THE PROBLEM OF MENTAL HEALTH CONDITIONS IN PSYCHOANALYSIS OF SIGMUND FREUD

Katarzyna Szmaglińska

Abstract

In her paper, the author presents several arguments for anti-naturalistic interpretation of Sigmund Freud’s psychoanalysis in order to justify the thesis that a psychoanalytical anthropological model inscribes itself into the holistic paradigm. The author discusses predominantly the main criteria of development of psychical life (health) in psychoanalysis. She comes to the conclusion that Freud presents a philosophical theory of mental health, where the freedom of an individual is a major category.

One hundred years after psychoanalysis was developed, and after it was excluded from the realm of biological sciences (A. Grünbaum, 1984; Dufresne 2007), there occurred interpretations which argued that Freud’s thought was an anti-naturalistic concept, or a certain philosophy (Leder, 2007; Tauber, 2010; Mills, 2004). In my article, firstly, I would like to argue that, based on the analysis of source materials and the reconstruction of an anthropological model, we could advocate for an anti-naturalistic interpretation of psychoanalysis; secondly, I would suggest that Freudian anthropological assumptions are in agreement with a holistic (axiomatic) paradigm within the anti-naturalistic interpretation. This paradigm is more and more frequently discussed within bioethical circles according to which mental health is not only limited to efficient functioning of a biological system but is the state of dynamical balance of many systems, i.e. biological, psychical and social registers of functioning of an individual (Chańska, 2009, pp. 272-300; Holub, 2007). When compared to Cartesian dualism commonly criticized by philosophy of psychiatry, this model has an

8 Certainly, not as a theory which meets methodological criteria of being a philosophical theory, but as a theory which has the features of anthropology with metaphysical ambitions, i.e. as a system of propositions and postulates on human nature, fate and the order of being.

9 Within Cartesian dualism, it is difficult to define what a mental illness is due to the fact that there is a very clear borderline between corporal and mental disorders within this paradigm (Andrzej Kapusta is of the opinion that some phenomena which are included into the concept of mental disease are of natural origin, e.g. Alzheimer’s disease, whereas other, e.g. personality disorders, are not. Cartesian anthropology lacks considering the role of natural and social environments in ego development, and a formative function of not only the mind but also the body, Kapusta, 2010, pp. 183, 309).
advantage, since the same disorder can be identified at neurological, cognitive and social registers.\textsuperscript{10} To be more precise, a psychoanalytical concept of unconscious acts, having acknowledged that the body possesses subjective properties and physical and mental realities create certain organic whole, seems to be still valid, since it occurs now in the propositions employing the notion of embodiment or embodied mind\textsuperscript{11} (e.g. Shaun Gallagher’s proposals) (Kapusta, 2010, pp. 181, 310). Theories of embodied mind use phenomenological descriptions of human experience (the feeling of bodily strangeness, lack of embodiment) in order to detect and describe the mechanism responsible for the identity formation and disorders, as well as empathic or non-empathic attitude to the social environment, which, according to the researchers, resembles a psychoanalytical concept expressed in probably the most famous Freudian concept: "the ego is not the master in its own house."\textsuperscript{12}

At present, misunderstanding which resulted from wrong early translation of Freud’s works is believed to be the main reason of attributing reductive materialism to psychoanalysis (Bettelheim, 1984, p. 118). Freud used the word Trieb and not Instinkt (Freud, 2010; Freud, 1924, p. 166) when he wrote about human drives to distinguish them from animal instincts. However, German Trieb was translated into English as ‘instinct.’ Thus, Freudian psychoanalysis may seem to be an anachronic theory, or be a part of unequivocal biomedical (mechanistic) paradigm, when the idea of health and disorder is discussed. However, when Freud speaks about drives he does not mean instincts, which are unconscious, constant, and inborn, since a drive as a psychic representation of the biological is flexible and undergoes transformations (Freud, 1924, pp. 165-187), otherwise, all psychoanalytical procedures would be doomed to failure, or even nonsensical (Mills, 2004, p. 140, Bettelheim, 1994, p. 118).\textsuperscript{13}

According to Freud, each drive has its aim (satisfaction, elimination of physiological excitement), its object (which enables the drive to achieve its goal), and source (a somatic phenomenon which is represented in the psychic life by a drive) (Freud, 1924, pp. 165-187). It is an object, as it is stressed by Rosińska (Rosińska, 2002, pp. 116-117), an object, broadly understood, i.e. from a material external object, or one’s own body to spiritual ideas, which

\textsuperscript{10} This thesis results in a postulate of positive cognitive consequences due to mutual complementing of hermeneutics and empirical sciences (among other things, Aviel Goodman advocates for this) (Kapusta, 2010, p. 345).

