psychotherapy, Mental Healing As Religious Rhetoric and Repression* (Garden City, New York: Anchor Press/Doubleday [1978], p. 24). He thus dedicates an entire chapter of his book to Heinroth who, according to Szasz, introduced "religion disguised as therapy" into medicine. However, in his essay on the history of psychiatry Szasz omits mention of Feuchtersleben, whose contribution to the demystification of psychiatry Szasz praised only six years before and who, as we shall see in our present essay, criticizes and indeed improves on Heinroth (see, for example, Feuchtersleben, *The Principles*, pp. 70–75, 246–249). I find this fact distressing.

[26] Szasz cites (in his "The Myth of Mental Illness" from Feuchtersleben's *The Principles*, pp. 74–75) Feuchtersleben to say mental illness is a mere metaphor.

[27] Feuchtersleben, *The Principles*, p. 244.

[28] Feuchtersleben, *The Principles*, p. 245.

[29] See, for example, Feuchtersleben, *The Principles*, pp. 77–79, 150–161.

[30] See, for example, Feuchtersleben, *The Principles*, p. 247. Kant cannot ignore the transcendental. However, he argues that in the domain of medicine the empirical and the transcendental coalesce (see Kant's discussion of the uniqueness of medicine in Immanuel Kant, *The Conflicts of the Faculties*, tr. and ed. Gregor M. J. (New York: Aboris Books, 1798 [1979], pp. 41–53).

[31] Feuchtersleben, *The Principles*, p. 160.

[32] See, for example, Feuchtersleben, *The Principles*, p. 71–75, 247–248.

[33] Feuchtersleben, *The Principles*, pp. 73, 183–184, 193.

[34] Feuchtersleben, *The Principles*, p. 75.

[35] Feuchtersleben coins the word "psychosis", however, he uses it in a very different way than it is used nowadays. He refers by "psychosis" to any mental pathology and by "neurosis" to any organic (neural) pathology. See, for example, Feuchtersleben, *The Principles*, p. 246. Zilboorg implies in his *A History of Medical Psychology* (p. 473) that Adolf Wachsmuth in his *Allgemeine Pathologie der Seele* (1859) takes up Feuchtersleben's dictum. Wachsmuth reformulates it, however, in a Kantian manner. Wachsmuth argues that not all psychoses are neuroses and not all neuroses are psychoses, hence, he reintroduces "pure" mental functions or disorders.

[36] Feuchtersleben's anti-reductionism and skepticism are complementary. See, for example, Feuchtersleben, *The Principles*, p. 88, 247–248.

[37] Solomon Maimon, «Über den Plan des Magazins zur Erfahrungsseelenkunde», *Magazin zur Erfahrungsseelenkunde*, 8; 3 (1791): 1–7 citation from p. 5 in Feuchtersleben, *The Principles:* n. 2, pp. 126–127.

[38] Feuchtersleben, *The Principles*, p. 126.

[39] Feuchtersleben, *The Principles*, p. 72.

[40] See note 39 above.

[41] See note 26 above.

[42] See, for example, Plato, "Phado" in *Dialogues of Plato*, Jowet trans. ed. Kaplan J. D. (New York: Pocket Books), pp. 63–160.

[43] For Feuchtersleben's view of moral and intellectual feelings, see Feuchtersleben, *The Principles*, pp. 132–133, 136–138, and also Feuchtersleben, *Hygiene*, p. 61. For Kant's similar view which, indeed, deviates from his official dogmatic metaphysics and renders his

philosophy paradoxical, see Immanuel Kant, *Lectures on Ethics*, tr. Infield L. (New York: Harper and Row, 1963), pp. 131–139. See also note 55 below.

[44] See note 30 above.

[45] Feuchtersleben, *The Principles*, pp. 372–374.

[46] See note 31 above.

[47] See, for example, Feuchtersleben, *The Principles*, p. 248.

[48] See note 45 above.

[49] For the Kantian roots of Feuchtersleben's anti-Kantian stance, see note 43 above.

[50] For Kant's view of the relations of theory and practice, see Immanuel Kant, "On the Common Saying: This May be True in Theory, but It Does Not Apply in Practice" in *Kant's Political Writings*, tr. Nisbet, H. B., ed. Reiss H. Editor (Cambridge University Press: Cambridge, 1970), pp. 61–92.

[51] See note 50 above.

