Appendix:

A Program for Late Twentieth-Century Psychiatry

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Psychiatry as a science can no longer progress without confronting certain basic theoretical problems that it has habitually minimized or dismissed. The effort to recognize these problems requires a reconsideration of the basic explanatory structure of psychiatry: psychiatry's image of the relationship between biological and psychological accounts, its background conception of the fundamental reality of passion and subjectivity, and even its tacit assumptions about what it means to explain something. Consider what is most interesting and most disheartening about psychiatry as a science today.

The Denial and the Trivialization of Disarray

Two or three problems stand at the center of contemporary psychiatry. One set of issues has to do with the advance of biochemically based explanations and therapies and their uncertain relationship to psychological models and diagnostic categories. A second cluster centers on the disturbing, systematic indeterminacy of the psychological models themselves. By indeterminacy I mean the startling fact that explanations and treatments supported by apparently clashing assumptions often seem to work equally well or equally badly. It is possible to distinguish from this problem of indeterminacy still a third zone of puzzlement: an odd feature of psychiatry's relation to its subject matter. Psychiatrists deal with the human passions. (I use the concept of passion in a sense that includes the areas covered by current usage of the terms "affect" or "emotion" but that is meant to incorporate a broader field of reference. This field will be defined more precisely at a later stage in my argument.) Psychiatry has never entirely abandoned the principle that the understanding of mental illness and the analysis of the ordinary emotions and the ordinary consciousness bear on each other. Yet it has failed to develop a view of the

passions that is anything other than the shadow of its particular conjectures about insanity, its therapeutic strategies, and its diagnostic vocabulary.

By understanding the scientific riddles and opportunities that lie at the heart of each of these sets of questions, psychiatry could grasp their relation to one another and begin to reorganize itself as a science. Instead, its current tendency is to hesitate between two unwise responses toward its own major problems. There is the attitude of obsessional sectarianism that fixes on one well-established perspective—biochemical, Freudian, or whatever—and then disregards or downplays the insights that are not readily assimilable to it. Alternatively, there is the posture of flaccid eclecticism that treats the plurality of explanatory models less as an unsettling and instructive predicament than as the customary price of excessive scientific ambition. The first response hides from the riddles. The second trivializes them. Each amounts to both a theoretical and a moral failure.

Nothing harms science more than the denial or the trivialization of enigma. By holding the explanatory failures of psychiatric science squarely before our eyes, we are also able to discover the element of valid insight in even the most extreme and least careful attacks on contemporary psychiatry: to make even his most confused and unforgiving critics into sources of inspiration is a scientist's dream.

From this point on, my argument will proceed by four steps. First, I shall suggest that the achievements and opportunities of biological psychiatry can—indeed should—be viewed in a way very different from the manner in which we have grown accustomed to seeing them, in a way that lends new force to the ancient idea of the unitary character of mental illness. Second, I shall argue that the disintegration of the dominant psychological and specifically Freudian theories in psychiatry has gone much further than we like to think. The starting point for an analysis of the psyche must be a sustained reflection on the significance of the indeterminacy of the psychological models available to us and a redefini-

tion of these models as special cases of a more general theory of passion. The third part of my discussion will make the claim that the development of biological and psychological psychiatry along the lines I will have sketched suggests the elements of a unitary program for scientific psychiatry. The execution of this program can alone enable psychiatrists to solve the crucial explanatory and therapeutic problems that must increasingly concern them. In the fourth stage of my argument I shall briefly place this program in a larger context of modernist culture and contemporary politics.

What I need from you is an imaginative effort to recapture the strangeness of puzzles and ideas on which you have spent a lifetime of study and struggle. The effort will be all the more exacting because my comments are unavoidably hacked down to a barebone of argument, example, and refinement. The act of intellectual and moral availability that I ask of you demands, in miniature, all the decisive qualities of the scientific mind: its detachment, its remorselessness, and its magnanimity.

The Biological Program

Take first the background of biological conceptions in modern psychiatry. For all the divergence among theoretical schools, there is a fund of ideas about the relationship between biological and psychological explanation that are shared by seemingly incompatible schools of thought. As new discoveries are made in brain pathology, neurophysiology, and psychopharmacology, their significance is more or less assimilated to this underlying view. Crudely put, it goes like this. The better we understand the organic substratum of mental illness, the more accurately we can trace the relation between specific physical events in, say, neuroregulation and specific mental diseases already known to us. This relation provides us with the key to the deep causation of the disease and to the specifically effective therapy. On

one view—a view to which Freud himself kept returning—psychological accounts and therapies are a holding action until the explanatory and therapeutic triumph of biochemistry. Opinions may differ only on whether that day is already at hand. On another view, which behavior and learning theorists have often defended, there is a fundamental difference between biologically based mental diseases, like senile dementia or porphyria, to which the medical model applies exclusively, and other behavioral anomalies, to which it does not apply at all. Not only biological explanations but all accounts that invoke the unconscious may be irrelevant to these latter disorders.

