



# The Synergy Created by Consolidating Adolf Meyer's Psychobiology and Existential Psychiatry

René J. Muller

Johns Hopkins University School of Medicine

The recognition that most of today's invalid psychiatric diagnoses could be attributed to a false psychiatric paradigm led the author to write *The Four Domains of Mental Illness: An Alternative to the DSM-5* (FDMI). The FDMI is a third-force effort aimed at steering attention away from the medical model of mental illness and toward the all-but-forgotten psychobiology of Adolf Meyer. Meyer saw psychic pathology as originating in a misuse of freedom that leads to maladaptive choices made in the face of difficult life situations, entailing alterations in both mind and brain. Meyer's ideas, once dominant in American psychiatry, lost sway for a variety of reasons, not the least of which was his failure to systematically spell out his implicit understanding of what it means to be a human being—an endeavor undertaken by philosophers and psychologists, under the rubric of philosophical anthropology. It gradually became evident that a good deal of what was lacking in Meyer's psychobiology had already been cultivated by thinkers and clinicians from the existential tradition, including Martin Heidegger, Jean-Paul Sartre, and Ronald Laing. The synergy that comes with consolidating these two seemingly disparate approaches to understanding psychic pathology provided the philosophical anthropology and the analytic power that made possible the diagnostic scheme set out in the FDMI. A further elaboration of the nature and significance of this synergy is the *raison d'être* for the article that follows.

**Keywords:** Adolf Meyer, Albert Camus, Jean-Paul Sartre, Martin Heidegger, psychobiology, existential psychiatry, philosophical anthropology, psychiatric diagnosis

This article was published Online First December 7, 2020.

René J. Muller, Department of Psychiatry, Johns Hopkins University School of Medicine.

I am indebted to Paul R. McHugh, University Distinguished Service Professor of Psychiatry at the Johns Hopkins University School of Medicine, for introducing me to Adolf Meyer's psychobiological concept of mental illness. McHugh's books, journal articles, and public presentations started me along a path that led to *The Four Domains of Mental Illness* (FDMI). While I was writing the FDMI, the hours we spent taking psychiatry opened a dimension to Meyer that I could not have acquired in any other way.

My pathway to existential psychiatry began at Johns Hopkins, in the midnineteen seventies. Ralph Harper, a Harvard protégé of John Wild, had just published *The Existential Experience* and was teaching existential philosophy at the Homewood campus. Harper's presentations of Kierkegaard, Nietzsche, Husserl, Heidegger, Sartre, Camus, Jaspers, Marcel, Merleau-Ponty, Unamuno, and Ortega provided the matrix for my first book, *The Marginal Self*. Over a period of time, the philosophical anthropology created by these thinkers would become the foundation for how I understood the world and others—those well, and those not well.

Correspondence concerning this article should be addressed to René J. Muller, 3838 Roland Avenue (1410), Baltimore, MD 21211. E-mail: [mullerrenej@aol.com](mailto:mullerrenej@aol.com)

We spend a lot of our time and not a small amount of our energy balancing present and past good experiences against those that are not so good, including the truly awful ones that threaten to do us in. At times, the good, or merely acceptable, seem to predominate. Rarely, we may have what Abraham Maslow branded as “peak experiences,” those “moments of highest happiness and fulfillment” that exceed the limits of our habit-bound, restricted horizons (Maslow, 1994).

At other times, present and past bad encounters with others and our fate overtake us. Anxiety blooms, prompting negative anticipations of what may lie ahead, darkening present thoughts and acts. Sadness and demoralization may set in, bringing mild, moderate, severe, or even melancholic alterations in mood.

Some situations we encounter are under our control and subject to our alteration. Others are mostly or altogether beyond our control. To stay on a relatively even emotional keel—while responding to the challenges that never stop coming our way, and the disappointments and setbacks that are a part of any life—requires maintaining an active emotional equilibrium between these good and bad elements. When the “fulcrum” supporting this balancing act moves back and forth within a certain range, we can set a relatively steady, relatively nonpathological course going forward.

Facing a crisis, we can break up or break down. Breaking up implies growth, and a larger person may evolve from a scrum. (“A crisis is a terrible thing to waste,” we are told, grudgingly agreeing.) Breaking down, after making inauthentic defensive choices, amounts to skirting the issue before us, rather than authentically embracing and transcending it.

### **Adolf Meyer’s Psychobiology and Existential Psychiatry Are Compatible and Complementary**

The preceding “soft” introduction to our pursuit of a synergy between Meyerian psychobiology and existential psychiatry pays homage to elements that are common to both approaches: *a consideration of the person at the level of everyday life, and a certain simplicity.*

This is not the simplicity of a distorting reduction that Western thinkers have periodically succumbed to, but one of essences—of phenomena—the essential constituents of an entity stripped of its nonessential details. Albert Einstein no doubt had his fellow physicists in mind when he noted: “It can scarcely be denied that the supreme goal of all theory is to make the irreducible basic elements as simple and as few as possible without having to surrender the adequate representation of a single datum of experience” (Popkin, 2018). To achieve the kind of simplicity Einstein is talking about here, it is necessary to first work through a thicket of complexity, which usually includes an obfuscation of essences. Many thinkers never emerge from that thicket.

Adolf Meyer did just that when he insisted on identifying the *facts* implicit in each patient’s narrative as the first step toward making a valid diagnosis and initiating effective treatment. He favored the concrete experience of the patient (“bottom up”) over any theoretical speculation (“top down”). Meyer saw this approach as “informed common-sense” (Lief, 1948).

Existential psychiatry is famously grounded in what Edmund Husserl (1859–1938) called *the things themselves*, the components of everyday life: “Away with empty word analyses! We must question the things themselves. Back to experience, to seeing, which alone can give our words sense and rational justification” (Overgaard, 2004, p. 1).

Meyer would have agreed with Husserl that, like all human behavior, the deviation in human being known as mental illness is rooted in responses that are made in and to what Husserl called the *Life-World*—the realm of all we feel, think, and do.

For Meyer and the existential psychiatrists, the connection between person and world (environment in the broadest sense) begins before birth and lasts until death. Meyer felt that every life was “an experiment in nature,” the sum of the encounters created through a “trialectic” involving self, other, and world that is constantly operating, throughout the life course. Martin Heidegger designated human being as *being-in-the-world*, where the hyphens identify the ineluctable (and ontological) connection between person and world—our “worldedness.”

Adolf Meyer believed that most mental illnesses begin with a refusal to do the “right” thing in the face of negative experiences and setbacks. He called this snub of authenticity a *maladaptive reaction*, a defensive psychodynamic response (tactic) that is ultimately a *choice*. Existentially oriented clinicians and theoreticians see this kind of pathological response as a *misuse of freedom*. Jean-Paul Sartre put it this way: “I regard mental illness as the ‘way out’ that the free organism, in its total unity, invents in order to be able to live through an intolerable situation” (Laing & Cooper, 1964, p. 6). What Sartre meant by the “way out” Meyer took to be “maladaptation.”

### Adolf Meyer: The Person, the Psychiatrist, the Impact

Adolf Meyer was born on September 13, 1866 in Niederweningen, Switzerland and died on March 17, 1950 in Baltimore, Maryland (Muller, 2015a). At the peak of his career (1910–1941), he was the most influential psychiatrist in North America. Originally trained as a neurologist, he came to Johns Hopkins in 1910. In 1913, he became the founding director of the Department of Psychiatry at the Hopkins Hospital, the first academic psychiatry department in the United States. In that year, at age 42, he was also appointed the first director of the newly established Henry Phipps Psychiatric Clinic, located on the Johns Hopkins campus, in East Baltimore (McHugh, 2017).

For someone who, according to McHugh, would be “hailed for decades on both sides of the Atlantic as the Dean of American psychiatry,” Adolf Meyer’s career had an atypical start and an unusual course. At the University of Zurich, where he did his medical training and worked with Auguste Forel, Meyer focused on neurology and neuropathology, showing no interest in psychiatry!

Meyer immigrated to America in 1892, finding work, after some struggle, as a neuropathologist with the Illinois State Asylum System. On May 1, 1893, he was hired as a pathologist by the Illinois Eastern Hospital for the Insane, located in the small town of Kankakee, 60 miles south of Chicago. His assignment: do autopsies on patients who had died at the hospital and determine, as far as possible, their cause of death.

Eventually, Meyer would acknowledge some dark features of his position at Kankakee. First: “I know very little psychiatry” (not too surprising, because he had never really studied or practiced this discipline); and second, “No one else knows much about psychiatry, here or anywhere else for that matter” (more surprising, though less so to anyone who knows the history of this medical specialty). McHugh (2017) attempts to read Meyer’s mind: “Meyer may have occasionally wondered how he, a 27-year-old German-accented foreigner, small in stature, fresh out of medical school, and without qualifications as a psychiatrist or psychologist could succeed in the face of these conditions and the clinical picture of this grim asylum. But, what else was there for him?”

Caught on the horns of a dilemma, Meyer would learn on the job—from his patients. To use his own iconic term, he would *adapt* to and transcend the limiting conditions he found at Kankakee. (It will shortly become clear how Meyer's situation and response corresponds to Albert Camus' description of an *absurd* world that is often indifferent to our needs and desires, as well as the necessity of making an authentic response to this unsatisfactory condition, which Camus called *revolt*.)

Born and educated in Switzerland, Adolf Meyer took strongly to his adopted country, becoming an avid American citizen. If the job itself at Kankakee was not the most enticing, the timing, [McHugh \(2017\)](#) points out, couldn't have been better. Meyer's start at the Kankakee asylum coincided with the beginning of the Progressive Era in the United States, a movement that had the middle and upper classes actively engaging in projects that improved the lives of its less fortunate citizens.

Meyer enthusiastically joined this wave of reform, as did some of the country's other best minds at the time, including John Dewey, George Herbert Mead, and William James, all of whom influenced Meyer's thinking, especially James. William James graduated from Harvard Medical School in 1869, then joined the Harvard faculty, establishing the first academic physiology lab in the United States on that campus. In 1890, he came out with his two-volume *Principles of Psychology*, which became the foundation for a new approach to psychology that was eventually known as *pragmatism*. James approached human behavior directly and concretely, taking mind, brain, and body to be inseparable, a departure from the positivist orientation of most psychiatrists, psychologists, and neurologists at that time.

Meyer's identification with the progressive ideas of the pragmatic philosophers Dewey, Mead, and James coincided with his partial break with the thinking of Emil Kraepelin (1856–1926), the Continent's premier psychiatrist, with whom he had briefly worked before coming to America. Kraepelin was mostly concerned with what he felt were the biological and genetic causes of mental illness and the categorical distinctions between these illnesses.

While learning psychiatry by working with his patients at Kankakee, and later at Johns Hopkins, Meyer was also absorbing the wisdom of the pragmatic thinkers. These efforts eventually culminated in his acquiring what philosophers call a *philosophical anthropology*—the particular way one understands what it is to be a human being, whether healthy or mentally ill—something that never much interested Kraepelin or the Kraepelin-influenced *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (*DSM-5*; [American Psychiatric Association, 2013](#)). The following quote from the pragmatic philosopher Charles Sanders Peirce would likely have caused Adolf Meyer to have a flash of recognition, momentarily closing the gap that has historically separated Meyerian psychiatry and the existentialist tradition: “We must not begin by talking of pure ideas—vagabond thoughts that tramp the public highways without any human habitation—but must begin with men and their conversation” ([Blackburn, 2018](#), p. 12).

## Meyer's Psychobiology

Meyer's approach to understanding and addressing mental illness came to be known as *psychobiology*—a single word that rejoins the concepts of mind and body, which have been treated as separate entities in Western thought since the ancient Greeks (though not by all the ancient Greeks, fortunately). This scission was famously canonized by René Descartes' *Cogito ergo sum*. Meyer saw the person, well or not, as a mind–body unit.

The psychobiological approach to mental illness postulates a breakdown of both psychological and biological homeostasis that constitutes what we take to be “normalcy.” Long

before brain scans became a mainstay of psychiatric research, Adolf Meyer postulated that the ongoing adaptation of mind and brain to conditions encountered in the Life-World would determine the “map” of a brain—the association of certain areas and organs with mental and physical functions—as is evident now from f-MRI scans of those with and without mental illness. Meyer would not have denied the significance of the brain in these processes, but he insisted that, in most instances, it was the *pathology of the mind* that was most important and where clinical attention needed to be primarily focused (Lamb, 2014).