As is well known, any scientific theory must, for Kant, have transcendental foundations. Moreover, for Kant, ethics too is scientific *par excellence*. Hence, the categorical imperative is for him, (transcendentally) demonstrated as valid.

[52] Feuchtersleben, *The Principles*, p. 152.

[53] Feuchtersleben, *The Principles*, p. 371.

[54] See note 53 above.

[55] Even for Kant the empirical phenomenon might feed back on the transcendental. See, for example, Immanuel Kant, *The Metaphysical Elements of Justice*, tr. Ladd J. (Indianapolis: Bobbs-Merrill Comp., 1965), note pp. 87–88.

[56] Feuchtersleben, *The Principles*, pp. 22, 343.

[57] Kant's philosophy reflects the paradox of autonomy of the mentally ill. See, for example, Immanuel Kant, *Groundwork of the Metaphysics of Morals*, tr. Paton H. J. (New York: Harper and Row, 1964), p. 131, and Immanuel Kant, *Critique of Pure Reason*, tr. Smith N. K. (London: Macmillan and Comp., 1964), pp. 630–634 and Immanuel Kant, *Anthropology from A Pragmatic Point of View*, tr. Gregor M. J. (The Hague: Martinus Nijhoff, 1974).

[58] See, for example, Feuchtersleben, *The Principles*, pp. 160–161.

[59] See, for example, Feuchtersleben, *The Principles*, pp. 161–172, 372–375.

[60] See note 53 above.

[61] See, for example, Solomon Maimon, «Der moralische Skeptiker», *Das Berlinische Archiv der Zeit und ihres Geschmacks* 6 (1800): 271–292. See also Solomon Maimon, «Über die ersten Gründe der Moral», *Philosophisches Journal einer Gesellschaft Deutscher Gelehrten*, 8 (1798): 165–190; Solomon Maimon, «Der Grosse Mann», *Neue Berlinische Monatsschrift* 2 (1799): 244–283, and Solomon Maimon, «Briefe an Herrn Peina von Solomon Maimon», *Kronos* (1801): 30–46.

[62] Solomon Maimon, *Kritische Untersuchungen über den Menschlichen Geist oder das höhere Erkenntnis- und Willensvermögen* (Leipzig: Gerhard Fleischer, 1797), p. 289, cited and translated by Shmuel B. Bergman in *The Philosophy of Solomon Maimon*, tr. Jacobs N. J. (Jerusalem: The Magness Press, 1967), p. 207.

[63] Maimon, «Briefe», p. 34, cited and translated by Bergman in *The Philosophy of Solomon Maimon*, p. 208. For further discussion of Maimon's ethics and its contribution to psychiatry, see Nathaniel Laor, "Common Sense Ethics and Psychiatry", *Psychiatry* 1984, forthcoming.

[64] Maimon, *Kritische Untersuchungen*, p.236, 239. Spinoza's *Theologico-Political Treatise* might have been a source of inspiration for Maimon. Spinoza speaks in his treatise of the laws of the land as morally educational. This view is endorsed also by Kant yet he ignores Spinoza.

[65] See, for example, Feuchtersleben, «Über die Frage vom Humanismus und Realismus als Bildungsprinzip» in *Werke*, ed. Hebbel, vol.7, pp.97–127; Feuchtersleben, «Rede zum Restaurations-Feste» in *Werke*, ed. Hebbel, vol.7, pp.71–97.

[66] See note 53 above.

[67] See note 66 above.

[68] Feuchtersleben, *The Principles*, pp.209–210, 376–378.

[69] Feuchtersleben, *The Principles*, pp.371–372.

[70] Kant argues that the physician is not qualified to deal with judicio-psychological questions (Kant, *Anthropology*, pp.83–84). Feuchtersleben disagrees with Kant and deems his argument paradoxical (Feuchtersleben, *The Principles*, p.370).

[71] Feuchtersleben points at the paradoxical attitudes towards the autonomy of the mentally ill: "But how does it agree with the strictness ... of the standard ... that we have already ... established a state of half freedom? (Feuchtersleben, *The Principles*, p.372).

[72] See, for example, Feuchtersleben, *The Principles*, pp.245, 372.

[73] See, for example, Feuchtersleben, *The Principles*, pp.330, 372.