There are two aspects of this hidden stock of ideas that immediately disturb the unceremonious critic. One of them is the tendency to hold the diagnostic descriptions constant: to assume that the biological explanations will show stable relations to familiar diagnostic categories although these categories were formulated with totally different theoretical aims and assumptions. The other strange fact is the habit of viewing the interaction of biological and psychological explanations in an exclusionary and reductionist way. People forget that even in physical science the premise of the ultimate reducibility of one level of explanation to another is less a fact about the world than a programmatic slogan. The premise becomes all the more dubious when consciousness is at issue. The variety of possible ways in which a psychological dynamic might work upon a relatively indeterminate biological condition, and change it, gets repeatedly slighted.

These disquiets create the intellectual opportunity to suggest that the progress and prospects of biological psychiatry can be reinterpreted from the standpoint of three central ideas. Together, these conceptions would define an alternative approach to the significance of biological explanation for scientific psychiatry. This approach is at least as compatible with the available experimental evidence as the reservoir of assumed conceptions I described earlier, and much clearer, simpler, and more fruitful.

The first idea is the distinction among different levels and senses in which biological phenomena can be active in mental disease. A great deal of recent psychopharmacological research—precisely the kind that seems to reveal fixed relations between identifiable organic deficiencies and particular mental diseases—focuses on events that can just as well be given a narrow interpretation. It deals with the immediate biochemical correlates of a syndrome, correlates that may already prove to be effects as well as causes of a psychological episode. These biochemical events are perhaps rather late and superficial counterparts to a more basic process by which the person as organism becomes susceptible to a chain of psychological events leading up to the well-known psychoses. It is remarkable that even many of the mental diseases with a strict organic foundation—like the psychotic pellagra studied by Llopis—seem to manifest, in the course of their development, a large part of the symptoms displayed in the classical psychoses.

The significance of this similarity is masked by an unacknowledged, pseudoscientific prejudice. We expect there to be an immediate and well-defined homology between the causes of a disorder and its manifestation in the structure of conduct and cognition. A mental illness with a specifically organic base is supposed to differ clearly from one in which psychodynamic factors are paramount. But the principle of homology may apply only at a level far deeper than we suspect. The parallelism between the organically based and the other psychoses suggests that the organic and the mental are involved in each other to an astonishing degree and in a manner to which the reduction of the mental to the organic cannot do justice.

The same set of mental experiences always presents itself to us as the result of two sets of factors: one, physical; the other, psychodynamic. Any disorder or therapy that begins with one of these factors will immediately have effects upon the other. At opposite poles of the field of mental pathology, one or the other of these elements may dwindle in importance. But in the broad mid-

dle range they coexist. If the principle of homology still applies, it must hold at a deeper level of causation, to which our current conceptions of the mental and the organic may prove equally foreign.

The significance of this formulation is to save us from pretending to understand what we in fact ignore: the final connection between the organic and the mental. It allows us to recognize remarkable facts, like the symptomatic analogies between the organically based psychoses and the other mental disorders. It keeps us from misinterpreting the occasional success of a physical or psychodynamic approach as an indication of the ultimate relationship between the mental and the organic. This argument has an implication that must now be brought out as the second idea in the biological program.

The implication is that the unitary conception of mental illness should be revived and reconstructed. Among the many assumptions that biological and Freudian psychiatrists have shared is Kraepelin's principle of the specificity of the psychoses. Since the late nineteenth century, the advocates of a unitary view—like Llopis himself, or Karl Menninger, or Adolf Meyer in his later writings—have always been condemned, on this point, to a marginal position. But things are not what they seem: the heart is going out of the anti-unitary position. The diagnostic classification becomes a brittle shell as it is increasingly emptied of its original theoretical content in order to be immunized against disconcerting facts. The seriousness with which the diagnostic vocabulary is still taken today turns Kraepelin on his head: the master would never have admitted that the classification could be anything more than shorthand for a particular theoretical view, with its supporting climate of interpreted facts.

The larger significance of biological research for psychiatry may—paradoxically—turn out to be the vindication of the unitary character of mental life and of the recurrent patterns by which it falls apart or regenerates itself. But in order to make the unitary conception of mental illness part of a unitary program for psychiatry you need to dissociate it from the reductionist organic bias that

it had during its mid-nineteenth-century heyday and never completely lost in the hands of its later defenders. This bias was the assumption that the biological correlates to be discovered are the sufficient cause of all major mental illness.