One of Meyer’s greatest contributions to psychiatry was his recognition that, for most mental illnesses, the empirically observable *psychobiological correlate* that occurs with a maladaptive reaction-based response to psychic trauma is not the *biological cause* of the condition. The converse of this premise—that all psychic pathology is a brain disease—is the core assumption of biological psychiatry and a falsehood. This error constitutes the implicit justification for the criterial symptom-syndrome approach taken in the 3rd, 4th and 5th editions of the *Diagnostic and Statistical Manual of Mental Disorders*. The dramatic changes in color seen in f-MRI brain scans of patients with mental illnesses (depression, anxiety, some psychotic experiences, etc.) do not represent the causes of these conditions but are instead visual representations of the intrinsic—inbuilt—*biological correlates* of their respective psychodynamic maladaptive reactions.

Meyer began his work with a patient by identifying the *facts* that constitute the patient’s *life story*. An interrogation of these facts usually reveals the *bad habits* that had developed over the person’s life course. This result leads to the discovery of the patient’s *maladaptive reactions*—the *choices* that coalesce into the *phenomenon* that the mental illness is. Meyer preferred to think of this process as *formulation* rather than as diagnosis because, among other reasons, formulation implies an understanding how a mental illness comes into being—the process—which diagnosis, a more static concept, often does not include (more on this later).

## Why Meyer’s Psychobiology Lost Sway

Several reasons are commonly given for the decline of Meyer’s influence on psychiatry in North America. First, his psychobiological approach was preempted by Freud’s psychoanalysis soon after Meyer retired from Hopkins, in 1941. Psychoanalysis was, in turn, replaced by the disease model of mental illness (biological psychiatry) that began in earnest with the introduction of chlorpromazine (in 1954) and the tricyclic antidepressants (in the late 1950s).

The reason for Meyer’s eclipse that most concerns us here is that Meyer did not make any serious effort to systematize his thinking about the origin and treatment of mental illness. He was a serious clinician, devoted to his patients. He wrote many accounts of his work with patients but, in his teaching and writing, he did not emphasize the elements that were common to their presentations—what was elemental, constant, and universal about the mental illnesses he encountered and treated, what was *ontological*, as existential philosophers and existential psychiatrists like to say.

Meyer pretty much stayed within the *ontic* mode (the individual, lived experience of each patient) and avoided what was *ontological* (the universal structural elements common to each instance of a particular illness). His legacy did not include a method, or a taxonomy, that could be passed on to the generations of psychiatrists who followed him. On the other hand—and this is essential—a good deal of what he taught and stood for has been absorbed by clinicians, over the decades, often without attribution, and is practiced to this day. The biopsychosocial model of mental illness is a diluted iteration of Meyerian psychobiology (Cohen & Brown, 2010; Engel, 1977; Frankel, Quill, & McDaniel, 2003).



In practice, for the last half-century, the biopsychosocial approach—Meyer Lite—has itself been eclipsed by a rampant biologism.

Now, even at Johns Hopkins Hospital, where Meyer's approach to diagnosis is taught to residents and practiced on the clinical wards, Meyer is a distant figure. At the Johns Hopkins centennial celebration of the founding of the Henry Phipps Psychiatric Clinic, in 2013, Paul R. McHugh, University Distinguished Professor of Psychiatry, ruefully noted: "I think the Hopkins community should know more about Meyer—to most he is but a name on a building and lacks the renown of Osler, Halsted, or Welch, whose names grace other buildings" (McHugh, 2017). McHugh's understated next sentence captures the pathos of Meyer's legacy: "Meyer has been getting a poor press in recent texts on the history of psychiatry and deserves some defense."

### What Meyer's Psychobiology Lacked, Existential Psychiatry Furnishes

In July 2013, I was asked by Duff R. Waring, guest editor of a special issue of *Philosophy, Psychiatry, & Psychology*, to write a brief commentary on an article by Erik Craig titled "The Lost Language of Being: Ontology's Perilous Destiny in Existential Psychotherapy" (Craig, 2015). Craig, a psychologist, contended that for the most part, clinicians claiming to be existential psychotherapists were not giving sufficient attention to the ontological aspects of their patients' issues, limiting themselves instead to the ontic content of their lives. Rollo May and Irving Yalom, both associated with the existential approach to psychotherapy, were singled out for their omission of the ontological dimension. As it turned out, Waring's request that I attempt this commentary became one of those fortunate events that occasionally come a writer's way.

### The Ontological and the Ontic

Craig's critique of the absence of the ontological perspective in the existential therapists' quiver—to him (and to me) a significant shortcoming—led to my recognizing that one of the missing elements in Adolf Meyer's psychobiology was this ontological dimension (2015b). Meyer's explication of psychic pathology did not include the *ontological structures* whose ontic manifestations are altered when someone under psychic stress chooses a psychodynamic defense (or several defenses) as part of a maladaptive reaction. This deficiency is surely one of the reasons why his psychobiological approach did not survive him.

I have long been inclined toward the ontological. Reading R. D. Laing's *The Divided Self*, subtitled *An Existential Study in Sanity and Madness*, in 1970, was a life-altering, and ultimately a career-altering, experience. Laing, strongly influenced by Heidegger, Sartre, and Merleau-Ponty, embraced their ontology. Indeed, he bases his understanding of schizophrenia on his patients' feelings of *ontological insecurity*, a concept he uses to specify both the ontic and the ontological dimensions of their lives (Laing, 1965). In disquisitions on depression (Muller, 2003), anger (Muller, 2009), belief in God (Muller, 2010), schizophrenia (Muller, 2012), narcissism (Muller, 2014a; Muller, 2019), and the histrionic abuse of power in the workplace (Muller, 2014b), I have attempted to partially characterize the structures of the underlying phenomena.

Considerable credit is due to Erik Craig for pointing out the clinical significance of the ontic–ontological distinction. His lapidary definitions capture the essence of these heuristic concepts (which are not phenomena) in such a way that many readers will grasp this polarity after a single reading of his text.

Ontology is the branch of philosophy concerned with the structure of being, human and otherwise. “To be ontological,” according to Craig, “a characteristic must [apply for] *every human being in every moment of every human being’s existing*” (Craig, 2015). The ontologist seeks to identify and characterize the structures of our being that are common to everyone, the essential elements that make us human. Craig points to what Martin Heidegger, in *Being and Time*, called the “*existentialia*” as the best foundation we have for grasping the ontological nature of any person (Heidegger, 1913/1962, p. 70).

## Heidegger’s Existentials

Scott D. Churchill, who has read and taught Heidegger for several decades, maintains that Heidegger identified only 20-or-so existentialia—the Latin plural for existentials, which can be translated as the *essentials of existence*—no surprise because these characteristics must apply to all people at all times (Churchill, 2013). What follows is a partial list of these existentials, as cited by Craig, rendered here in colloquial English.

We are all alive, not dead, or never-born; we all have the capacity to understand something about our lives and the lives of others; we live our lives in time and space; we are always in a mood, even if we do not realize it; we all have bodies, which are our interface with others and the world; we all show some degree of care about ourselves and the world we live in and through, though the kind and degree of this caring varies greatly from person to person; all our lives are coconstructed with others; these lives are finite, and our birth is an inevitable first step toward an inevitable death. (Muller, 2015b)

To this list we should add our inclination to avoid becoming our authentic selves, but instead to give ourselves over to what Heidegger called the influence of the “They”—what others expect us to be and do—a path usually less arduous than taking a more self-determined, authentic tack, but which extracts a considerable price in the long run. And we should not forget that we are always “ahead of ourselves,” which is to say on the way, never the same person from moment to moment, always in the process of becoming ourselves, rather than simply being ourselves.

These essential features of being transcend most of the factors that constitute our *facticity*, a term used by existential thinkers to name what we face that is not of our own choosing: who are parents are; our race; our genetic inheritance and the penetrance of the genes we inherit; our IQ; where we are born, and at what time in history, and so forth. Craig convinces us that the best foundation we have for grasping the ontological nature of any person—including someone in the grip of a mental illness—is through Heidegger’s existentials.

As we ply our freedom, making choices that weave the fabric of our lives, the way we seize our ontological possibilities and deal with our ontological limitations is parsed under the conjugate term *ontic*. Craig describes the ontic condition as “*how we and all other particular beings show up in our lives, right here, right now.*” The ontic is personal, individual, specific. “*Such everyday particular being is the human context wherein we all live and breathe and have our very own once and once only existence*” (Craig, 2015, italics added). (This section on the ontological/ontic distinction was adapted from Muller, 2015b.)

Another fortuity provided me with an additional, concrete, pulled-from-the-Life-World instance of the ontic-ontological dichotomy. Vinson Cunningham, in a review of a Broadway production of Harold Pinter’s play “Betrayal,” for *The New Yorker*, noted that, in this production, the focus is “on the characters less as people than as types.” These “people” are Emma, Jerry, and Robert—Emma and Jerry are into their seventh year of an

affair; Robert, Jerry's good friend, is the cuckolded husband, who Cunningham suspects isn't entirely in the dark about what is going on:

"Betrayal" itself becomes a kind of form; the implication of its placelessness is that its tangle of iffy loves and fading affections is an ever unfolding human pattern, occurring not only in England in the 1970s, where Pinter placed it, but *everywhere and all the time* [emphasis added]. Unanchored from the world that helped birth it, the play becomes a parable. Pinter's time-bound references—to skillful letter writers and long holidays spent without thought to telephonic communication—chafe. (Cunningham, 2019)

Moving from the specifics of Emma, Jerry, and Robert's (ontic) encounters—which, he says, occur "everywhere and all the time"—to the universal (ontological), Cunningham comes close to Erik Craig's designation of the ontological as applying to "*every human being in every moment of every human being's existing*."

Gabriel Marcel had already taken a bite out of the ontic–ontological apple of betrayal when he famously proclaimed: "It is not enough to say that we live in a world where betrayal is possibly at every moment and in every form: betrayal of all by all and of each by himself . . . *this betrayal seems pressed upon us by the very shape of our world*" (Marcel, 1965, p. 97, emphasis added). In other words, there is something about the world—about its structure—that predisposes us to betray ourselves and each other.

### Jean-Paul Sartre: The In-Itself and the For-Itself

What is it about human beings that tilts us toward the kind of defensive maladaptive reactions that Adolf Meyer identified? (Meyer would surely have endorsed Marcel's take on the universality of betrayal.) Enter John-Paul Sartre (1905-1980)—protégé of Heidegger, philosopher, ontologist, author of *Being and Nothingness: An Essay on Phenomenological Ontology* (Sartre, 1943/1956). Sartre, to me, was one of the great psychological minds of the 20th century, whose thinking and writing took on both the ontic and the ontological dimensions of both the healthy and the mentally ill.

A good way to approach Sartre's ontology is to grasp the distinction he makes, right from the start, between *being* and *nothingness* that appear in the title of his signature work. The meaning that Sartre gives to being, this most common of philosophical terms, is not, as might be expected, our human being, but the being of nonliving *things*. This is the being of the constituents of the natural and physical worlds, which Sartre calls the *In-itself* because its being is fully contained in itself. It lacks human consciousness and human freedom. Mountains, forests, and oceans are being In-itself. So are buildings, furniture, cars, and any other inanimate objects.

**Consider the chair.** The omnipresent chair exists along a continuum of usefulness and aesthetics. Consider the simple chair that surrounds the breakfast table; the more elaborate and ergonomic desk chair used at work, or in the home office; and the designer chair seen in the home library or living room (for instance, the often pictured and advertised Herman Miller reproduction of the Eames Lounge Chair + Ottoman). All these chairs, lowly to mighty, have their essence given to them in their entirety, all at once, as a finished product. So long as these objects remain unaltered and intact, their essence and *raison d'être* will not change. The chair has no reason to change and no way of changing itself. Its being is fully provided to it beforehand. It does not need to become any more than it already is, because of internal or external expectations. Such being is complete in and of itself. This is Sartre's being-in-itself, the being of a thing, the *In-itself*.



With the chair, its *essence* (what it is, what it is made of, why it was made, who made it, etc.) *precedes its existence* (how it will be used throughout its passive lifetime). Someone had the idea of the chair (its essence), then brought the chair into existence, to be used for the satisfaction of others.

**Consider the person.** Like the *In-itself*, the person exists along a continuum of usefulness and aesthetics. We—persons—come in all sizes, shapes, and in many skin colors. But none of us is ever fully formed. We continue to change—at times appearing to be someone else, moment to moment—advancing through what those who study human development call distinct psychosocial stages.