[74] Feuchtersleben views the physician as qualified to diagnose and treat defects in autonomy: "A physician ... will in general be able ... to understand ... that transitions between passion and insanity" (Feuchtersleben, *The Principles*, p.373).

[75] Proper application of principles, says Feuchtersleben, can be done only by examining carefully the individual case: "In no department of medicine is it more necessary to individualize" (Feuchtersleben, *The Principles*, p.21; see also pp.330, 373).

[76] For Feuchtersleben's discussion of enforced treatment see Feuchtersleben, *The Principles*, p.330.

[77] For Bacon's paradoxical views concerning the autonomy of the individual see Francis Bacon, *Of The Dignity and Advancement of Learning* in *The Works of Francis Bacon*, ed. Spedding J., Ellis R.L., and Heath, D.D., Editors (London, Longman, 1861, Stuttgart-Bad: Fromm F. Verlag Holzboog G., 1963), pp.11, 20–24, 27. For Descartes'—see René Descartes, *Meditations on First Philosophy* in *The Philosophical Works of Descartes*, translated by Haldane E.S., Ross, G.R.I. Editors (Cambridge: Cambridge University Press, 1967), vol.1, pp.174–179 and René Descartes, *The Passions of the Soul* in *Works*, Haldane and Ross, p.427. For Hobbes'—see Thomas Hobbes, *Leviathan*, in *The English Works of Thomas Hobbes*, ed. Molesworth W. Editor (London: J.Bohn, 1839–45), vol.3, pp.56–70, 195–197 and see also Thomas Hobbes, *Of Liberty and Necessity*, in *Works*, Molesworth, vol.4, p.240. For Spinoza's—see Benedictus de Spinoza *Theologico-Politico Treatise* in *The Chief Works of Benedictus de Spinoza* (New York: Dover Pub., 1951), Vol.1, p.201, and Benedictus de Spinoza, *The Ethics* in *Works*, Elwes, vol.1, pp.108–109. For Kant's—see note 51 above. For the detailed presentation and discussion of their paradoxical views see Nathaniel Laor, "Responsibility and Commitment in Psychiatry", doctoral dissertation, Tel Aviv University, 1981, and Nathaniel Laor, "The Autonomy of the Mentally Ill: A Case-Study in Individualistic Ethics", *Philosophy of the Social Sciences*, 1984, forthcoming.

[78] In the present essay Popper's view (see Karl R. Popper, *Objective Knowledge: An Evolutionary Approach* (Oxford: The Clarendon Press, 1975), pp. 32–105) is endorsed which regards commonsense views as hypotheses to be explained and if possible criticized and improved upon. Likewise, Agassi's view is endorsed according to which explaining away any hypothesis is declaring it to be false (see Agassi, *Anthropology*, pp. 46–67). For Feuchtersleben's very similar view see Feuchtersleben, *The Principles*, n. 1, p. 16.

[79] Feuchtersleben, *The Principles*, note p. 330.

[80] As Feuchtersleben rejects the whole psychiatric tradition, the psychiatric community reciprocates and rejects him. Galileo, we recall, did not fare any better. His theories, however, have been widely accepted by the scientific community. In Feuchtersleben's case it is the Viennese scientific community rather than the church which unites on ignoring him.

Feuchtersleben's textbook got a sweeping professional acknowledgement throughout Europe. It was immediately translated into many languages. Yet it was on the Viennese politico-professional battlefield that he was defeated (see Erna Lesky, *The Vienna Medical School of the 19th Century*, Baltimore and London: The Johns Hopkins University Press, 1965/1976, pp. 149–64, 334–65. See also W. Rissman, *Ernst Freiherr von Feuchtersleben* (1806–1849) (Freiburg: Hans Ferdinand Schulz Verlag, 1980).

It is the church of positivistic psychiatry (see Nathaniel Laor, "Procrustean Psychiatry", *Philosophy of the Social Sciences*, 1984, forthcoming), led at the time by Griesinger, which, in my view, is so obnoxious to Feuchtersleben's psychiatric views. It has ever since lulled thinkers to sleep by feeding them with pseudoscientific false promises and, in my view, prevented historians from appreciating Feuchtersleben's contribution. (For the harmful effect of positivism on the history of ideas see Joseph Agassi, *Towards an Historiography of Science* (Middletown: Wesleyan University Press, 1963.)