Once we free the conception of the unitary mental disease from its reductionist prejudice, we can also give it a more subtle meaning. It signifies less the belief in a single mental disorder than an awareness that almost all symptomatic differences are unstable, shallow, and circumstantial. They disclose more or less partial and more or less severe aspects of themes that recur throughout the entire field of mental pathology. (I shall later offer a summary description of these themes.) The physical and psychodynamic processes that generate mental disorder achieve a provisional symptomatic definition only fairly late in their development. This remark brings me to the third idea in the biological program.

The study of the biochemical triggers, residues, and counterparts of mental disease is no substitute for the analysis of the internal world of the imagination and, above all, of the imagination of selfhood and relationship, whose crisis constitutes the heart of the psychotic event. The interesting difference is the one that separates the very few diseases in which the biological defect almost automatically provokes the disintegration of the imaginative realm of relationship and selfhood from the much more common ones—perhaps all the classical psychoses—in which the organic facts are mediated and redirected by a personal drama. It is precisely because of this mediation and reciprocal influence that the disintegration of consciousness is likely to be more partial in the classical psychoses: in them consciousness falls apart only at its weakest point.

From this there arises a striking and counterintuitive theoretical possibility: just as psychological theories discover facts about the normal from the study of the anomalous so we can learn about the more common, less organic mental diseases from the rarer, more directly organic ones. In these diseases, the biological mechanisms are cruder and more overt. The trials of a conscious-

ness in trouble appear more fully. It is as if the organism had turned the self into a puppet and, like a demonic puppeteer, forced it to enact the entire script of its downfall.

The three elements of the biological program have an intimate relation to one another. In fact, properly understood they form a single view. The first idea—the conception of a unified symptomatology and a double causation of mental disorders—develops into the third idea—the study of the less organic through the more organic. The development proceeds through the mediation of the second idea—the rejection of false determinacy in the diagnostic classification. This is in turn only a corollary of the first idea.

The Psychological Program

The Problem of Indeterminacy

Now let me shift the ground of my discussion quite suddenly to the criticism of psychological explanations in psychiatry. The focus of my remarks will be the significance for psychiatry of its extraordinary encounter with Freud's theory. Once the heretical doctrine had been incorporated into the mainstream of orthodoxy, it began to change and dissolve in ways that remain misunderstood. A reflection on this experience can reveal another point of growth and opportunity for psychiatry.

The great scandal in the use of psychological models—Freudian or not—in contemporary psychiatry is what I have called their indeterminacy. By indeterminacy I mean the overabundance of plausible but only ambiguously successful responses to the same explanatory or therapeutic problems. There are just too many alternative explanations and treatments based on too many incompatible pictures of what is in fact the case. The variety of

meaningful interpretations in turn puts pressure against the diagnostic categories. It makes them seem more or less arbitrary.

First, there is the indeterminacy of the explanatory stories that can be told to and about a particular patient—and told in a way that makes sense not only to the psychiatrist or psychoanalyst but to the patient himself. The same biographical material can be retrospectively interpreted, and even occasionally foreseen, through accounts that invoke the Freudian oedipal conflicts, or through an analysis of reinforcement episodes that produced a rigid pattern of inference and habit with respect to particular issues of perception and conduct, or through a larger set of moral ideas about the growth of the self on the testing ground of vulnerability to hurt, loss, and disappointment.

Then there is the indeterminacy of the therapies. Strategies of discourse and relationship based upon very different psychodynamic models, and embodied in very different styles of practice, often turn out to be startlingly comparable in their effect or lack of effect.

Finally, there is the indeterminacy in the empirical referents of the underlying psychological theories themselves. It is shocking, for example, to discover that many of the central propositions of behavior or learning theory and of Freudian psychology can be mapped onto each other, if the content of learning processes and reinforcement mechanisms is defined in certain ways. It is possible to suggest alternative persuasive stories in therapeutic discourse about a particular psychotic episode. It is even possible to take a large range of mental facts and give them, systematically, alternative causal explanations.

The full extent of this multisided indeterminacy is constantly understated and repressed in modern psychiatry. There is more to the repression than an uncritical commitment to a particular theory; there is also the intimation of a dilemma. Either you avert your gaze from the indeterminacy or—so it seems—you are led to an unqualified relativism and left with nothing but the hard core of biological explanation.

The problem of indeterminacy has nevertheless had a far-reaching influence upon the use that psychiatry makes of psychological models in general and of Freudian ideas in particular. Compare, for example, Freud's analysis of melancholia or anxiety with the superficially similar treatment of these experiences in standard textbooks and monographs admittedly influenced by Freud's ideas. In his system, these affects were part of a tight explanatory structure: they were the specific results of specific episodes in the history of repression, as narrated in *Mourning and Melancholia* or in the convolutions of his writings about anxiety. In the neo-Freudian psychiatry, they tend, instead, to become more or less generic ego affects.