Who we become is a combination of many factors that can be partially reduced to our *facticity* (those elements of our lives that are given to us, in some instances thrust upon us) and our *freedom* (which, in the absence of significant biological compromise, can be used, misused or denied, partly or altogether). Human freedom is not absolute and is almost always limited by facticity, past and present. But even when circumstances, whatever the origin, reduce us to the worst imaginable situations—leading to the choice of living another moment or ending our lives at that moment—this limited choice is ours to make absolutely.

In Sartre's *Being and Nothingness*, Nothingness is human being, which Sartre calls the *For-itself*. Unlike the chair, which is totally self-contained and exists independently of who and what surrounds it—as a *thing*—we are dynamically related to our environment and compelled to interact with it in such a way that we are changed by that interaction. To be ourselves—to exist at all—we must act on behalf of ourselves—as a no-thing, a no-thing-ness—for ourselves. This is Sartre's being-for-itself, the *For-itself*, which creates itself through its actions in the Life-World.

With human beings, *existence precedes essence*, a premise that is a pivotal element in existential thinking, including the thinking of existential psychiatrists. Our essence is not given to us beforehand, all at once, as happens with the chair. *We* create that essence (who we are, our identity), with the assistance of others, who are also in the process of creating themselves. We do so using—or misusing—the freedom to which Sartre insists we have been “condemned” (Sartre, 1947/2007, p. 29). At times, in our attempts at self-realization, we collide with others who are pursuing this project on their own behalf. Sartre sees these mutual appropriations of the other as coming from a clash of *alien freedoms*, a notion he explores in his play “No Exit.”

Somewhere in the course of reading Sartre, or reading about Sartre, I found the lapidary words “The *For-itself* proceeds through lack.” Though I believe my memory is sufficient to justify using quotation marks here, I was unable to find any supporting reference for this aphorism. As far as I am concerned, nothing could be more Sartrean, in content or in tone. Because of this “lack,” the *For-itself*—which is all of us—needs constant sustenance from others to feed the person we are becoming, in response to our own agenda, the agendas of others and the demands of the Life-World that are beyond our immediate horizon and control.

Structured in this susceptible way, is it any wonder that a human being might react maladaptively while under a certain amount of psychic pressure, responding with inauthentic choices? Meyer and the existentialists saw the same phenomenon: Independently, each identified and described it in their own way, in line with their approach to understanding the world, which is to say their philosophical anthropology.

## Maladaptive Reactions and Inauthentic Choices Occur Within the Silence of Camus' Absurd World

What kind of world makes it so attractive and so easy for people to respond with maladaptive reactions and inauthentic choices when things go badly for them? What is it about the ontological structure of this world that so strongly favors such an ontic punt? Meyer is not much help here, because his thinking and writing shortchanged the ontological. One way to approach this question is through Albert Camus' notion of the *absurd*—an ontological formulation of the human condition that Camus set out in *The Myth of Sisyphus*.

Born in 1913, in Algeria, to a French father (who was killed in World War I, before Camus was born) and a partially deaf Spanish mother, Camus spent most of World War II in Paris, working with the French Resistance. A philosopher and a journalist, he edited the underground newspaper *Combat*, risking his life to restore a free France. The first edition of *The Myth of Sisyphus* appeared in Paris in 1955 (although the text was written in 1940). Camus' view of the *absurd*, relayed in his essays, novels, and plays, was strongly influenced by his philosophical studies in Algeria and his experiences as an insurgent in Nazi-occupied France. He won the Nobel Prize for Literature in 1957.

### The Absurd World: A Fertile Ground for Psychic Pathology

Calling on Camus' description of the absurd is one way to expand our understanding of the world that appears to be such a fertile ground for mental illness—a mode of being that is significantly different from what, in Western society, is considered “normal.” More broadly, Camus offers here an ontological perspective that enlarges the outlook of anyone who values Adolf Meyer's and the existentialists' thinking about psychic pathology.

As this Word document was being written, right-clicking “absurd” delivered a drop-down menu that included a “synonyms” option, which, when left-clicked, provided: ridiculous, ludicrous, illogical, bizarre, and irrational. Even before getting into Camus' formulation of the absurd, we recognize that we are dealing with a word that denotes a troubled, out-of-control place, one not entirely hospitable to human flourishing. Shakespeare would have spied treachery in this venue.

Checking dictionaries for the etymology of absurd shows that Camus chose the word carefully. The Latin *absurdus*, from the 16th century, meant out of tune, deaf, silent. In characterizing the structure of the world we live in and through, Camus recognized there was a *gap* between two aspects of our existence that roughly parallel Sartre's being and nothingness (as these words are used in the title of his major work): the silent, opaque, indifferent world of the *In-itself*, which has no *inherent* meaning; and the person, the *For-itself*, caught up in the process of creating itself, wanting and needing clarity, meaning, and purpose. Ultimately, Camus saw that the two were out of synch, and found the perfect word to identify this “unsatisfactory” ontological condition.

[A man] feels within him his longing for happiness and for reason. The absurd is born of this confrontation between the human need and the unreasonable silence of the world. This must not be forgotten. This must be clung to because the whole consequence of a life can depend on it. The irrational, the human nostalgia, and the absurd that is born of their encounter—these are the three characters in the drama that must necessarily end with all the logic of which an existence is capable. (Camus, 1955/2018, p. 28)

By the drama ending with all that “logic” can deliver, Camus means that none of the philosopher’s efforts to use reason to get us out of our absurd situation will do any good—you cannot *think* your way out, only *live* your way out, by using your freedom to recognize this condition and, with eyes wide open, become superior to it.

“The absurd,” Camus insists in his essay on Sisyphus, “has meaning only in so far as it is not agreed to” (p. 31), which is to say inauthentically surrendered to or denied altogether. This refusal to yield to our absurd condition is a starting point for *creating* the meaning that we need if we are to become adequate *For-ourselves*, in a universe that remains silent, has no meaning of its own to offer us or anything to gain from our succeeding, and nothing to lose from our failing. But not submitting to the absurd is not enough. Camus wants us to *revolt against* a silent world that routinely snubs our greatest desires. *It is through this active process of rebellion that we invent our best selves.* (Camus develops the idea of rebellion further in his essay *The Rebel*. Camus’ rebel and Nietzsche’s *Übermensch* have much in common, although there are differences.)

“I was born poor and without religion, under a happy sky, in a natural setting with which one feels harmony, not hostility . . . My heart is Greek” (Longstaffe, 2007, p. 37). When Camus wrote these words, he was far from the Algeria that taught him to love the natural world. Camus *discovered* the absurd in Husserl’s Life-World, firsthand, through his experiences in World War II, which would alter the lives of many in Europe and elsewhere:

A world that can be explained even with bad reasons is a familiar world. But, on the other hand, in a universe suddenly divested of illusions and lights [illusions shattered and lights extinguished by the war], man feels an alien, a stranger. His exile is without remedy since he is deprived of the memory of a lost home or the hope of a promised land. *This divorce between man and his life, the actor and his setting, is properly the feeling of absurdity.* (Camus, 1955/2018, p. 6, emphasis added)

Camus says often in *The Myth of Sisyphus* that the absurd depends on both the indifference and silence of the world *and* someone’s desire for what is being denied by that world. Both poles are necessary to create the *tension* (Camus’ word) that *is* the absurd. “It is a matter of living in that state of the absurd. I know on what it is founded, this mind and this world straining against each other without being able to embrace each other” (p. 40).

Let Ralph Harper (1915-1996), existential philosopher, my teacher at Johns Hopkins University and author of *The Existential Experience*, from which this brief excerpt is taken, have a few words on Camus. Modern man, Harper says, is

torn between the nostalgia of the heart for truth and justice and the unreasoning silence of a murderous world. [Camus] had no ultimate hope, and no illusions. He thought the best living was the most living, and that revolt, passion, and intellectual lucidity alone could provide the vitality needed to keep the absurd tension from collapsing. If it were to collapse, then nostalgia [for clarity, justice, harmony, understanding, and so forth] would sink into despair or be humiliated by religious or metaphysical faith [inauthentic escapes from the absurd through religious belief or an exaggerated faith in reason]. (Harper, 1972, p. 72)

We do not need to be aware of the absurdity of our condition to actually be in its grip—any more than we need to understand what Sartre meant by the *For-itself* to be vulnerable and contingent in the ways that a human being always is, ways that Sartre identifies and contrasts with the self-contained, noncontingent *In-itself*. These are ontological aspects of our human being, always in play and never avertable (Craig, 2015).

## Absurdity, Lucidity, and Revolt

“The only thing that can defeat absurdity is lucidity,” the 33-year-old Camus wrote to his friend Claude de Fréminville, on January 1, 1936 (Todd, 1996/1997, p. 41). This lucidity—facing the truth about the ontic particulars of our absurd ontological condition—instead of becoming muddled about the facts of our situation and making maladaptive responses and inauthentic choices in the face of psychic hardship, is our earthly salvation, the only kind of redemption that Camus, an atheist, would countenance.

Holding on to this lucidity may also be the key to maintaining good mental hygiene (a term favored by Adolf Meyer) and avoiding mental illness (Muller, 2018, p. 29). Meyer and others have singled out muddled and diffuse feelings and thoughts as the first stage in establishing some psychodynamic defenses that constitute mental illness (Muller, 2018, pp. 224–225). Under unusual psychic pressure, the familiar absurd world may come to feel *uncommonly* silent. The chronic pain of absurd living may then grow acute, eventually becoming unbearable and overwhelming.

Such a terrifying world may eventually turn into the ground for nonlucid, muddled feelings and thoughts, a defensive process facilitated by self-deception, that is felt at the time by the soon-to-be mental patient as life-sparing. The resulting disorder and chaos constitute a victory of absurdity over lucidity, a win for sickness over health.

One way to understand the recovery of someone who has succumbed in this way would be as *reclaiming a prior lucidity*—including the kind that is lost in the distorted thinking and reasoning identified and addressed in cognitive behavioral therapy (CBT). Another way of thinking about this kind of recovery would be for that person to heed the invitation of the world (Heidegger) that can sometimes be heard above its usual absurd silence. It was this invitation that Camus answered when he responded so strongly to the natural world—the sea, sky, and sun he knew so well in Algeria—and the stance of revolt that he took against injustice, which he maintained and encouraged in others during World War II and its aftermath (Muller, 1987, pp. 59–70).

Camus’ response to the absurd condition can be seen as a model for healthy living. In the essay “Return to Tipasa,” written in 1953 and published in the collection *Lyrical and Critical Essays* (1970), he asks,

In the difficult times we face, what more can I hope for than the power to exclude nothing and to learn to weave from strands of black and white one rope tautened to the breaking point? In everything I’ve done or said so far, I seem to recognize these two forces, even when they contradict each other. I have not been able to deny the light into which I was born and yet I have not wished to reject the responsibilities of our time. (Camus, 1970, p. 169)

This is Camus’ revolt—keeping alive the *tension* between what we desire from the world and how we are frequently disappointed by its silence—during Camus’ time, in our time, at any time (in situation-dependent kinds and degrees of the world’s silence).

[T]here is a will to live without refusing anything life offers: the virtue I honor most in the world . . . [T]o avoid nothing and keep a double memory alive is precisely what I would like to do. Yes, there is beauty and there are the humiliated. Whatever difficulties the enterprise may present, I would like never to be unfaithful either to the one or the other (pp. 169–170).

Camus wishes to be faithful to a “double memory,” by embracing both the good and the bad that he has seen and been a part of, to shirk nothing. It’s as if he were saying that he does

not *need* to deceive himself about the world and his involvement in it. Through revolt, he can face it lucidly, straight on, undefended, unsplit—adaptively, as Meyer would have said.

Camus' *Myth of Sisyphus* can often be a dark read, no doubt in part because it was written during the Nazi occupation of Paris, where Camus lived and worked. After the war, he returned to Algeria (revisiting Tipasa) and reconnected (partly, anyway) with the halcyon days of his youth. Later he would write: "I realized, through it all, that in the midst of winter, I found there was, within me, an inevitable summer. And that makes me happy. For it says that no matter how hard the world pushes against me, within me, there's something stronger—something better, pushing right back" (Camus, *Poem*).