\textsuperscript{11} The mind depends on the brain embodied in the world (nervous system, body and the environment undergo constant changes and influence each other.)

\textsuperscript{12} I would like to remind that in German texts Freud used das Es, das Ich, das Über-Ich (Freud, 2010), and their translation into id, ego, superego was not very fortunate.

\textsuperscript{13} In this context, empirical studies on the effectiveness of psychotherapy are not important, since I am going to discuss psychoanalysis as a certain anthropological model.
determine the sense of a drive or desire and make it meaningful. Desire would lose its identity without an object, it would cease to be a desire, and would be reduced to an unoriented force or forces. It would cease to be a description of human activity and become a physical description of natural forces. The concept of the drive leads the body out of the sphere subjected only to biological description. This is in agreement with Freud’s ideas since, contrary to some interpretations (Pajor, 2009), for Freud, psychoanalysis was not a biological science but an auxiliary philosophical science of medicine. Psychoanalysis was supposed to discover common ground where the encounter of physical and psychical disorders would be comprehensible. Due to the discovery of the unconscious,\textsuperscript{14} psychoanalysis was to achieve something which, according to him, either speculative philosophy, or descriptive psychology failed to achieve (Freud, 1922, pp. 5-6).

Thus, Freud’s interest circled around a psycho-physical problem, however it exceeded it, namely, Freud wished to understand the nature of man and culture. Consequently and in agreement to Freud’s intentions, psychoanalysis may be treated as an anthropological model, a system of propositions and proposals on human nature, fate, and position within the order of being. The Viennese psychoanalyst thought that the rules, whose operation he discovered within the psychical realm, are universal rules which govern the whole reality (Freud is considered to be a continuator of Empedocles’s thought) (Freud, 2011, pp. 102-118, 135-138).

The attempts to include psychoanalysis into the realm of philosophy result from the fact that Freud expressed the same thought, the same discovery using various languages, i.e. naturalistic and philosophical ones, when he tried to reach the essence of different phenomena. When referring to modern disputes over the definition of mental illness within medicine and psychiatry, it is worth emphasizing once again that researchers find it difficult to separate biological aspects from social and cultural ones, and the phenomenological or hermeneutical approach is regarded in this context as mutually complementary to the scientific (empirical) approach (Kapusta, 2010, p. 161).

Freud includes ethical value judgments into his draft of the development of the psychic apparatus (Freud, 1922, pp. 308-309; Freud, 2010, pp. 263-277), which is of an enormous importance for understanding a psychoanalytical idea of “health” and “mental illness.” Ego (the I) according to Freud, has to satisfy the demands resulting from three types of dependence, namely, dependence between ego and external reality, between ego and id as

\textsuperscript{14} Freud uses the term of Das Unbewusste and not das Unbewust-sein (unconscious being) (Freud, 1924, p. 202-242).
well as super-ego, so that an individual could carry out important life tasks, and was able to
work and take pleasure in life (Freud, 1922, p. 396), as well as to use his/her best and loftiest
powers (Freud, 1922, p. 334). An individual is to become what he/she could become at the
best, in the most favorable conditions (Freud, 1922, p. 375). “Illness”, according to Freud,
consists in weakening of ego, when it cannot sustain its structure and autonomy due to
internal conflicts. “Illness” is a certain type of unconsciousness, ignorance about psychical
processes, which should become transparent for an individual and be reflected on (Freud
1922, p. 242). A harmful or useless act which evokes a person’s complaint that it is an act
against his/her will, and involves distress or suffering was called “psychic symptom” of a
disease state by the father of psychoanalysis (Freud, 1922, p. 311). At present, psychiatrists
employ the term “mental aberration” to express similar meaning (Kapusta, 2010, p. 161).
When Freud tries to offer a psychoanalytical definition of mental illness, he includes a
patient’s attitude toward “illness.” Harmfulness of symptoms consists in the fact that these
acts require a certain amount of psychic energy, whereas this energy is at the same time
needed to fight the symptoms. Such a situation can undoubtedly lead to impoverished
personality and paralyzing important life tasks, and consequently it can hinder full
development.