The whole explanatory scheme has undergone a subtle but remarkable change. The first key element of this new theoretical scheme is the idea of the psyche as an equilibrium system engaged in transactions between external stress and internal instinctual or unconscious demands. The second element is the hypothesis that a defect in psychological development amounts essentially to a failure of plasticity in the psyche—a routinized pattern of perception and conduct with respect to a crucial source of conflict like dependency or sexuality. The third element is the notion that some added internal or external stress calls the bluff on the pattern and upsets the equilibrium. Anxiety and depression count as the signs of this forcing of the limits.

This emergent picture differs greatly from Freud's. It changes the sense of the entire Freudian vocabulary. It is an oblique response to the problem of indeterminacy. Because it is indirect, it is also inadequate: it fails to acknowledge the depth of its own rupture with the ideas from which it grew and to develop a theoretical system and practice with which to look the embarrassments of indeterminacy in the face.

This loosening in the determinacy of psychodynamic explanations, which the relativization of Freud's ideas exemplifies, has an even more dramatic consequence. The whole conception of a psychodynamic psychiatry rests on the belief in a stable middle

ground between organically based mental disorders and the ordinary experience of suffering. The middle ground is the one studied by people who, though they may not deal in chemistry, claim to draw upon the fabulous authority of science rather than the general moral wisdom of mankind. The enlargement of the psychodynamic models under the pressure of the indeterminacy problem and the simultaneous advance of insight into organic factors in mental disease have the effect of weakening the hold on the middle ground. The practitioners of psychodynamic models, such as the neo-Freudian theorists of the self, find themselves often enough dealing with people whose complaints of despair, confusion, and apathy seem indistinguishable from the subject matter of Rousseau's *Emile* or a thousand other meditations on the making of a self.

The defenders of a reductionist, biological psychiatry see in this situation a chance to move in for the kill. Those who resist their claims in the name of a psychodynamic psychiatry hold on to the middle ground all the more fiercely. They do so against mounting odds.

Both groups, however, are mistaken. The destruction of the middle ground will not produce the consequences that the reductionists desire and that their enemies fear. Why this is so will become clear only after my earlier argument about the mental and the organic has been combined with views that I shall now develop.

Indeterminacy and the Appeal to a Foundational View of Passion and Imagination

To confront the problem of indeterminacy in its full dimension, consider another still larger and more speculative issue: the nature of passion (affect, emotion, and more), which is to say the nature of the reality with which psychiatry deals insofar as it is more than a branch of biology. For this is the way thought de-

velops: it tears through the distinction between the technical and the philosophical to gain partial and temporary respite from the paralyzing effect of its own presuppositions.

It seems strange but it is true that though psychiatry is about the human passions it has no conception of passion at all, except derivatively from some other formative idea. In fact, like all modern thought, it has always depended for its image of passion upon two ruling contrasts. One view contrasts passion to reason; another, to social convention. Each of these traditions of thought suggests a different perspective upon what madness ultimately means. In one case, it is passion that gets out of hand, rebels against reason, and causes a loss of the sense of reality. In the other case, it is emotion that detaches itself from its normal objects in society, rises up against the demands of an established form of social life, and goes from maladjustment to complete social antagonism or paralysis. In either case, the paradigmatic reality lies somewhere other than in passion itself—in reason or social convention. Passion, or madness as the rebellion of passion, is the black box that holds whatever opposes these exemplary forces. Many of the humanistic attacks on modern psychology and psychiatry can in fact be understood as a half-conscious polemic with these images of passion, whose hidden, guiding presence in the ruling theories the critics rightly intuit.

I shall not try to show the many disadvantages that each of these conceptions has as the starting point for a psychological psychiatry. Instead, I shall suggest the possibility of a view that puts passion at the center and that describes it in relation to itself rather than to a contrasting reality. At least, such a view has the virtue of providing a perspective on the whole life of passion that does not prejudge its relation to the claims that society and external reality make upon the will and the imagination.

Among the elements of an alternative account of passion might be the following. The ground of passion—the area of life within which passion moves—is the domain of experience in which people count for one another as more than means or ob-

stacles to the realization of practical ends. The other person is surrounded by an aura, as if each episode of passionate encounter raised, and provisionally answered, the basic questions: Is there a place for me in the world, or am I one too many? What is to become of the relationship between my longing for other people and the way they jeopardize me? What is my possible relationship to my own distinctive identity and character? Is it given to me as a fate? Can I either reject it or transform it?

Within such a conception, passion means everything that falls under the current psychiatric usage of the terms "affect" or "emotion." But it means a great deal more as well: the enactment of possible forms of experience within the key setting of the personal. The experience of passion is located at the point where distinctions between desire (wanting something from the other person) and knowledge (viewing him and oneself in a certain way) collapse. Together with collective experiments in the organization of work and power, it is the substratum from which more articulate images of society are drawn. It is the liquid form into which these images melt back at times of heightened practical or visionary strife.