### Sisyphus and His Rock: An Adaptive Reaction

Through revolt, which begins with lucidity, Camus sees a way out of the inherently meaningless world into which we are born. He points to the mythical Sisyphus, who was punished by the gods for his transgressions by being condemned to a lifetime of pushing a heavy rock up a hill, releasing it to the pull of gravity that draws it to the base of the hill, then repeating the original lifting task—indefinitely. At first look, this is not much of a life. But Camus has other thoughts about Sisyphus: "His fate belongs to him. His rock is his thing . . . [H]e knows himself to be the master of his days."

I leave Sisyphus at the foot of the mountain! One always finds one's burden again. But Sisyphus teaches the higher fidelity that negates the gods and raises rocks. He too concludes that all is well. This universe henceforth without a master [Camus does not believe in God] seems to him no longer sterile nor futile. Each atom of that stone, each mineral flake of that night-filled mountain, in itself forms a world. The struggle itself toward the heights is enough to fill a man's heart. One must imagine Sisyphus happy. (Camus, 1955/2018, p. 123)

Sisyphus can be happy because, by making his fate his own, he transcends it. As Camus puts it, he discovers "the higher fidelity that negates the gods and raises rocks."

At each of those moments when he leaves the heights and gradually sinks toward the lairs of the gods [who condemned him to this endless task in the first place], he is superior to his fate. He is stronger than his rock. . . .

Sisyphus, proletarian of the gods, powerless and rebellious, knows the whole extent of his wretched condition: it is what he thinks of during his descent. The lucidity that was to constitute his torture at the same time crowns his victory. There is no fate that cannot be surmounted by scorn. (p. 121)

Sisyphus makes what Meyer would call the quintessential adaptive response to the hand that fate—his facticity—deals him. Objectively, his situation is far from ideal. But so are the trying conditions we all face at times. We are all Sisyphus, to some degree.

### Epictetus: Living the Good Life

Camus greatly admired the ancient Greek philosophers and dramatists and drew from their texts in creating his own nonfiction and fiction. We do not know whether he ever read Epictetus, the Greek Stoic philosopher who lived between A.D. 55 and A.D. 135. The Stoics accepted more of their fate than Camus did, rebellion being his default mode. But both made efforts to define the good life, writing many words on how to achieve it.

A good deal of what Epictetus taught was recorded by his students, and his thinking has come down to readers through two millennia from translations of their texts. It is hard to know to what degree these translations contribute to the contemporary feel of Epictetus'



work. To the extent that his translators have been true to their mission, we might conclude that the essence of human nature—a subject of interest to most philosophers—has been largely conserved through the millennia. In any case, Epictetus has some concrete and useful advice for us. Besides, his words coalesce into a philosophical anthropology. (No translator is named in the edition cited here. Sharon Lebell is credited with providing “a new interpretation.”)

Freedom figures prominently in Epictetus’ vision of the good life:

Understand what freedom really is and how it is achieved. Freedom isn’t the right or ability to do whatever you please. Freedom comes from understanding the limits of our own power and the natural limits set in place by divine providence [I have no idea what Epictetus means by “divine providence” here]. By accepting life’s limits and inevitabilities and working with them rather than fighting them, we become free. If, on the other hand, we succumb to our passing desires for things that aren’t in our control, freedom is lost. (Epictetus, 1995, p. 21)

Epictetus urges us not to compromise our freedom by being overly influenced by what others say and do: “Don’t be concerned with other people’s impressions of you. They are dazzled and deluded by appearances. Stick with your purpose. This alone will strengthen your will and give your life coherence” (p. 20). Heidegger said as much in *Being and Time*, though less elegantly, when he warned about the compromise with authenticity that occurs when we pay too much attention to the opinions of what he called the “They.”

Epictetus’ sense that being authentic is an important part of attaining the good life is among the earliest recorded expositions of this idea. What he sets out as a template for living—the responses he suggests for processing the situations and challenges we encounter every day—amounts to making *adaptive reactions*, the converse of Meyer’s maladaptive reactions and the existentialists’ inauthentic choices that lead to psychic pathology. Consider this prescriptive advice:

If you encounter a downhearted friend, a grieving parent, or a colleague who has suffered a sudden reversal of fortune, be careful not to be overcome yourself by the apparent misfortune. Remind yourself: “*What hurts this person is not the occurrence itself, for another person might not feel oppressed by this situation at all. What is hurting this person is the response he or she has uncritically adopted.*” (p. 23, italics added)

The downhearted friend, the grieving parent, and the bereft colleague have all experienced setbacks in their lives. Epictetus begins by warning the onlooker not to be “overcome” by the “apparent misfortune” that has struck these people, specifically not to overreact. He gives the impression that the protagonists may have already overreacted to the “occurrence itself.”

What oppresses one person does not necessarily have the same effect on another. There is something between the *loss* and the *effect* the loss has on a person that depends on the *meaning* given to the negative experience or loss. When “uncritically adopted” (Epictetus, p. 23)—by making an analytically uninformed choice about the meaning given to an occurrence, which is to say in a way limited by Husserl’s *natural attitude*—one is often blinded by self-deception.

An automatic assumption that a setback of one kind or another necessarily leads to a specific psychological reaction and response—which can happen when one is not feeling and thinking clearly about the event—is inauthentic to the core. It is *we* who decide what a negative experience really means to us and how this experience will shape our lives from

that point on. It is up to *us* to see what our possibilities are after things go badly. Epictetus believes that having a good life depends on our doing so:

Except for extreme physical abuse, other people cannot hurt you unless you allow them to. And this holds true even if the person is your parent, brother, sister, teacher, or employer. Do not consent to be hurt and you will not be hurt—this is a choice over which you have control. (p. 43)

We have become so conditioned to believe that freedom and choice have little to do with how we lead our lives—and how these lives can go wrong—that Epictetus' take on the role of choice in processing life events, also held by Meyer, Sartre, Camus, and others, will seem against the grain for many. The assertion that “other people cannot hurt you unless you allow them to” divides the world in half on the question of human freedom—and, by implication, on what it means to be mentally ill and to recover from that illness. From two thousand years ago, we are hearing someone tell us that one can break up or break down from a psychological insult, react adaptively or maladaptively to negative experience, and make an authentic or inauthentic response to that experience.

The larger message here is that we need to accept what we cannot change, pick our battles, and not tilt at windmills. Implicitly, Epictetus is telling us that walking away is sometimes as necessary, challenging, and productive as going for it. Bottom line: good habits + adaptive responsive to life's challenges = the good life.

### Psychic Pathology as Found in Fiction and Nonfiction

Though I do not recall the source, years ago, I either heard or read that writers of literary fiction are natural phenomenologists. In the course of my own work, I have become convinced this premise is true. Analyses of excerpts from novels, plays, and poems have allowed me to put down on paper what mental health clinicians rarely manage to grasp: dynamic mechanisms that are pathways to psychic pathology. The same goes for my reading of many journalists' best descriptive and analytical nonfiction (Muller, 2019).

In an interview with Jonathan Cott, the American poet Carolyn Forché describes her travels in San Salvador, in words that could have been purposely chosen to illustrate the limitations of what Husserl called the natural attitude:

My perceptions were very distorted—and I'm even talking about visual perception. I would notice things in very general terms, but there were certain things I would fail to see.

I would always marvel at the wealthy women in the suburbs of San Salvador—women playing canasta all day—and I spent many hours talking to them. They did not see poverty, it didn't exist for them. First of all, they never went outside the capital city, but even in the city they could go through a street in a car and not see the mother who had made a nest in rubber tires for her babies.

Now, as to what I didn't see: I was once driving past rows of cotton fields—all I could see on either side of the highway for miles was cotton fields, and it was dusty and hot, and I was rolling along thinking about something in my usual way, which is the way that has been nurtured in this country. But I didn't see between the rows, where there were women and children, emaciated, in a stupor, because pesticide planes had swept over and dropped chemicals all over them, and they were coughing and lethargic from these poisonous clouds. . . . There they were, and I hadn't seen them. I had only seen cotton and soil between cotton plants, and a hot sky—I saw the things endlessly and aesthetically, I saw it in a certain spatial

way. So I had to be taught to look and remember and to think about what I was seeing. (Cott, 1987, pp. 126–127)

Forché somehow stumbled on to the phenomenologist’s mandate: don’t miss what, in naive encounters, is hidden between the rows, as she came to see it. The poet admits that she had to be “taught” how to extend her perception beyond the limits of the natural attitude, to include what we think of as the things themselves—though she does not tell us here how she came to take that step (Als, 2020).

### Toni Morrison: Cee’s Adaptive Reaction?

We need an example to put human flesh on some of these ideas. Toni Morrison comes to the rescue, with an essay she wrote for *The New York Times Book Review* exploring the topic of goodness (Morrison, 2019). She cites the heartbreak of Cee, a character in her tenth novel *Home* (2012), who is struggling with the memory of a horrific childhood experience. Some local white men kidnapped a Black man and his son and forced them to “fight each other to death.” Cee and her older brother Frank happened on to the scene and saw the dead bodies.

Miss Ethel Fordham is trying to help Cee find the place in her mind and heart where she can begin to heal from this and other tragedies she has experienced by recognizing that *she is free to do so*, even while so much else in her world is closed to her and will remain closed:

Look to yourself. You free. Nothing and nobody is obliged to save you but you. . . . You young and a woman and there is serious limitation in both but you a person, too. . . . Somewhere inside you is that free person. . . . Locate her and let her do some good in the world. (Morrison, 2012, p. 126)

Miss Ethyl is probing here for the means to overcome Cee’s profound psychic trauma—one that started long before she saw the two burned bodies. Something in her words, aimed at the core of Cee’s being, illuminates the place where the struggle to overcome this kind of tragedy would have to begin. William Faulkner would surely have understood Cee’s predicament as “the human heart in conflict with itself,” as he identified this type of split in his speech accepting the Nobel Prize for Literature (Faulkner, 1950). Morrison captures something here that is not usually found in the texts of philosophers, psychiatrists, and psychologists.

### Philip Roth’s *Goodbye, Columbus*: Reintegrating After a Momentary Dis-Integration

Neil Klugman has just said farewell to Brenda Patimkin in a hotel room she booked for them for the weekend—Brenda is an undergraduate at Radcliff College, Neil is working as a library clerk at the Newark Public Library. They had seriously disagreed about her mother’s explosive reaction after finding Brenda’s diaphragm at the family home. On his way to the train station for the trip back to New Jersey, Neil walks through Harvard Yard and stands in front of the Lamont Library. He experiences a brief anxiety-driven dis-integration, momentarily fixating on his dissociated image reflected in the library window:

I wanted to set down my suitcase and pick up a rock and heave it right through the glass, but of course I didn’t. I simply looked at myself in the mirror the light made of the window. I was only that substance, I thought, those limbs, that face that I saw in front of me. I looked, but

the outside of me gave little information about the inside of me. I wished I could scoot around to the other side of the window, faster than light or sound or Herb Clark on Homecoming Day, to get behind that image and catch whatever it was that looked through those eyes. . . . I looked hard at the image of me, at that darkening of the glass, and then my gaze pushed through it, over the cool floor, to a broken wall of books, imperfectly shelved. . . .

I did not look much longer, but took a train that got me into Newark just as the sun was rising on the first day of the Jewish New Year. I was back in plenty of time for work. (Roth, 1959, pp. 147–148)

During this brief episode of dis-integration, Neil temporarily loses his identity as he realizes that he has lost Brenda. But he quickly regains his psychobiological equilibrium, taking the first steps toward creating the different life he will have from that day on, without her. He makes no attempt to defend against his pain, willing the wreckage of what he felt for Brenda mostly behind him. He attends to the present as it promises to open to the future. This emotionally quiet ending to Roth's novella is a solid and convincing example of a Meyerian adaptive reaction being made to a significant loss.

## Overcoming Maladaptive Reactions and Pathogenic Exceptionality

Let Leslie Jamison begin her own story:

I was born in Washington, DC and grew up in Los Angeles. Since then, I've lived in Iowa, Nicaragua, New Haven, and (currently) Brooklyn. I've worked as a baker, an office temp, an innkeeper, a tutor, and a medical actor. Every one of these was a world; they're still in me. These days I teach at the Columbia University MFA program, where I direct the nonfiction concentration.

My new book, a collection of essays called *Make It Scream, Make It Burn*, comes out in September 2019. I've also written a novel, *The Gin Closet*, a collection of essays, *The Empathy Exams*, and a critical memoir, *The Recovering*. My work has appeared in places including *The New York Times Magazine*, *Harper's*, *Oxford American*, *A Public Space*, *Virginia Quarterly Review*, and *The Believer*. (Jamison, 2020)

Leslie Jamison is the niece of Kay Redfield Jamison, author of *The Unquiet Mind* and *Setting the River on Fire*, among other books, and professor of psychiatry at the Johns Hopkins University School of Medicine.