Freud recognizes unreasonable cultural requirements (strong, punishing super-ego),
which make ego find certain sexual or aggressive desires disgusting, and thus deny them, as
the cause of disrupting health-enhancing psychical harmony, and the cause of a conflict
(neurosis) (Freud, 1922, p. 305). In such a situation, libido of a neurotic places itself in
symptoms, and it is an unconscious process. Thus “illnesses of mind” are treated by Freud as
devention from psychosocial, legal or ethical norms but, as I am going to show later, a
psychoanalytic plan of treatment does not intend to adjust patients to a proverbial “statistical
average” but to free them from tormenting conflicts, including moral ones, in order that they
could face up to responsibility for their choices, and be conscious and feel that these are “their
own choices.”

Most frequently, resolving conflict, i.e. creating a symptom, does not meet the
requirements of life, and disturbs the use of an individual’s best and highest powers, which
leads to obvious suffering and frustration. Freud thinks that in such a situation one should
engage in a fair fight with fate even if one could die in this fight (Freud, 1922, p. 334), which
additionally enhances the thesis that biological survival is not treated by Freud as the aim of
development of human life. Freud leaves the space for man’s freedom of choice, and shows
that adaptive behavior, whose aim is a self-presentation of an individual, does not determine
optimal development. It is not about adopting in order to ensure biological survival but about struggling with fate to realize the highest values, and in consequence to attain self-development at the highest registers, i.e. spiritual ones (self-awareness, freedom, which, of course, is never the absolute one). This results from accepting a three-part model of life where psychical life is presented as a structure, which is best confirmed by dialectical interpretation of psychoanalysis by Jon Mills. In this psychoanalytical description of dynamics of psychical life, his interpretation employs Hegelian concept of Auhebung. Ego and super-ego act within a man in a partially unconscious manner, however, ego can take a stance both on itself and super-ego, and in this way achieve self-awareness, which translates into self-control, the ability to formulate higher-order volitions (Mills, 2004).

The model of psychic apparatus allows to interpret Freud’s proposition as non-naturalistic, namely, in the proposition which speaks about the freedom and the enslavement of a person, it is claimed that man is not a simple sum of his parts, which is contradictory to the thesis that Freud was a definite biological determinist, or reductionist. The fact that Freud acknowledged that ego is a genetically better organized part of id which emerges from id due to the influence of external world, or to be more precise, due to unfulfillment, or a relation to lack (Freud, 2010, pp. 259-266), on the one hand justifies accepting by some researchers a dialectical description of this process. On the other hand, it suggests that in Freud’s model, correspondingly to above-mentioned concepts of embodied mind, life dynamics of ego (the mind) depends on body, or corporeality and the environment.

Psychoanalysis is the term Freud uses to describe the work during which repressed psychical content becomes conscious (Freud, 1924, pp. 136-139; Freud, 1922, p. 335). To express it in a more descriptive manner, we can say that psychoanalysis is about filling up the gaps in memory (Freud, 1922, p. 244; Freud, 2007, p. 167), it is a psychosynthetic process (Freud, 1922, p. 341). Freud calls psychoanalysis pastoral work, but he emphasizes that there are no readymade standards into which a treated person can be forced (Freud, 1922, p. 371-372). The analysis should provide optimal psychological conditions for ego, thereby its tasks can be accepted as completed (Freud, 2011, p. 135). If analysts directed their patients normatively, they would repeat the parents’ mistake, whose influence suppressed the child’s independence, and one dependence would be replaced by another (Freud, 1924, pp. 5-11; 15 15

What is important, according to Freud, the unconscious affects the consciousness, however also the consciousness affects the unconscious, both during phylo- and ontogenesis. To put it simply, it can be said that both biology and culture write the history of body in psychoanalytical discourse.