Two formative themes run through the vicissitudes of the passions. There is the theme of human association: the struggle to find a way to experience relationship with others as something that confirms the person in his own being rather than as an outright assault on his distinctive identity. In fact, all the vices described in classical moral doctrine, starting from the root experience of hatred, can be understood as different forms and degrees of failure in the achievement of a solution to the problem of longing and jeopardy. And then there is the theme of identity and character: the capacity to enter into your own character while recognizing it, at any given time, as a partial, provisional, and transformable version of your own self. It is not something fragile or alien. Nor is it an irrevocable fate that rules you once and for all.

Each of these themes presents itelf under a dual aspect. It is a problem of freedom and will: the power progressively to extend

our intimate sense of relationship and identity, whose collapse represents the paradigmatic experience of blockage and loss. It is also a matter of reality and imagination: the ability to conceive the life of relationship and identity as something that, like physical reality itself, is intelligible only insofar as it is capable of changing. The life of passion amounts to a continuous exercise in the ability to imagine identity and association, by imagining their transformative variations. The struggle for reality can never be separated from the idea and the experience of transformation, particularly of the transformation of the facts that define the continuity and the apartness of the self.

The link between the derangement of passion—identity and relationship—and the disorder of perception and cognition is one of the most seductive problems in psychiatry. All I can do here is to indicate summarily how the two sets of problems might fit together within the kind of theory for which I am arguing. The subversion of understanding, like the disturbance of passion, presents variations on a small number of themes. These themes run throughout the whole field of mental illness, whatever the relative role of psychodynamic and physical factors. Here again, different disorders show different faces. But the more deeply we penetrate into the clinical material, the more clearly we see that these are faces of the same thing.

One way to characterize the central principle in the disorganization of perception and reasoning is to say that it consists in a waning of the capacity to distinguish sameness and difference. The cumulative loss of this capacity deprives the self of the power to deal transformatively with the world, whether by thought or by action. Things appear simultaneously merged and isolated in ways that depart from ordinary reasoning and perception without enlarging the reconstructive power of the imagination.

The decline of the ability to grasp sameness and difference, assertion and negation, is connected in several ways with limits to the understanding and the experience of possibility. The capacity to identify facts, and to characterize them as the same or different,

always turns upon an insight into counterfactual possibilities: to know what would happen to things under alternative circumstances of change-inducing pressure. The destruction of insight into counterfactual possibility in turn always connects with the weakening of a person's ability to imagine himself as standing in a practical, transformative relation to the world around him, and, most immediately, to the people with whom he deals.

The crisis in the power to establish sameness and difference reconfirms the loss of freedom. It does so by circumscribing the reach of the imagination: the faculty of conceiving of things neither as rigid nor as randomly mutable but as transformed through conflict and contradiction. Thus, the effects of the crisis are only superficially similar to those of creative insight in science, art, or religion. Such insight disorganizes conventional views of sameness and difference by expanding the sense of possible transformation and the power of the mind to represent and to enact possibility.

The privileged realm for the experience of possibility is precisely the relationship of individuals to one another and to their characters; in the inner life of mental disease, the disturbances of passion have a priority over the derangements of perception and knowledge. The life of passion is the school of freedom.

The Diagnostic and Explanatory Implications

Now, some such elementary picture of passion and imagination does not depend upon an underlying contrast to reason or social convention. Moreover, it can be developed into a very concrete set of ideas about particular turning points in mental life. All I shall do here is to point out the implications that such a development might have for two crucial issues in psychological psychiatry: the basis of the diagnostic categories and the stubborn puzzles of indeterminacy.

The classical psychoses ring the changes on the problems of identity or character and relationship or association as they present themselves to the will and the imagination. The less arbitrary diagnostic categories may turn out to be the ones that play out a particular aspect of the central history of passion. Various schizoid and paranoid states and other affective disorders focus on the simultaneous failure of relationship and apartness; dissociative hysteria, on the resistance to the acceptance of continuing identity; and obsessive-compulsive tendencies, on the reverse of this resistance, which is the denial of experiment and plasticity in the life of the self. The deeper forms of paranoia and schizophrenia bring together the failures of relationship and identity. But they do so with a difference: in what we are used to describing as paranoia, the will struggles to inhabit an imaginative world in which identity and relationship are possible. In outright schizophrenia this world has dwindled into a more terrible state of dissolution.

Such an approach to the diagnostic categories leads to a multiple relativization. It effaces the rigidity of the distinctions among the psychoses, between the only mediately organic psychoses and the so-called psychoneuroses, and, most importantly, between all these mental phenomena and the ordinary life of passion. Our general moral insight and our psychiatric discoveries are relevant to each other. One of the aims of a theory of the passions must be to construct the basic analytic language that enables us to translate one of these sets of ideas into the other.