Having given us the crisp and impressive facts of her life and career, we come to know how Jamison *feels* about her life after reading the first two paragraphs of an essay she wrote for *The New York Times Book Review* titled “The Cult of the Literary Sad Woman”:

The first time I read Jean Rhys's *Good Morning, Midnight*, I was 22 and deeply committed to a life of volcanic feeling: doomed love affairs, binge drinking, and other tentatively self-destructive hobbies. I needed blueprints for my epic sadness, and no one captured epic sadness as well as Jean Rhys, especially—and unapologetically—in her 1939 novel, *Good Morning, Midnight*. The novel's antiheroine, Sasha, tries to drink herself to death in a cheap Paris hotel room—haunted by her lost youth, her botched romances, and the ghost of her infant son, who died at 5 weeks old. As soon as I read the first scene, in which a stranger chides Sasha for crying at a bar (“Sometimes I'm just as unhappy as you are. But that's not to say that I let everybody see it”), I knew which team I was on: Team Sasha, Team Rhys, Team Drunk-Crying-in-Public.

The novel drew a three-part equation between sadness, intensity, and profundity, and I was *all in*, fully committed to its vision of truth as something dark and broken. Sasha seemed hungry for suffering, perhaps because she didn't eat much else. "Food? I don't want any food now," she says. "I want more of this feeling—fire and wings." *Amen to that*, I thought. I didn't want dinner; I wanted the sustenance of affliction. I wanted more of that feeling. More *feeling*, period. Fire and wings. (Jamison, 2019)

It is surprising that Jamison has not yet titled any of her novels or essay collections *Fire and Wings*, because, living the life she describes, she seems to be both on fire and in flight. In her twenties when she felt the need for "blueprints for my epic sadness," her disturbance in mood, which I suspect was more than just sadness, was almost certainly associated with her epic transgressions of the limits that more or less define the boundaries of "normal" behavior. She portrays her heroine, Sasha, as "a woman contoured and whittled by her suffering, self-destructive and utterly destroyed." Sasha was way beyond sadness, and well into the deformation of being that comes with the kind maladaptive responses (reactions) to life events that Meyer characterized so assiduously.

Jamison points out that the affect associated with the emotion of Sasha's sadness—including her public drunken crying—"testifies to the enduring appeal of the afflicted woman—especially the young, beautiful, white afflicted woman: our favorite tragic victim, our repository of rarefied, elegiac sadness." In other words, *society makes a place for this kind of life*, names its brands (diagnoses) and provides places to go when things become really unbearable (mental hospitals).

Leslie Jamison was still young when she lived in a way that led her to yearn for a "blueprint" like Jean Rhys' fictional Sasha to validate her own life. But that life was destined to evolve:

When I returned to *Good Morning, Midnight* at the end of my 20s—newly sober, less enchanted by sadness—the novel almost nauseated me. I felt sickened by everything Sasha embodied: her weepy passivity, her adamant hopelessness. She was not only oozing self-pity, she also seemed self-righteous about it—convinced that her unhappiness held far more truth than the pretenses other people hid behind. *Now I understood Sasha's sadness as an exceptionality complex—as if she believed herself to be the only person who had ever known crippling despair* (emphasis added). It was not that I no longer saw myself in Sasha, it was that I hated the parts of myself I saw in her: perpetually reclining into a solipsistic relationship to her own affliction, as if leaning back onto a fainting couch. My time in a 12-step recovery was offering the radical (to me) idea that profundity was not predicated solely on dysfunction—that there could be just as much meaning, just as much *truth*, in the simple act of getting through each day, summoning yourself to show up for other people and their problems, recognizing that their spirits were *also* fettered by weights you couldn't fathom. (Jamison, 2019)

Jamison credits a 12-step program with coaxing her away from the habits of living that made her want to emulate Sasha, while acknowledging that she was by no means fully "cured" of those habits. Her qualification fits with a clinician's understanding of recovery from the kind of maladaptive reactions that had undoubtedly emerged from these habits. Somewhere along the way, Jamison developed *insight*, which is nowhere in evidence in her prior testimonial of her need to join "Team Sasha."

The fictional Sasha is fixed forever in the pages of Jean Rhys novel, as a Sartrean *In-itself*. Leslie Jamison, on the other hand, is a living person, capable of choice and change, Sartre's *For-itself*. From Jamison's before and after accounts of her reaction to *Good Morning, Midnight*, we can tell that she has gone (with assistance, of course) from a highly



dedifferentiated, pathological mode of being-in-the-world to a more differentiated, more insightful, less pathological mode.

Leslie Jamison offers clinicians keen insight into the nature of her pathology. She is somehow initially able to convince herself that “her unhappiness [and all the choices that led up to it] held far more truth than the pretenses other people hid behind.” She is able to spot these “pretenses” and identify them for what they are, which is to say inauthentic and defensive. In understated words, we are told how she partially made it back from her chosen mode of exceptionality after accepting what she calls “the radical (to me) idea that profundity wasn’t predicated solely on dysfunction.” Ultimately, Jamison realized that she could drop the defenses that choosing exceptionality allowed her to adopt, the excesses she eventually saw as less desirable than “the simple act of getting through each day, summoning yourself to show up for other people and their problems, recognizing that their spirits were *also* fettered by weights you couldn’t fathom.” Trading in most of her exceptionality, Jamison decided to take up residence in the less lofty, instrumental world of cause and effect.

Pathological exceptionality is a refusal to think, feel, and act in a healthy and dialectical way, with others and with the world, a rejection of the implicit and explicit limits that are factors in a healthy life. This goal can be pursued by someone in search of a suitable psychodynamic defense at one of two opposite poles: as a limit-favoring *withdrawal* from the world of “normalcy” and as a limit-dodging *recklessness engagement* (Leslie Jamison’s choice). These alternatives lead to what J. H. van den Berg (1972) would have seen as two opposite types of “different existence,” one that shuns the world, the other that takes the world on recklessly:

Withdrawal	Recklessness Engagement
Agoraphobia	Hyperthymic Personality
Schizoid Behavior	Hypomania, Some Manias
Catatonia	Sociopathy
Some Schizophrenias	Drug/Alcohol Abuse
etc.	etc.

Clearly, as employed here, *exceptionality* does not have the same meaning as when the label is used to identify students with unusual talents or unusual problems. We feel that by appropriating this term as we have, one more sight line has been opened into grasping the mechanism of defense-generated psychic pathology.

Peter Schjeldahl: Overcoming the Exceptionality of Addiction

*Entitlement* is a close lexical cousin to exceptionality, although the first word claims less than the second word. The entitlement that is widely recognized as a major character feature of those who abuse drugs and alcohol fosters an unusually high degree of exceptionality—one that is grounded in biology to a significantly greater degree than is the case with other Meyerian maladaptive reactions—because this reaction involves directly changing brain activity by introducing a chemical into the body. Consciousness is altered in this substance-induced transformation. The substance abuser comes to occupy a different psychobiological realm than the person who does not abuse drugs or alcohol, one that amounts to a chemically induced “different existence” (van den Berg, 1972).

Shortly after being diagnosed with stage-four lung cancer and being told that he had about six months to live, Peter Schjeldahl, longtime art critic at *The New Yorker*, wrote a wrenchingly honest memoir for the magazine that included a brutally detailed account of his alcoholism, which by that time had been under control for many years. Schjeldahl

recalls some of what a fellow participant in a residential rehab he was attending on the Upper East Side of Manhattan in 1992 said at one of their nightly A.A. meetings: “If you’re a real alcoholic, no matter how low you go, you *will* have an attitude. If you’re a real alcoholic, you will never feel quite right. Whatever you want will be a little bit out of reach. Can’t handle that? Get the fuck out of here and get drunk.” I went up to him afterward, in tears, to thank him. He said,

“You heard me?” I said yes. “Good,” he said, turning and walking away as if from some crap on a sidewalk. Saved my life.

The rehab was crowded with crack addicts, some of them felons. I was the rare middle-aged, middle-class White man in the joint. It was loud at all hours. Scared, I couldn’t sleep. I told Brook [his wife, Brook Alderson, a former actress], on the building’s pay phone, that I had to get out. She said, “Cope,” and hung up. Saved my life. (Schjeldahl, 2019)

Schjeldahl says he “bottomed out in the rehab,” where he had gone as a requirement for being allowed to return home. Consistent with his win over alcohol—and the exceptionality driving it—he adds, “Note to anyone who knows an active alcoholic: never, ever sympathize. If you suspect you’re going to, shut your eyes, plug your ears, and hum.”

Cope is just what active alcoholics cannot do because they refuse to mobilize their will for this purpose. (Coping is for nonexceptional people!) They chemically alter their brain until they feel they do not *have* to cope. Through self-deception and other psychodynamic ploys, addicts convince themselves they are special, entitled, and exceptional—and thus exempted from the rules that sober people follow. Activating the will to stop drinking and developing the coping abilities they drink to avoid is a good way to understand the task of recovering substance abusers. Ultimately, this means overcoming their assumed *right* to be exceptional.

### **The Four Domains of Mental Illness: Diagnosing the Pathological Alterations in Mental Life**

It is widely claimed that during the time the *DSM-III* was conceived and delivered, psychiatry was in a state of chaotic upheaval. Now, four decades on—as the inadequacy of this biologically inspired paradigm is no longer deniable—it is obvious that chaos has hardened into sclerotic error (Muller, 2008). Misdirected as it is, the current *DSM-5* is advancing the inauthentic interests of patients and providers—a situation that few, from either camp, appear to be in any hurry to remediate (Muller, 2018; Appendix A).

*The Four Domains of Mental Illness: An Alternative to the DSM-5* was born out of the recognition that the paradigm of biological psychiatry—fronted by the 3rd edition of *The Diagnostic and Statistical Manual of Mental Disorders (DSM-III, American Psychiatric Association, 1980)* and its subsequent editions, along with the related insistence that all mental illnesses have a biological *cause*, not just a biological *correlative*—has consistently led clinicians of all stripes to make invalid diagnoses, while canonizing their diagnostic efforts under the supposedly compensatory aegis of reproducibility, a fib if there ever was one (Breggin, 1991; Muller, 2018). Because the *DSM-5* checklists of symptoms and syndromes were purposely stripped of their meaning, clinicians assumed different meanings, or no meaning at all. Many possible combinations of symptoms could—and did—lead to varying diagnostic calls. Many were wrong (Muller, 2008).

That a scheme of such depravity could have achieved almost universal acceptance, and been used so widely for so long, is a stunning development in the history of Western thought, a wrong turn that surely will, one day, take its place among the notorious misfires of intellect collected in Charles Mackay's mid-19th century exposition of really bad ideas: *Extraordinary Popular Delusions & the Madness of Crowds* (Mackay, 1841/1980).

Many clinicians who use the *DSM-5* do so recognizing, to one degree or another, how inadequate this approach is. Some have found creative ways around its limitations and dead ends. Others continue to embrace this paradigm, as one stays with a bad habit that does not seem worth the effort of breaking.

## Meyer's Formulation of Psychiatric Illness

Rather than attempting to "diagnose" a patient's pathological condition using symptoms and syndromes of symptoms as criteria—as Emil Kraepelin did and the *DSM-5* now directs clinicians to do—Adolf Meyer preferred to, as he put it, *formulate* the patient's condition. I have expanded and recast this approach in a sequence of five steps, which amount to an amalgam of Meyer's psychobiology and existential psychiatry, a synthesis that was crafted in *The Four Domains of Mental Illness*.

1. Get the patient's **STORY**. Listen to what is being said about how and why this life has become problematic. Consult others who are a part of the patient's present situation and past life to get their version of the story.
2. Identify the **FACTS** that constitute the story. What has changed for the worse in the patient's life? Who are the major players? What is the disappointment, setback, or betrayal that could have brought on emotional pain and/or behavioral dysfunction?
3. Identify the chronic **BAD HABITS** that are revealed in the patient's story and the accounts of others who know the patient. Meyer thought of these habits as poor mental hygiene, which inclines a person to react inauthentically and adapt poorly to life experiences.
4. Identify the **MALADAPTIVE REACTIONS** that the patient has made in response to stressful and negative encounters with family members, significant others, friends, work, school, and so forth. These pathological choices involve a misuse of freedom and often emerge as elaborations of chronic bad habits. Self-deception is usually a factor in making maladaptive choices.
5. Identify the **PHENOMENON** (or phenomena) underlying the pathological alteration(s) observed in the patient's mental life.