To note, Griesinger's *Pathologie und Therapie der psychischen Krankheiten (Pathology and Therapy of Mental Diseases)* was published in Vienna in 1945, the same year Feuchtersleben's textbook was published. (Feuchtersleben reviewed it in *Zeitschrift der K. K. Gesellschaft der Ärzte in Wien* [1846] 3/1: 144–60). Griesinger, who followed the tradition of Carl von Rokitansky (1804–1878), influenced almost all leading figures and students of Viennese psychiatry: Maximilian Leiderdorf (1816–1889), Theodor Meynert (1833–1891), Moritz Benedikt (1835–1920), Richard Freiherr von Krafft-Ebing (1840–1902), Carl Wernicke (1848–1905), August Forel (1848–1931), Julius Wagner Ritter von Jauregg (1857–1940) as well as Sigmund Freud (1856–1939). To repeat, all of these prominent psychiatrists unite on ignoring Feuchtersleben.

Of course, all of this may not be enough to account for an omission of a great thinker. One may even wonder whether he was great enough, since he could not make his dent. After all, Mozart outlives Salieri ... Such claim is cynical. Indeed, it is hard to know how people make their way into official historiographies and how ideas become popular, especially how frameworks for discourse are chosen and in due time replaced. Let us hope it is on the basis of their genuine merit, that is, their contributory-explanatory power as well as usefulness. Nonetheless, we know, it is not always the case. The politics of ideas may well put to an agonized rest sensitive individuals—e.g., Socrates, Jesus, D'Acosta, Bruno—as well as fruitful ideas—e.g., Feuchtersleben's. More distressing it is when such abused individuals—e.g., Feuchtersleben—are resurrected merely in the service of politics—to be further abused by false allegations—i.e., of presently controversial ideas—e.g., Szasz's—to them.

To safeguard against such abuses of the social system of knowledge, we need to keep an open and liberal dialogue.

[81] For Heinroth, as for Szasz, only somatic defects could render the individual defective in autonomy. Hence, for both of them the individual whom we traditionally call "mentally ill" is always responsible for his condition. Feuchtersleben views Heinroth's theory of mental illness—as I view Szasz's—as a mere myth (in the sense endorsed in note 2 above). The counterpart of this myth of mental illness would be the view of criminality (or sin) as mental illness (see Feuchtersleben, *The Principles*, p. 371 & n.)

[82] Feuchtersleben, *The Principles*, p. 16. Indeed, Feuchtersleben asks his reader to endorse a skeptical attitude towards his own theses: "If I might claim credit for anything in these lectures it would be for the frequent repetition of the expression 'This is undecided', and perhaps I might have introduced it with advantage still more frequently" (Feuchtersleben, *The Principles*, p. 2).

## *Zusammenfassung*

Thomas Szasz hat sich im Vorwort der deutschen Version seines Buches 'The Myth of Mental Illness', deutsch ‹Geisteskrankheit – ein moderner Mythos› (Walter Verlag, 1972), darauf berufen, daß Feuchtersleben schon die Grundthese seines Buches vertreten habe. Tatsächlich schreibt Ernst von Feuchtersleben (1806–1849) in seinem Lehrbuch der ärztlichen Seelenkunde (Wien 1845): «Die Leiden des Geistes allein *in abstracto*, d. i. Irrthum und Sünde sind nur *per analogiam* Seelenkrankheiten zu nennen; sie gehören nicht vor das Forum des Arztes, sondern des Lehrers und Priesters, die man denn auch *per analogiam* Seelenärzte nennt.» Der Verfasser analysiert die Auffassung von Feuchtersleben, der auf der Kantischen Philosophie fußt und im Bezug auf den damaligen psychiatrischen Streit zwischen den Somatikern (Friedreich) und den Psychikern (Heinroth) zu sehen ist. Der Autor behauptet, daß Feuchtersleben beide Pole der Debatte ablehnt und keine vermittelnde Haltung einnahm. In einer Gegenüberstellung kommt der Autor zum Schluß, daß die Positionen von Feuchtersleben und Szasz sich nicht identifizieren lassen.

Nathaniel Laor M. D.
Yale University, Child Study Center
P. O. Box 3333
New Haven, Connecticut 06510, USA;
effective July, 1984,
Assistant Professor of Psychiatry
Yale Department of Psychiatry
and Unit Director, West Haven VA.
Midical Center, West Spring ST,
West Haven, Connecticut 06516, USA.