This underlying theory would also have implications for the problem of indeterminacy. There is perhaps an escape from the dilemma of unrepentant single vision and despairing agnosticism in our attitude toward the stories and theories of contemporary psychiatry. It is the hypothesis that insofar as these available warring views are correct and effective, they will turn out to be special cases or partial descriptions of the more fundamental account given in the theory of the passions. The only reason for legitimate substantive divergence would be a consequence of the

special way in which the problems of identity and relationship manifest themselves in each society or historical period. For example, the perspicacity of Freud's developmental psychology, on this view, has to do with the extent to which the sexual psychodramas on which it fastens represent in miniature the life of passion. The least successful elements in Freud's theory result from its mistaking of the localized variations for the deeper themes and from its failure to grasp the extent to which its account is oriented to a certain historically bounded experience of social and family life.

The work of theory in this area must be to show how the more general view of passion generates more limited and concrete explanations that apply in the presence of well-defined boundary conditions. Many specific explanatory or therapeutic proposals would be excluded by the general view. This exclusion is what, in the end, would make the theory testable.

The Therapeutic Implication

The approach I have outlined has a general therapeutic implication: all the forms of discourse and action with the power to enhance the will and the imagination as they direct themselves to the core facts of identity and relationships may be effective forms of non-pharmacological psychotherapy. The unification of theory may be directly proportional to the diversification of therapy. The psychotherapies would be successful to the extent that they shared in the power of art to emancipate the imagination and the will.

Every non-physical therapy with a chance to succeed over a broad range of psychiatric practice contains three elements. The first element is the enactment of a larger set of possibilities in the experience of identity and relationship and in the neighboring realm of perception and reasoning. This enactment is made possi-

ble by the convergent influence of two more elements. One of them is the patient's acceptance of increased vulnerability to his therapist. Trust must be given and won. The enlargement of the life of identity and relationship must be prefigured in the therapeutic setting. The other additional element is an explanatory story that enables the patient to make sense of the connection between his present condition of straitened constraint and the larger set of possibilities of passion and perception that the psychodynamic therapy wants to make available to him. This story may—but it need not—be cast in the form of a biographical argument about how the situation of constraint arose.

The Freudian analytic technique can then be understood as only a special case of this universe of possible therapies. Read "working through" for enactment, "transference" for trust, and "analysis" for explanatory story. All such special cases will appeal to stories based on psychodynamic theories that are themselves only special cases of the general account of passion and perception.

The crucial theoretical and therapeutic problems lie concealed in the last of the three elements I listed. An assumption that underlies almost all psychological therapies, including the Freudian, is the existence of a close tie between the success of a therapeutic strategy and the objective truth of the explanatory stories that it deploys. But this assumption is manifestly false, so long as we define success as the restoration of the patient to normal functioning within his society. The story with the best chance of success, in this sense, is the one that combines a truth with a lie. (Every agnostic psychiatrist knows this when he talks about religion. But he forgets it when he talks about himself.) The truth is the existence of a real connection between the stories that are told and the general history of passion and imagination. Sheer make-believe will not work unless it expresses, at least metaphorically, something that is in fact the case. The lie is the passage of this true insight through a prism that filters out whatever understandings of the history of passion and perception would be most

likely to subvert willing participation in established society and culture.

Here is a simplified example, which takes a narrow focus the better to elucidate the argument just made. Imagine a society in which public and private life are felt to be more or less starkly separated and in which the most probing experiences are, for most people, reserved to the intimate realm of private experience. In such a society, it will be convenient for the explanatory stories to narrate family and childhood psychodramas. Such stories will encourage the patient to enact possibilities in ways that make it easy for him to insert himself into a social world that sharply contrasts the public and the private realms.

Now suppose a therapy that rejected the alloy of falsehood in the amalgam of explanatory ideas. It would deliberately offer alternative kinds of explanatory stories (and not just alternative stories of the same kind) in order to expose the necessarily hypothetical and partial quality of each. It would relate every concrete psychological constraint to the most basic problems of identity and relationship and of the insight into counterfactual possibility. It would do all this in a way that drove home the contingent and transformable character of the social and cultural settings of personal experience. Such a psychotherapy would be more than a special case within a universe of possible therapies; it would be the general case itself turned into a therapeutic approach. Its aim would be less to restore the patient to effective presence within an established order than to enlarge his realm of possible understanding and experience, to enlarge it even beyond what his society and culture could readily countenance.