This sequence of formulation steps can be represented as:

**Story → Facts → Bad Habits → Maladaptive Reactions (Self-Deception) → Pathological Phenomenon**

Though Meyer did not use the word phenomenon, his approach to diagnostic formulation tacitly overlaps with this existential concept. *Phenomenon* derives from phenomenology—the study of phenomena—an approach to understanding and treating mental illness that is similar to and complements the psychobiological approach. By bringing together Meyer's psychobiology and the contributions of existential philosophers, psychiatrists and psychologists, as is done in *The Four Domains of Mental Illness*—and which I hope will become known as the FDMI—a synergy is created that brings much of

the best of what has been thought and written about mental illness and its treatment into one fold.

The FDMI grew out of the good luck of my being familiar with both the existential tradition in psychiatry and, later, becoming acquainted with Meyerian psychobiology. The latter came about, over a period of years, as I attended the public presentations on Meyer given by Paul R. McHugh, at that time psychiatry department head and psychiatrist-in-chief at the Johns Hopkins University School of Medicine. During the summer of 2000, I read *The Perspectives of Psychiatry* (McHugh & Slavney, 1998), these authors' bid to reintroduce Meyerian psychiatry, which had been in hibernation for several decades, to North America. It took some time for me to see not just the similarities between Meyer's and the existentialists' thinking about mental illness but also the potential synergy to be had by bringing these two paradigms together.

The approach put forward in *The Perspectives of Psychiatry* was an alternative to Freud's psychoanalysis and to the medical model of mental illness, and the biologically inspired *DSM-III*, which appeared in 1980. The main purpose of this text was to get clinicians thinking in a different way about what Paul McHugh calls the "pathological alterations in mental life." Specifically, *The Perspectives of Psychiatry* challenged the widely accepted notion that all mental illnesses are brain diseases. Adolf Meyer had already made the first tranches in psychic pathology by distinguishing what he considered psychobiological maladaptive reactions—chosen responses to difficult life situations—from autonomous biological diseases that brought on psychiatric signs and symptoms (Muller, 2018, pp. 58–62).

McHugh and Slavney identified *four perspectives* from which they believed every patient should be viewed and evaluated. The first three perspectives designate types of maladaptive reactions that are an extension of Meyer's original tranches. The fourth perspective, which identified brain diseases that caused psychiatric symptoms, also derives from Meyer.

In the FDMI, *perspectives* become *domains*. Perspectives are, by definition, analytical in nature and purpose. Domains, in contrast, designate a more existential telos. Metaphorically, the four domains are places where people who have made maladaptive responses go to have what van den Berg (1972) called their "different existence." These domains are "lived space," sometimes called "felt space," which means space that is occupied and *lived in* (Norlyk, Martinsen, & Dahlberg, 2013). Mental patients inhabit a different lived space than where "normal" people reside.

We've all heard people say they are "going crazy," which is usually hyperbole. "Going" is a transitive verb, requiring an object, in this case a destination. "Crazy" can be thought of as the place—the domain—where one ends up after making a Meyerian maladaptive choice while facing disappointments, setbacks, failures, losses, and so forth that a person cannot, or will not, authentically adapt to. A maladaptive reaction—and the mental illness that emerges from it—is not so much a nullification of freedom as it is a *misuse* of freedom, which, while initially permitting one to exceed certain more or less "normal" limits, leads to the kinds of restrictions that psychic pathology invariably imposes.

*The Perspectives of Psychiatry* was never intended as a guide to diagnosis. The FDMI is so intended, as is signaled by the subtitle *An Alternative to the DSM-5*; and the subsubtitle *A Guide to Diagnosing Pathological Alterations in Mental Life Based on Adolf Meyer's Psychobiology, the Johns Hopkins Perspectives of Psychiatry, and the Existentialists' Avowal of the Self as Active Agent*.

The three categories of psychic pathology that derive from the three types of maladaptive reactions, and a fourth category of brain diseases that forge psychiatric signs and symptoms are displayed in the “Map of the Four Domains” (Appendix A; Muller, 2018, pp. 76–77).

### Edith Wharton: Self-Deception and the Inauthentic Stance

Self-deception, the lie we tell ourselves, made possible through what Sartre called the trick of bad faith, is an *inauthentic stance* that we take with respect to ourselves, others, and the world. People will always find a way to believe what they want to believe and need to believe at a given time. This transactional choice of accommodation rests on a firm ontological foundation. The Sartrean *For-itself*, in its unceasing efforts to construct itself—in spite of those holes in being at the heart of being that Sartre identified—has the freedom to sidle into lies that will allow one to get by, if inauthentically.

Herbert Fingarette (1921–2018), a professor of philosophy at the University of California, Santa Barbara, was an early investigator of the phenomenon of self-deception (Fingarette, 1969). Fingarette saw that when people sense that something they want to do could have bad consequences, they sometimes keep this disconnect from themselves by not *spelling out* that part of the issue. In the overall deliberation, a ploy of this type downplays the role of what is being covered up. Self-deception is self-serving selective inattention. The phenomenon is universal; we all deceive ourselves at times. In those who are psychobiologically vulnerable, self-deception is thought to contribute to defense-driven psychic pathology, from neurosis to psychosis, and everything in between (Fischer, 1985).

An observation by the narrator of Edith Wharton’s American novel of manners, *The Mother’s Recompense*, beautifully exemplifies the condition of self-deception. A few words from Louis Auchincloss’ introduction to the Scribner edition are required to set the scene. “[N]ever were [Wharton’s] descriptive powers more brilliantly used than in establishing the small, petty, socially stained, expatriate community of gamblers, alcoholics and women with a past, in which Kate Clephane, outlawed by respectable New York for her desertion of her husband and infant daughter, has sought a precarious refuge” (Wharton, 1925, p. vii).

Wharton makes it clear that it was New York’s changing social climate at the time that made Kate’s repatriation possible, if not entirely comfortable. Her narrator is musing here about a motley collection of characters who have come together in Countess Lanska’s drawing room. Kate Clephane, now living in New York, has just joined them:

Not one of them, men or women, if asked where they had come from, where they were going, or why they had done such and such things, or refrained from doing such other, would have answered truthfully; not as Kate knew, from any particular, or at any rate permanent, need of concealment, but because *they lived in a chronic state of mental inaccuracy, excitement, and inertia, which made it vaguely exhilarating to lie and definitely fatiguing to be truthful.* (Wharton, 1925, p. 21, emphasis added)

The sullied derelict rich, at their leisure, are, according to Wharton, also derelict in their feeling, thinking, and behavior. Here we have an example of self-deception being supported, to an unusual degree, by the culture of the moment—a general laxness had crept into the once stricter New York social order, a change that altered the consciousness of its upper class. The once solid lines that formerly separated those thought to be righteous from those thought not to be so had blurred to the point where



Kate Clephane, a deserter of husband and child, was now welcome in Countess Lanska's drawing room.

Self-deception allows one to exceed limits implicit in the authentic stance and sanctions the misuse of freedom, with its defensive benefits, at least for the short term. For Countess Lanska's drawing room guests, the classical values attached to the conventions of lies and truthfulness have been reversed: Lies are good, truth is bad. This type of inauthentic transformational stance, if adhered to assiduously enough, long enough, can lay the psychobiological groundwork for someone who is under sufficient psychic pressure to respond with one or more maladaptive reactions—instead of facing the loss and accompanying suffering authentically, and working it through existentially, which is to say without using pathological defenses.

The self-deceived, inauthentic stance is a central element in both Meyerian psychobiology and existential psychiatry. This mode of being—notable for its “uncritically adopted responses” (Epictetus); agendas not “spelled out” (Fingarette); “mental inaccuracy, excitement, and inertia” (Wharton); “dissolution” (Meyer); “dedifferentiation” (Jaspers); “magical thinking” and “dedifferentiation” (Sartre); “exceptionality” (Jamison); and the inability to “cope” (Schjeldahl)—is the opposite of what Meyer saw as the resolute state of mind that makes reacting adaptively to difficult life situations possible, and what Camus called the lucidity required to know the absurd and respond to it authentically, with revolt. The inverses of these qualities have previously been linked here with good mental hygiene and the good life.

### The Meyerian Maladaptive Reaction That Leads to Depression

Some time ago, following Sartre, I went out on a limb to propose that a good deal of the depression people experience occurs when, facing disappointment, rejection, and failure, they voluntarily relinquish the clarity of thought that previously kept them euthymic, responding with and surrendering to a less demanding *dedifferentiation* of their world, which leads to a depressive restructuring of that world (Muller, 2003).

The following excerpt from *The Four Domains of Mental Illness* is a blend of Sartre and Meyer, and my own version of what I have come to think of as the *depressive transformation*—the life change that occurs in someone whose maladaptive reaction to negative experience leads to depression.

Adolf Meyer would have almost certainly agreed with Jean-Paul Sartre about the world transformation that Sartre saw as underlying depression (Muller, 2003). As an ontologist, Sartre was concerned with the structure of being and the changes that occur in that structure when a person becomes mentally ill. In a slim volume titled *The Emotions: Outline of a Theory* (Sartre, 1948), he spelled out his idea of the phenomenon of depression, the psychogenic etiology of this emotion and the meaning of its symptoms.

Sartre begins by describing the instrumental world of cause and effect—what Meyer called the world of consensual common sense—where people implicitly understand that their actions largely determine the kind of life they will have. Because this normal, instrumental world is experienced as a *differentiated* world—some of what it offers appeals to us, some does not—we selectively respond to its multiple possibilities: choices are made; projects are undertaken; goals are set; risks are taken; a certain amount of frustration and pain is tolerated; and, when necessary, gratification is deferred. Using our freedom in this way, we are ultimately responding to what Heidegger called the *invitation of the world*, the *differentiated* world.

According to Sartre, in the depression that follows what Meyer called a maladaptive reaction to a loss or negative experience, what was once differentiated is *dedifferentiated*—Meyer called this process *dissolution*, a corollary of many maladaptive reactions. A passive stance replaces the former active stance. In that passivity, the notion of cause and effect is weakened. The depressed person withdraws from people and from work and loses interest in much of what was previously appealing. The terrain of the dedifferentiated world is flattened relative to its differentiated state, homogenized, stripped of its former color and experienced as black and white.

The acuity of the instrumental, differentiated world, a prerequisite for normal mood, is blunted and its invitation spurned. Sartre believed that self-deception—the lie we tell ourselves—is at the heart of this transformed experience. The unacknowledged refusal to respond to the world of cause and effect—*I will not do it*—becomes *I cannot do it*.

Sartre's dedifferentiating transformation—the ontic change implicit in Meyer's *depressive reaction*—is the essence of depression. This change alters the very nature of a person's being and relation to the world. Depression is rooted in the power of a biologically sustained consciousness—the *capacity of the self as active agent to choose one option over another*—to replace rational instrumentality with magical thinking. Depression can be thought of as a regression in service of the ego (Freud)—a retreat from the world of cause and effect, with its constant expectations and demands. Dedifferentiation reduces the call of the world, and its burdens, as a rheostat diminishes the strength of light and sound.

Sartre was not the only existentialist to take on the concept of differentiation as this ontic variable relates to mental health. To Karl Jaspers, a psychiatrist turned philosopher, differentiation meant “the breaking up of vague experiences into several well-defined ones, thus giving richness and depth to the total experience. Low-level individual phenomena differentiate into higher ones; the vague instinctive life gains in content [and quality]. Increased differentiation brings increased clarity and awareness. Undefined intuitions and feelings give place to clear, definite ideas” (Jaspers, 1913/1997, p. 14). To Socrates, the unexamined life was not worth living. To Jaspers, the undifferentiated life was a diminished, often pathological life. (Muller, 2018, pp. 100–101)

Meyer, Sartre, Camus, and Jaspers all agreed that clear thinking went with the good life and that the attenuation and diffusion of this mode led to disturbances in mental life which have come to be known as mental illness. (For more on depression from *The Four Domains of Mental Illness*, see pp. 99–110.)

## Bad Habits and Psychic Pathology

“All our life, so far as it has definite form, is but a mass of habits—practical, emotional, and intellectual—systematically organized for our weal [a sound, healthy state] or woe, and bearing us irresistibly toward our destiny, whatever the latter may be.” Although these words are from Henry James (1958, p. 57), they could just as easily have come from Adolf Meyer.