16 16 To differentiate from a body/organism studied by biological sciences, in the meaning of the body experienced by an individual, and mediated by the consciousness.
Freud, 1922, p. 373). The role of psychoanalysis is to cause super-ego, i.e. the heir of parental authority, to become non-personal (Freud, 2011, pp. 135-138).

One could get an impression that psychoanalysis should be prescribed to “ill” people. However, Freud argued that everybody can undergo psychoanalysis, since everybody is more or less “ill.” It is worth stressing that “being ill” was for Freud only a “practical notion” (Freud, 1922, p. 311). Stefan Opara thinks that this is a metaphor (Opara, pp. 92-93). In his opinion, Freud wants to designate in this way universal conflicts of human psyche, which in ill people manifest themselves more distinctly and dramatically. In fact, Freud thinks that there are no distinct borderline between health and illness, there is no qualitative difference, only a quantitative one (Freud, 1922, p. 293; Freud, 2011, p. 135-138). In his opinion, from a theoretical perspective everybody is ill, which means that everybody is neurotic because the conditions of disease formation can be also found in “healthy” people (Freud, 1922, pp. 356-357, 293). This thesis has important consequences for ethical discussion since Freud is against excluding ill people by the society, which considers itself healthy, only because they are to some extent different than the majority, but the differences are only quantitative and not qualitative ones. Speaking in the context of health conditions, it can be added that Freud is against a vision of health understood as a “statistical average.”

Freud’s claim that everybody is ill can be also interpreted as a belief that man will never be completely conscious of everything, the analysis will always be an unfinished task for man, and the identity will never be entirely stable (Freud, 1924, p. 64-75). “Healthy” persons are also partially unconscious, they also suppress things but these suppressions are of no practical importance in their lives (Freud, 1922, p. 311). The thing which differentiates a neurotic from a “healthy” person is the disability to work and lead a satisfying life. Since, according to Freud, the difference is quantitative and not qualitative one, it is the question of “free energy,” and its free and conscious use. In such a sense, biological aims, i.e. survival and reproduction can be accepted by an individual, or society as superior, nevertheless it does not result from biological determination (species norms) but from the fact that a given individual, or society appreciates such values, which reveals culture-dependent and in a way subjective character of these norms.17

The aim of a therapy would be a situation when ego could fully control its structure, have an access to all parts of id, so that it could affect them. There is no natural hostility

17 This brings to mind the proposal of Bill Fulford (Kapusta, 2010, p. 175).
between *ego* and *id*, they are connected, and in a case of a healthy individual, it is practically impossible to differentiate one from another (Freud, 2010, pp. 259-266). Thus, synthesis is the aim of therapy, which cannot be completed once and for all because life process is a constant threat for it. Freud observes that a cured neurotic it would be a person who would become such a person as he/she could be at best, in the most favorable conditions, thus such a person who, employing Aristotelian language, would actualize his/her potential.

Considering the difference between the order of knowing (*ordo cognoscendi*) and the order of being (*ordo essendi*), it can be noticed that the unconscious is not ready for the subject (it is not Aristotelian substance), but it is in the order of being. However, it is impossible to grasp what it is since the unconscious escapes the logic which governs phenomena on whose basis it is assumed. It is something beyond cognition, it is a border condition of meaning, and using Kantian language we can say that it is an assumed thing in itself possible to be grasped in its representations, in a phenomenon. Referring to a heuristic model, it can be added that in self-knowledge, in a never-ending process of psychosynthesis of *ego* and *non-ego*, man can discover that he is a part of the whole, of the universe. He is a creature of culture, dependent on parents, formed by caregivers, and people around. A cured neurotic does not become another person, this is the same person but with a smaller amount of the unconscious and a bit bigger amount of the conscious than before (Freud, 1922, p. 374-376). When Freud writes in *The Future of an Illusion* about weakness of intellect to drives, he stresses that the voice of intellect is quiet but it does not stop before it exacts obedience, which it gains finally, but after innumerable rebuffs (Freud, 1928, p. 87). In his opinion, we may assume that intellect will set itself the same aims whose fulfillment is expected from a variously conceived God, of course in human moderate dimension as far as it is permitted by external reality, therefore it will try to fulfill the postulate of love among people and reduction of suffering.