To gain freedom of insight and action in a more remote context, often at the price of ineptitude in an immediate one, is a definition of genius. The psychotherapy that takes this freedom as its goal wants to heal the self by making it share somehow in the accomplishment of genius. But this is not the road to happy, stable, or resigned living. Truth gets people in trouble. The only practical problem with self-deception is that some people don't know

when to stop. For them you have the *Diagnostic and Statistical Manual.*

The conception of a psychotherapy that refuses to stay within the realm of the special case has a close though hidden connection to my earlier remarks about the mental and the organic. Explanatory stories compatible with the fluidity of nosological distinctions must be able to relate particular mental disorders to the unitary inner life of passion and imagination.

The project of such a psychotherapy also has an important parallelism to the idea of transformative political mobilization, even though it lacks any particular political direction of its own. For every exercise in transformative politics must appeal to forms of human association that the present order of society excludes. It must build movements and organizations that present, in their internal structure, an image of the future that it intends to establish.

What a Psychiatrist Should Be

By placing my earlier remarks about the relation between the organic and the mental alongside my later discussion of the indeterminacy problem, it is possible to arrive at a view of what a psychiatrist ought to be. Three sets of concerns must join to guide his activity. First, he should be a person committed to studying and treating the disorders of passion and perception in their unitary inner life. These disorders are defined by their subversive effect upon the representation and enactment of possibility—a criterion with only an oblique relation to the restoration of adaptive ease and normal function. Given this way of looking at things, no rigid distinction exists between the analysis of the ordinary consciousness and the approach to mental pathology. The element of madness in ordinary thought and conduct consists precisely in the arbitrary constraint on possible experience and possible insight that every stable social world and every settled mode of discourse

impose. Second, the psychiatrist should be somebody interested in the relative roles of physical and psychodynamic factors in mental disorders. He may approach explanation and therapy more from one of these angles than from the other. But he would be a fool to mistake occasional explanatory and therapeutic success for a revelation of general truth. He should understand that proximate causation can take the form of parallel factors that converge at some still undefined limit. Third, insofar as he is a scientist, he should define it as part of his concern to work toward an understanding of this limit: to find out how the unitary life of passion and perception comes to be so deeply imprinted on the organism that a disturbance at one level so regularly produces repercussions at the other.

The Unitary Program in a Nutshell

The overall structure of my argument should now be clear. There are two decisive elements in the program that scientific psychiatry must carry out in order to correct itself and to advance beyond its present hesitancy between a blinding sectarianism and a dazed eclecticism.

The biological aspect of the program demands the reorientation of theory and research beyond immediate psychopharmacological effects. It proposes the revival and reinterpretation of the unitary view of the core mental diseases as an interruptable chain reaction or progression of episodes that encompass the entire universe of imagination and will, of identity and relationship. It suggests the use of the more strictly organic mental diseases as material in which to study not only the biochemical triggering mechanisms and correlates but even the imaginative world of those psychoses whose relationship to the organism is more reciprocal and mediated.

The psychological aspect of the program is the open

confrontation with the problem of indeterminacy in all its forms, the redefinition and revision of available psychological models as special cases of a more general theory of the passions, the use of this theory to compare the internal experience of the psychoses with the ordinary experiences of identity and relationship, and the overthrow of the traditions of thinking about mind that appeal to a derivative and undeveloped view of passion, as a foil to rational understanding or social convention.

The biological and psychological aspects of the program confirm each other. Both of them presuppose a reconstruction of our understanding of the relationship between the organic and the mental and the refusal to reify a superstitious view of the hypothetico-deductive method and to imitate the internal organization of other sciences, in other domains. Both of them work toward a picture of the deep unity of mental phenomena as a realm of transactions between the mind and the organism, the imagination and the will, passion and imagination, transactions that address the fundamental conditions of personality. On these two bases a new generation of psychiatrists must reestablish the foundations of psychiatry.

Let me now summarily place my argument within two larger settings: a context of culture and a context of politics.

The Contexts of Culture and Politics

One of the most important events in the history of modern culture was the development of a revolutionary view of human nature by the great artists, and especially the great writers, of the early twentieth century. Compared with this modernist view of the self, earlier images of man look shoddy and unconvincing. Modernism, however, allows us to regain the deeper meaning of insights into human nature that lie buried in the teachings of the great world religions. The premodernist views of man character-

istically alternate between sentimentality and cynicism, between the classical moralizing doctrines of the virtues and the vices and the cynical counterattack of a Machiavelli or a Hobbes. We find this mélange between a superficial sentimentality and an equally superficial cynicism reproduced even in the work of so radical a thinker as Marx. It is a blend that unhappily continues to support much of contemporary social theory.