Meyer believed that bad habits are a precursor to the maladaptive reactions that lead to psychic pathology (Muller, 2018, pp. 29–31). These habits can be thought of as arising from serially repeated responses to the world that are neither adaptive, healthy, nor productive. Employing a football metaphor, every repeat of a bad habit is a punt by someone who acts (habitually) as if it were fourth down when, in fact, a summoning of will would have been sufficient to create a first down, allowing sufficient opportunity for making an authentic response to the situation. This kind of habitual feeling, thinking, and behavior congeals being, pulling the Sartrean *For-itself*

away from no-thing-ness, its authentic essence, toward an inauthentic, more thing-like existence. Many bad habits are antecedents to Meyer's all-out, defensive maladaptive reactions.

Ever the psychobiologist, William James knew that habits, good and bad, are seated in the inseparable unit we identify as mind and body:

I believe that we are subject to the law of habit in consequence of the fact that we have bodies. The plasticity [ability to change] of the living matter of our nervous system, in short, is the reason why we do a thing with difficulty the first time, but soon do it more and more easily, and finally, with sufficient practice, do it semiautomatically, or with hardly any consciousness at all. Our nervous systems have grown to the way in which they have been exercised, just as a sheet of paper or a coat, once creased or folded, tends to fall forever afterward into the same identical folds. (James, 1958, p. 57)

Again, this could be Meyer—James' observations are pure psychobiological gold. Developing a habit—good or bad—entails changing what we heuristically refer to as mind and body (body is a physical entity, mind a construct). Habits come about through repeated choices made by the mind—body, or embodied mind, in response to life events. Freedom is exercised in a way that is partly influenced by the responses of others to our prior choices, as their approval or disapproval followed the type of choice we made. It is through these choices that we become the people we are. Once again, from Henry James, “All our life . . . is but a mass of habits.”

James and Meyer recognized the “plasticity” of the psychobiological unit, the ability of the self as active agent to *adapt* to the new experiences we never stop having. As a single psychobiological unit, the *For-itself* continues to change emotionally, cognitively, and behaviorally, triggering, as correlates of its psychodynamic adventures, changes in brain anatomy, biology, and chemistry—even as some of that behavior becomes habitual and therefore less plastic. (Some neuroscientists believe this process is neuroanatomically “wired.”) In forming and conserving a habit, the *For-itself* continues its efforts to recreate itself according to certain established and familiar patterns and modes. In these repetitions, the self as active agent makes new “copies” of habitual bad behaviors from a maladaptive psychobiological template.

To James, character and body were inseparable. He was speaking of forming *good* habits here, but the same goes for bad ones: “A tendency to act only becomes effectively ingrained in us in proportion to the uninterrupted frequency with which the actions actually occur, and the brain ‘grows’ to their use . . . . The strokes of *behavior* are what give the new set to the character, and work the good habits into its organic tissue” (pp. 60–61).

Citing a drunken fictional character who excuses himself every time he takes another drink (self-deception), James insists: “Down among his nerve-cells, and fibers the molecules are counting it, registering and storing it up to be used against him when the next temptation comes. Nothing we ever do is, in strict scientific literalness, wiped out” (pp. 64–65). James is giving us another lesson in the psychobiology of mental processes—in this case by pointing out the psychobiological connection between an instance of failed will to control an addictive behavior and the lasting effect this punt (again the football metaphor) will have on an alcoholic's body, which, in turn, will make any future attempt to stop drinking harder and less likely to succeed.

The question could be asked: Do habits, bad and good, reduce one's freedom? It is undeniable that habitual behavior is guided by precedent and implies previously self-determined limits. Here is James' take on good habits:

The more of the details of our daily life we can hand over to the effortless custody of automatism [habit], the more our higher powers of mind will be set free for their own proper work. There is no more miserable human being than one in whom nothing is habitual but indecision, and for whom the lighting of every cigar, the drinking of every cup, the time of rising and going to bed every day, and the beginning of every bit of work are subjects of express volitional deliberation. (p. 58)

Good habits allow us to be free by considerably limiting our choice to adaptive reactions that favor our well-being and good relations with others. Bad habits, on the other hand, encourage us to repeat the kind of responses that prove harmful to us and to others. Good habits free us *from* bad habits so, in not being held back, we are free *to* become our best selves. The man with no habits, the “nerveless sentimentalist” whom James holds in contempt, surrenders his will to entropy and to the wheel-spinning chaos that comes with a nonlucid, passive acceptance of Camus’ absurd world.

### Reversing a Maladaptive Reaction to a Traumatic Psychic Experience

A victim of psychic trauma, like Cee, from Toni Morrison’s novel *Home* (2012), may authentically nihilate the anger, resentment, pain, desire for revenge, and so forth that so often come with being victimized by allowing the sanguine, healing possibilities of the present and future to take precedence over the dreadful acts of the past. Sigmund Freud called this course of action de-cathexis; Adolf Meyer worked with his patients to achieve a reversal of the original maladaptive reaction; existentialists see the possibilities for an authentic working through by recognizing and expunging the self-deceptive stance. Friedrich Nietzsche (1844–1900), one of the first “formal” existentialists, championed the idea of *overcoming*, through exercising the *will to power*, a process that leads to becoming the best person one can be, an *Übermensch* (Muller, 2018, pp. 46–47; Ross, 2019; Star, 2012).

Following these courses mitigates the need for a victim of psychic trauma to forgive the aggressor whose act has already considerably diminished a life. When forgiveness is out of the question—as has been plausibly claimed by survivors of Hitler’s Holocaust and relatives of victims of the 2001 bombing of the Twin Towers in New York—overcoming can open the way to a unilateral deliverance from tragedy. In the concrete, meaning-seeking language of CBT, the question becomes: Why do people *continue* to cede so much destructive power to those who have already done them so much harm?

Not everyone is willing or constitutionally able to relinquish the maladaptive defensive choices—involving thought, emotion, and behavior—that are often employed in the face of trauma. Most victims who have been significantly traumatized do adopt these defenses, which are easy to fall into and have been given diagnostic labels by the mental health profession, including the ever-broadening designation of posttraumatic stress disorder.

It is hard for most people who have taken up a psychodynamic defense against a significant traumatic experience to let go of a familiar past to risk a more authentic and inevitably unpredictable future. Doing so involves relinquishing one identity for another, even as someone is experiencing pain and stasis while clinging to the original traumatized identity. But to construct and maintain defenses against trauma—and wear these defenses as what the psychoanalyst William Reich (1990) called “character armor”—is to allow the traumatizer an undue role, the upper hand, really, in what amounts to a continuing abrogation of the violated person’s freedom.

## References

- Als, H. (2020, April 6). Voices carry: Carolyn Forché's education in looking. *The New Yorker*, 96, 70–74.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Blackburn, S. (2018). *On truth*. New York, NY: Oxford University Press.
- Breggin, P. R. (1991). *Toxic psychiatry: Why therapy, empathy, and love must replace the drugs, electroshock, and biochemical theories of the "new psychiatry."* New York, NY: St. Martin's Press.
- Camus, A. (1970). *Lyrical and critical essays* (E. C. Kennedy, Trans.). New York NY: Vintage Books. (Original work published 1967)
- Camus, A. (2018). *The myth of Sisyphus (2nd International ed., trans J. O'Brien)*. New York, NY: Vintage Books. (Original Work published in 1955)
- Camus, A. *Poem*. [https://www.google.com/search?source=hp&ei=SVkaXsrrLoXt\\_QaQv7GQCA&q=albert+camus+poems&oq=camus+poems&gs\\_l=psy-ab.1.1.0j0i22i30i3.3453.5885.11157...0.0.0.104.1003.8j3.....0....1.gws-wiz.....0i131j0i10.gz2s-ZioB1s](https://www.google.com/search?source=hp&ei=SVkaXsrrLoXt_QaQv7GQCA&q=albert+camus+poems&oq=camus+poems&gs_l=psy-ab.1.1.0j0i22i30i3.3453.5885.11157...0.0.0.104.1003.8j3.....0....1.gws-wiz.....0i131j0i10.gz2s-ZioB1s)
- Churchill, S. D. (2013). Heideggerian pathways through trauma and recovery: A "hermeneutics of facticity." *The Humanistic Psychologist*, 41, 219–230. <http://dx.doi.org/10.1080/08873267.2013.800768>
- Cohen, J., & Brown, C. S. (2010). *John Romano and George Engel: Their lives and work*. Rochester, NY: University of Rochester Press.
- Cott, J. (1987). *Visions and voices*. New York, NY: Doubleday.
- Craig, E. (2015). The lost language of being: Ontology's perilous destiny in existential psychotherapy. *Philosophy, Psychiatry, & Psychology*, 22, 79–92. <http://dx.doi.org/10.1353/ppp.2015.0027>
- Cunningham, V. (2019, September 16). A revival of Harold Pinter's "Betrayal," and anti-vaxxers in "Eureka Day." *The New Yorker*, 95, 68–69.
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129–136. <http://dx.doi.org/10.1126/science.847460>
- Epictetus. (1995). *The art of living: The classical manual of virtue, happiness, and effectiveness (a new interpretation by S. Lebell)*. New York, NY: Harper Collins.
- Faulkner, W. (1950). William Faulkner's speech at the Nobel Banquet at the City Hall in Stockholm, December 10, 1950. Retrieved from <https://www.nobelprize.org/prizes/literature/1949/faulkner/speech/>
- Fingarette, H. (1969). *Self-deception*. London, UK: Routledge & Keegan Paul.
- Fischer, W. F. (1985). Self-deception: An empirical-phenomenological inquiry into essential meanings. In A. Giorgi (Ed.), *Phenomenological and psychological research* (pp. 118–154). Pittsburgh, PA: Duquesne University Press.
- Frankel, R. M., Quill, T. E., & McDaniel, S. H. (Eds.). (2003). *The biopsychosocial approach: Past, present, future*. Rochester, NY: University of Rochester Press.
- Harper, R. (1972). *The existential experience*. Baltimore, MD: Johns Hopkins University Press.
- Heidegger, M. (1962). *Being and time* (J. Macquarrie & E. Robinson, Trans.). New York, NY: Harper & Row. (Original work published 1913)
- James, W. (1958). *Talks to teachers: On psychology; and to students on some of life's ideals*. New York, NY: Norton.
- Jamison, L. (2019, November 17). The cult of the literary sad woman. *The New York Times Book Review*, 20–21.
- Jamison, L. (2020). *About Leslie*. Retrieved on January 7, 2020 from [www.lesliejamison.com](http://www.lesliejamison.com)
- Jaspers, K. (1997). *General psychopathology* (Vol. 1). (J. Hoenig & M. W. Hamilton, Trans.). Baltimore, MD: Johns Hopkins University Press. (Original work published 1913)