Thus the aim of therapy, or psychosynthesis of *ego* and *non-ego*, is to make intellect set itself aims, which then would offer man the ability to reduce suffering and to fulfill the postulate of love (non-narcissistic and nonsymbiotic). However, due to employing a specific technique facilitating psychosynthesis, this morality is closer to the concept of philosophy of dialogue than to Kantian philosophy.
We can ask if self-analysis would not be enough in the healing process? Why do we need an analyst? Actually, we need his/her unconscious treated as an “organ of perception,” an analytical organ which is supposed to know how to convert the derivatives it receives from the unconscious into the unconscious that determines a patient’s associations (Freud, 1924, pp. 64-75). Freud could not make use of introspection, thanks to which it is possible to study the consciousness since, as it is aptly emphasized by Leder (Leder, 2007, p. 272), the unconscious is not available for introspection. The creator of psychoanalysis realized that no man could be a subject and simultaneously be outside the subject, as you cannot get yourself out of deep water by pulling your own hair. Thus a specific technique which involves doubling of subjectivity, where meanings are formed, resulted from Freud’s theoretical construct, the technique which introduces otherness, i.e. the unconscious (Leder, 2007, p. 273). In this way, the unconscious of a psychoanalyst can work with the unconscious of a patient during psychoanalysis. Thanks to combining the emotional engagement of a patient with a detached attitude of an analyst, who offers to a patient an insight into his/her own drives, the aim of a therapy can be achieved. This double cognitive perspective offers to a patient new perspectives which allow the patient to fracture his/her identity determined by “the fate of drives,” and the attitude to the world without falling into madness, or psychosis.

The therapy is about a new psychosynthesis, which takes place on the ruins of what was demolished, and therapeutic relation is indispensable in this process. An analyst offers explanations, and constructs which enunciate patient’s behavior, and in consequence he/she enables a patient to self-observe and distance him/herself from oneself, which is a condition of psychosynthesis. On the other hand, it can be believed that on a narrative level of the patient who tries to include an unconscious desire into his/her identity, other’s understanding is limited, and depends on the context of socio-cultural beliefs which are discussed by a rational person during therapy. Alfred Schütz, representing modern philosophy of psychiatry, rejects the possibility of empathic understanding of others, and advocates for understanding and sharing by people who enter a dialogue of the rules of social coexistence (Kapusta, 2010, pp. 257-258). What is more, philosophers of psychiatry think that understanding others is limited by socio-cultural beliefs and values, and the aim of understanding is not to reconstruct intentions of others but (dialogical) engagement into the possibility of new understanding and creating different meanings. Freudism combines in one theory all these perspectives, and this 18 Karen Horney allows a certain possibility of self-analysis but as supplementation of treatment or its continuation (1942. Self-analysis. New York: Norton, 1942. ISBN 0393001342).
“organ of perception,” which is called empathy, mystic participation or a hermeneutical tool by Rosińska (Rosińska, 2002, p. 134), is nothing else but this ability to form other meanings.

Freud was not a philosopher and that is why his deliberations on the conditions of health and illness are a little dissatisfying because, for example, of conceptual confusion and excluding many problems related to this subject, and due to being entangled into ideological conditions of the epoch in which Freud lived. However, there is no doubt that Freud by questioning the sense of using the notion of “mental illness” and curing with “talk”, was one of the first people who began to treat subjectively patients with mental disorders, and in this way initiated a holistic approach to a patient. Some historians of psychiatry think that psychoanalysis, apart from the fact that it has been displaced by medical sciences (which not necessarily annuls its self-development), is treated as “an artifact of a certain epoch” mainly because it satisfies the needs of self-knowledge or inner insight, which are becoming less and less important in our times (Shorter, 1997, p. 166). Freud as an insightful observer of human behavior tried to prove that in many cases different disorders, including bodily disorders (e.g. sexual ones), are not isolated phenomena. On the contrary, the disorders originated in biographically superstructured psychic conflicts of a given person as well as in interpersonal conflicts. Today, these conclusions are still relevant, and what is more, they are in agreement with a so called holistic (axiomatic) paradigm.

References:

19 In my article, I have chosen this reading of Freud’s works to highlight things which constitute a universal anthropological model, which is justified in a heuristic model, and leaving aside these theses which obviously lacked solid justification.