The conquests of cultural modernism in its investigation of the self include the following three ideas. First, modernism discovered that the passions have no natural structure of social hierarchy and convention, contrary to what the moral and political doctrines of most of the great civilizations have preached. The world of face-to-face relations contains in undefined form all the possible schemes of human association; in it we can always find inspiration for resistance to the claim that each society tacitly makes to be the natural or the necessary or the best possible ordering of human relationships. Second, modernism insisted on the relativity, the ambivalence, and the dynamism of the passions: the presence of love in hatred and hatred in love, of virtue in vice and vice in virtue, the experimental and surprising quality of the life of passion, forcing us at every moment into a transvaluation of our moral preconceptions without inevitably leading us into moral agnosticism. Third, modernism emphasized lust and despair as passions that not only undermine particular ties and beliefs but that call into question the claims of culture and society to self-sufficiency and authority.

This modernist investigation of the self failed to produce the vision of a reconstructed society or to inspire a social theory that could match and develop, in the language of discursive thought, the understandings available as art. When the criticism of bourgeois society fell apart into separate and incommunicable halves—leftism and modernism—both parts suffered. They suffered in the effectiveness of their practice as well as in the truth of their ideas. Insofar as psychiatry carries out the program described here, it will be helping to find as theory and science

what we know only as art; to transform cultural modernism into theoretical accomplishment.

There is another setting in which the execution of that program can be viewed: the context of politics.

An unmistakable and unsettling fact about modern psychiatry, and especially about psychotherapy, is that it flourishes in the rich countries of the contemporary Western world, where politics are a narrow exercise in bargaining and drift, where the possibility that society might be deeply transformed through collective action is made to look like a revolutionary reverie, where permanent cultural revolution coexists with permanent political deadlock, and where the privileged devote themselves to the expensive, selfish, and impotent cultivation of subjectivity. In these societies, a large part of the structure of social life that is effectively withdrawn from the scope of democratic politics is handed over to the professions and treated as a matter of technical necessity or scientific expertise.

The effort to expand the scope of democratic politics, to restore society to collective conflict and collective imagination, must encompass, in these countries, an attempt to demystify professional expertise. In the case of the economics and legal professions, this means showing how their fundamental controversies are the same contestable issues of social fact and social ideal that lie at the heart of moral and political debates in the contemporary world. In the case of psychiatry, the implication is more subtle.

We stand at a point in world history where everything that is most constructive in political thought depends upon attempts to weave political schemes of social life together with visions of associative possibility rooted in the elementary experiences of personality. The mode of thought responsible for the maintenance of this linkage has always been something analogous to what we in the West know as classical humanism. But we are no longer able to credit this stately moral wisdom with political authority, given its tacit and unargued conservatism, its non-em-

pirical and non-experimental character, and, above all, its superficial, rigid view of the passions and of their relation to society.

It is part of the mission of psychiatry to force us to acknowledge that the mold of classical humanism is broken forever and to help us fashion a less illusory alternative. To do this, psychiatry need not compromise with political and moral interests beyond its ken. It must carry out a theoretical program that, like the one outlined here, grows out of its internal development as a science. In so doing, it will have to acknowledge—with all the implications this has for the practical exercise of authority—that there are no clear-cut and permanent frontiers between psychiatric and non-psychiatric discourse.

The reconstruction of psychiatry along the lines suggested calls for familiarity with a vast amount of clinical material joined to a mastery of the most diverse traditions of social thought, the patient shrewdness of scientific disbelief and discovery drawn into the service of visionary insight. Seen against its wider background of culture and politics, it is both an intricate scientific achievement and a high spiritual task. It exacts from those who undertake it cold and cunning ardor.

To help it in its labors, psychiatry has an advantage that other sciences lack. Its fate and failures as a science are paralleled by the experiences of the living person with whom, in madness or sanity, it deals. All human activities mirror one another in their most basic elements: from the activities by which people uphold or surrender a world of identity and relationship to those by which they invent a bold theory about that very same world, regaining as science what they have first undergone as life.

A time comes when this science falls apart. It has either too few or too many answers. Its puzzles can be solved in too many al-

ternative ways, and none of these has the power to exclude the others. Its theory and its practice are subject to a mounting tide of outsiders' criticism. Will the science retreat into a stockade and anxiously hold its critics at bay as it tries to forget its own fragility? Or will it renounce what it has in order to recreate it, seeking instruction everywhere and reassurance nowhere?

A time comes when the person begins to stagger under the weight of his own selfhood. The torn and tenacious heart swings between the unresisting body and the uncompromising mind. At last, he stumbles and cries out. Will he give up hope of being both together with other people and apart from them, and of having a character that is his very own and yet incomplete and transformable? Or will he subject himself, again and again, to experiments in vulnerability to hurt by others and to the risks of deliberate action? Experiments that empower the will and the imagination and renew the life of relationship and identity.

In the practice of science, as in the ordeal of the self, there is no rescue by immunity. Salvation through the acceptance of vulnerability is the only kind of salvation there really is.