- Laing, R. D. (1965). *The divided self: An existential study in sanity and madness*. Baltimore, MD: Penguin Books.
- Laing, R. D., & Cooper, D. G. (1964). *Reason and violence: A decade of Sartre's philosophy 1950–1960*. New York, NY: Pantheon Books.
- Lamb, S. D. (2014). *Pathologist of the mind: Adolf Meyer and the origins of American psychiatry*. Baltimore, MD: Johns Hopkins University Press.
- Lief, A. (Ed.), (1948). *The commonsense psychiatry of Dr. Adolf Meyer: Fifty-two selected papers*. New York, NY: McGraw-Hill Book Company.
- Longstaffe, M. (2007). *The fiction of Albert Camus: A complex simplicity*. New York, NY: Peter Lang.
- Mackay, C. (1980). *Extraordinary popular delusions & the madness of crowds*. New York, NY: Three Rivers Press. (Original work published 1841)
- Marcel, G. (1965). *Being and having: An existentialist diary* (K. Farrer, Trans.). New York, NY: Harper Torchbooks. (Original work published 1849)
- Maslow, A. H. (1994). *Religions, values, and peak-experiences*. New York, NY: Penguin Books. (Original work published 1964)
- McHugh, P. R. (2017). Adolf Meyer: His achievements and legacy. *Journal of Nervous and Mental Disease*, 205, 253–259. <http://dx.doi.org/10.1097/NMD.0000000000000577>
- McHugh, P. R., & Slavney, P. R. (1998). *The perspectives of psychiatry* (2nd ed.). Baltimore, MD: Johns Hopkins University Press.
- Morrison, T. (2012). *Home*. New York, NY: Knopf.
- Morrison, T. (2019, September 8). Goodness. *The New York Times Book Review*, 16–17.
- Muller, R. J. (1987). *The marginal self: An existential inquiry into narcissism*. Atlantic Highlands, NJ: Humanities Press International.
- Muller, R. J. (2003, August). To understand depression, look to psychobiology, not biopsychiatry. *The Psychiatric Times*, 20, 41–46.
- Muller, R. J. (2008). *Doing psychiatry wrong: A critical and prescriptive look at a faltering profession*. New York, NY: The Analytic Press/Taylor & Francis Group.
- Muller, R. J. (2009, May 26). Pathological anger, existentially speaking. *Psychiatric Times*. Retrieved from <http://www.psychiatrictimes.com/display/article/10168/1416734>
- Muller, R. J. (2010). Sartre on the ontological need for God. *The Humanistic Psychologist*, 38, 236–243. <http://dx.doi.org/10.1080/08873267.2010.512250>
- Muller, R. J. (2012, August 17). Eliciting the phenomenon of schizophrenia from an autobiographical narrative. *Psychiatric Times*. Retrieved from <http://www.psychiatrictimes.com/schizophrenia/content/article/10168/2098772>
- Muller, R. J. (2014a). What kind of narcissist are you? *The Humanistic Psychologist*, 42, 215–224. <http://dx.doi.org/10.1080/08873267.2013.804373>
- Muller, R. J. (2014b). Histrionic managers wreak havoc in the workplace: Identifying the phenomenon. *The Humanistic Psychologist*, 42, 402–412. <http://dx.doi.org/10.1080/08873267.2014.907090>
- Muller, R. J. (2015a). Adolf Meyer (1866–1950). In R. L. Cautin & S. O. Lilienfeld (Eds.), *Encyclopedia of clinical psychology*. Hoboken, NJ: Wiley; <http://dx.doi.org/10.1002/9781118625392.wbecp068>
- Muller, R. J. (2015b). Psychotherapy's ontological divide: Going beyond the hyphen. *Philosophy, Psychiatry, & Psychology*, 22, 99–102. <http://dx.doi.org/10.1353/ppp.2015.0018>
- Muller, R. J. (2018). *The four domains of mental illness: An alternative to the DSM–5*. New York, NY: Routledge/Taylor & Francis Group.
- Muller, R. J. (2019). *Trump's pathological presidency: A malignant narcissist subverts truth, justice and the American way*. Amazon Kindle Direct Publication (KDP).
- Norlyk, A., Martinsen, B., & Dahlberg, K. (2013). Getting to know patients' lived space. *The Indo-Pacific Journal of Phenomenology*, 13, 1–12. <http://dx.doi.org/10.2989/IPJP.2013.13.2.5.1179A>

- Overgaard, S. (2004). *Husserl and Heidegger on being in the world*. Dordrecht, The Netherlands: Kluwer Academic Publishers. <http://dx.doi.org/10.1007/978-1-4020-2239-5>
- Popkin, G. (2018). Cancer and the artillery of physics. *Johns Hopkins Magazine* (Spring). Retrieved from <https://hub.jhu.edu/magazine/2018/spring/physics-of-cancer-andrew-ewald/>
- Reich, W. (1990). *Character analysis* (3rd ed., V. R. Carfagno, Trans. & Ed.). New York, NY: Farrar, Straus & Giroux.
- Ross, A. (2019, October 14). The eternal return: Why thinkers of every political persuasion keep finding inspiration in Nietzsche. *The New Yorker*, 95, pp. 34–39.
- Roth, P. (1959). *Goodbye, Columbus*. Boston, MA: Houghton Mifflin Co.
- Sartre, J.-P. (1948). *The emotions: Outline of a theory* (B. Frechtman, Trans.). New York, NY: Wisdom Library.
- Sartre, J.-P. (1956). *Being and nothingness: An essay on phenomenological ontology* (H. E. Barnes, Trans.). New York, NY: Philosophical Society. (Original work published 1943)
- Sartre, J.-P. (2007). *Existentialism is a humanism* (C. Macomber, Trans.). New Haven, CT: Yale University Press. (Original work published 1947)
- Schjeldahl, P. (2019, December 23). 77 sunset me: Notes on an ending. *The New Yorker*, 95, 34–45.
- Star, A. (2012, January 15). The overman: How Friedrich Nietzsche inspired and provoked his American readers. [Review of the book *American Nietzsche: A history of an icon and his ideas*, by J. Ratner-Rosenhagen]. *The New York Times Book Review*, 10–11.
- Todd, O. (1997). *Camus: A life*. New York, NY: Knopf. (Original work published 1996)
- van den Berg, J. H. (1972). *A different existence: Principles of phenomenological psychopathology*. Pittsburgh, PA: Duquesne University Press.
- Wharton, E. (1925). *A mother's recompense*. New York, NY: Charles Scribner's Sons.

### Author Note

René J. Muller is the author, most recently, of *Trump's Pathological Presidency: A Malignant Narcissist Subverts Truth, Justice and the American Way* (2019), and *The Four Domains of Mental Illness: An Alternative to the DSM–5* (2018). His previous books include *The Marginal Self* (1987), *Anatomy of a Splitting Borderline* (1994), *Beyond Marginality* (1998), *Psych ER* (2003), and *Doing Psychiatry Wrong* (2008). He is a former Adjunct Assistant Professor of Psychiatry at the University of Maryland School of Medicine and has been a regular contributor to *Psychiatric Times* and a peer reviewer for the annual U.S. Psychiatric and Mental Health Congress. He currently reviews articles for *The Humanistic Psychologist* and for *Philosophy, Psychology, & Psychiatry*. Between 1995 and 2005, he evaluated more than 3,000 patients in the emergency room at Union Memorial Hospital and Good Samaritan Hospital, in Baltimore. He holds a PhD from Johns Hopkins University and an MA from Duquesne University. Currently, his main interests are psychiatric diagnosis, psychiatric medicine, and identifying the synergy between the compatible and complementary approaches of Meyerian psychobiology and existential psychiatry. A list of his publications can be found at academia.edu. He may be contacted at [mullerrenej@aol.com](mailto:mullerrenej@aol.com).

Appendix A: Map of the Four Domains

1 <sup>st</sup> Domain	2 <sup>nd</sup> Domain	3 <sup>rd</sup> Domain	4 <sup>th</sup> Domain*
<p>Maladaptive Reactions of the 1<sup>st</sup> Domain Originate in Failures to Meet Life's Challenges and Recover from Setbacks. Biological Factors Contribute but Are Not Primary Causes. <i>Stories in The Perspectives of Psychiatry</i></p> <p><b>The Anxiety Spectrum</b></p> <p>Anxiety Reaction</p> <p>Pervasive Anxiety Reaction</p> <p>Separation Anxiety Reaction</p> <p>Pathological Stress Reaction</p> <p>Agoraphobic Reaction</p> <p>Phobic Reactions</p> <p>Panic Reaction/Panic Attack/Panic Disorder</p> <p>Posttraumatic Stress Reaction</p> <p>Obsessive-Compulsive Reaction</p> <p><b>The Depression Spectrum</b></p> <p>Depressive Reaction</p> <p>Adjustment Reaction</p> <p>Grief Reaction</p> <p>Dythymic Reaction (Pathological Anger Reaction)</p>	<p>Maladaptive Reactions of the 2<sup>nd</sup> Domain Come About in the Context of Aberrant Personality Development and Temperament. Biological Factors Contribute but Are Not Primary Causes. <i>Dimensions in The Perspectives of Psychiatry</i></p> <p><b>Pathological Personality Styles</b></p> <p>Narcissistic</p> <p>Antisocial</p> <p>Borderline</p> <p>Schizoid</p> <p>Schizotypal</p> <p>Histrionic</p> <p>Paranoid</p> <p>Obsessive-compulsive</p> <p>Hypomanic (Hyperthymic)</p> <p>Avoidant</p> <p><b>Psychosomatic Reaction</b></p> <p><b>Hoarding Reaction</b></p> <p><b>ADHD: A Non-phenomenon</b></p>	<p>Maladaptive Reactions of the 3<sup>rd</sup> Domain Are Willed. Selfgratifying and Ultimately Selfdestructive Acts that Exceed the Limit of What Most People Consider Safe. Sensible and Authentic Behavior. Biological Factors Contribute but Are Not Primary Causes. <i>Behaviors in The Perspectives of Psychiatry</i></p> <p><b>Self-Destructive Choices</b></p> <p>Alcohol Abuse</p> <p>Drug Abuse</p> <p>Anorexia Nervosa</p> <p>Bulimia Nervosa</p> <p>Abnormal Sexual Behavior</p> <p>Self-cutting</p> <p>Uncontrolled Gambling</p> <p>Kleptomania</p>	<p>Altered Mental States of the 4<sup>th</sup> Domain Are Due to 1) Physiological Imbalance, Medical Disease and 2) Primary Mental Diseases Associated with a Putative Altered Brain Substrate. <b>Diseases in The Perspectives of Psychiatry</b></p> <p><u>1<sup>st</sup> Stipulation:</u></p> <p><b>Delirium</b></p> <p><i>Metabolic Causes</i></p> <p>Hypoglycemia and hyperglycemia</p> <p>Hyperthyroidism and hypothyroidism</p> <p>Vitamin deficiencies (D, B12, folate, nicotinic acid, thiamine)</p> <p>Excess of vitamin A and D</p> <p>Addison's disease and Cushing's syndrome</p> <p><i>Electrolyte Causes</i></p> <p>Dehydration</p> <p>Hyponatremic water intoxication</p> <p>Acidosis</p> <p>Alkalosis</p> <p>Deficiency or excess of ionic calcium, potassium, sodium and magnesium.</p> <p><i>Toxicological Causes</i></p> <p>CO poisoning</p> <p>Lead and other heavy metal poisoning</p> <p>Organic solvents</p> <p>Insecticides</p> <p>Inhalants (ether, gasoline, glue)</p> <p>Plant and fungal poisons</p> <p><i>Medical Causes</i></p> <p>Infectious disease</p> <p>Neoplastic disease</p> <p>Paraneoplastic syndrome</p> <p>Intracranial space-occupying lesions</p> <p>Head trauma</p> <p>Traumatic brain injury (TBI)</p> <p>Epilepsy</p> <p>Vascular and blood disorders</p> <p>Post-surgical complications</p>

<p><b>The Dissociation Spectrum</b> Dissociative Reaction Depersonalization Reaction Dissociative Amnesia Reaction Dissociative Fugue Reaction Dissociative Identity Reaction</p> <p><b>The Psychosis Spectrum</b> Depressive Psychotic Reaction Paranoid Psychotic Reaction Other Dynamic Psychotic Reactions Brief Psychotic Reaction Some schizophrenias</p>		<p>Vascular stroke Heat stroke Prescribed and prohibited drugs Withdrawal from these drugs</p> <p><b>Arrested Psychobiological Development of the Brain</b> Autism Low IQ Learning Disabilities (Dyslexia)</p> <p><b>Neurodegenerative Brain Diseases with Psychiatric Symptoms</b> Alzheimer's Other dementing diseases Pick's Huntington's Parkinson's Tertiary syphilis Tardive dyskinesia</p> <p><b>Physiologically Induced Mood Disorders</b> Anxiety Depression</p> <p><u>2<sup>nd</sup> Stipulation:</u></p> <p><b>Primary Mental Diseases Emerging from a Putative Altered Brain Substrate</b> Some Phenotypes of Schizophrenia Some Phenotypes of Manic-Depression Productive Hypomania</p>
<p>* The entries for delirium and neurodegenerative diseases in the 4th domain were adapted from Slavney, P. R. (1998). <i>Psychiatric Dimensions of Medical Practice</i>. Baltimore: Johns Hopkins University Press. An earlier version of the Map first appeared in Muller, R. J. (2015). The Four Domains of Mental Illness (FDMI): An Alternative to the <i>DSM-5</i>. In: Zachar, P., St. Stoyanov, D., Aragona, M., Jablensky, A. (eds.). <i>Alternative Perspectives on Psychiatric Validation: DSM, ICD, RDoC, and Beyond</i>, pp. 236-252. Oxford, UK: Oxford University Press. This version first appeared in Muller, R. J. (2018). <i>The Four Domains of Mental Illness: An Alternative to the DSM-5</i>, pp. 76-77. New York: Routledge/Taylor &amp; Francis Group.</p>		

Received February 5, 2020  
Revision received June 26, 2020  
Accepted June 27, 2020 ■