



A Philosopher Examines Theories of Human Behavior

G. Lynn Stephens, PhD

Once when I was teaching a course on the idea of insanity, there was a student who wanted to enroll late. He assured me that he would be able to keep up because, as he put it:

"I was once diagnosed as a schizophrenic and I had electric shock treatments. I used to read a lot of Eastern philosophy and I just went out to San Francisco where I heard a lot of weird music and I met the ex-lead guitarist with the Quicksilver Messenger Service."

I told him he was overqualified for the course.

Similarly, I am overqualified to discuss my topic today. So what I am actually going to talk about is what do the various forms of psychotherapy actually treat?

There are two general sorts of answers to this, drawn from the work of Thomas Szasz. One is that they treat problems of living, the human problems of dealing with the constant and variable challenges of life. The other answer is that they treat mental illness or disease. I'm not going to defend either position. What I want to do is look at mental illness or disease and discuss some recent work in the philosophy of mind that I think gives a perspective on what the fundamental issues are, and shows how this question relates to general theories of human behavior.

In the case of Szasz,¹ particularly, there is a very philosophical, methodological approach to the question. Most of Szasz's criticisms of what he calls the medical model, or the disease model, are of a highly philosophical nature. They are criticisms that purport to show that certain kinds of therapy, certain sorts of explanations and approaches to human behavior, just can't work.

Since Szasz introduced the topic in the late '50s, there has been a great deal of criticism of the disease model. A number of positions, some of them incompatible, have been offered as alternatives. Much of the criticism is very specific, focusing on the reliability of diagnosis—the cogency of particular categories of mental illness, such as whether or not the notion of schizophrenia is well defined. Szasz's criticisms are of a very general methodological nature and thus are fairly appropriate to this discussion. Though it may be abstract, I hope I can make clear the connections with specific problems of human behavior.

In Szasz's critique of the medical model of psychotherapy, or the disease model of what

psychotherapy treats, he suggests that to think that psychotherapy deals with an illness, or something analogous to disease, is to make a fundamental conceptual error; psychotherapy deals with problems of living, problems that we all, in one degree or another, share in trying to work out a satisfactory life in the social and natural environment. The position that he attacks, is the one that attempts to assimilate what psychotherapy does into the standards and practices of other branches of medicine—to deal with an entity, a substantive disease, which can in some sense be addressed by the sorts of techniques that medicine has used to conquer various organic diseases.

The first thing that is interesting about Szasz's approach is that the position he is attacking, what he calls the medical model or the disease model, includes two apparently very different sorts of positions. One of these positions, which might better be called an organic model, is the idea that so-called mental illness is actually the result of, or the expression of, some physical defect in the nervous system. There has been recent publicity that suggests that homosexuality is the result of an imbalance of sex hormones, that alcoholism may be related to the production of certain kinds of substances in the nervous system, that schizophrenia has its basis in imbalance of neurotransmitters, etc. This, in essence, is what "medical model" naturally suggests—that you are dealing with some sort of definite organic defect which can be treated pharmacologically, perhaps even surgically.

But also included in Szasz's medical model are positions that have very little to do with any speculation about physiology or anatomy. They are all psychodynamic models, most notably classical Freudian theory, or any sort of theory, in fact, which attempts to describe or deal with mental illness in terms of internal structures of mind. Such theories talk about things like ego, id, and super-ego, and try to invoke special principles and operations of the mind and the psyche.

These two approaches would seem to be, at the very least, different, if not somewhat opposed. So why do both of these things wind up being in the medical model? What is it that unifies these two very different approaches and draws Szasz's criticism in each case?

In fact, it is not always clear what Szasz has to say. He frequently talks as though the people who are pushing the medical model are merely guilty of a looseness in terminology, and that instead of talking about mental illness, talking about brain diseases would be enough of a reformulation. Yet, in the first edition of the book, *The Myth of Mental Illness*,² it is clear that the psychodynamic theories are under attack. He spends relatively little time on

Dr. Stephens is assistant professor, Department of Philosophy, University of Alabama at Birmingham.

Address correspondence to Dr. Stephens, Department of Philosophy, School of Humanities, University of Alabama at Birmingham, University Station, Birmingham, AL 35294.

organic diseases of the brain. In fact, in a passage deleted from subsequent editions, Szasz suggests that schizophrenia probably falls in that category. However, I think that Szasz does have some substantive criticisms of both of these positions.

What is it that unites organic models and psychodynamic models in his thinking? To explain, I'm going to use terminology from a contemporary philosopher of mind, Daniel Dennett.³ Dennett distinguishes between what he calls personal level explanations and subpersonal explanations. To illustrate personal level explanations, consider vision. There's not much involved in seeing, at least in seeing what is right in front of you. We don't think of vision as a complicated process, involving components and subprocesses, etc. However, the work that has been done in trying to explain how vision is used to detect features of the environment invokes an extremely complex story. For example, the process of vision utilizes some highly specialized "filters;" some of these detect horizontal lines, some vertical lines, some oblique lines to the left, and some oblique lines to the right.

Dennett refers to this intricate, more complicated explanation about vision as a subpersonal explanation. It involves an internalization, an analysis of what goes on inside. A process is broken down into its components, the various tasks or subroutines involved in the performance. There is elaboration of the inside rather than, for example, invoking environmental variables or social variables. The account focuses on the mechanics. The processes that turn up are ones which under normal circumstances people simply aren't aware of. People who see perfectly well can make all kinds of fine visual discriminations without cognitive access to the processes by which they make them. Furthermore, it's something over which people have relatively little detailed or direct control. I have gross control over my vision. I can turn my head in various directions; I can shut my eyes. But, I cannot decide to shut down my horizontal line filters and see what things look like without them. There are lots of things that we do that have been given subpersonal explanations. The control of voluntary movements, the fine adjustments involved in picking up and locating small objects, and the production of speech all require detailed processing in the brain.

This gives us a way to understand why it is that both the organic and the psychodynamic models of mental illness turn out to be instances of the medical model. The real connection between them is that they are both subpersonal accounts of mental illness. The explanation of what is going on is phrased in terms of postulated structures inside the person—the id, ego, and super-ego, or the more familiar structures of the nervous system that process or invoke the production of neurotransmitters. Processes like sublimation, suppression, and resistance are, by and large, not cognitively accessible to the person. We are not aware of their operation and we have relatively little direct, voluntary control.

This is in contrast with the account that Szasz favors, which takes the person at face value. He insists on the importance of strong social component in his account of so-called problems of living. It is an account which stops at the personal level. He says that in order to explain the phenomena with which psychotherapy deals, we can be content with the ordinary level at which we conceive of and describe ourselves. We can talk about beliefs and intentions, motives and desires; we can talk about our actions. But there is no need and, indeed, a great mistake is made when we try to descend to a level at which these things are analyzed into smaller components and at which principles and forms of explanations are unfamiliar at the personal level. Szasz has two detailed arguments which I think can be used to argue that no subpersonal explanations of the phenomena of mental illness or any other human behavior can possibly work. These arguments occur in different places, in two versions.

In *Ideology and Insanity*, he outlines the first problem:

"To describe a communication from the patient as a symptom of mental illness involves rendering a judgment that entails a covert comparison between the patient's ideas, concepts or beliefs and those of the observer and of the society in which they live. The notion of a mental system is therefore inextricably tied to the social and particularly the ethical context in which it is made."

The reason that this is a problem, expressed in the terminology I am using now, is this: What Szasz is suggesting is that what are called symptoms of mental illness are the things which people come in and complain about. People don't come in and complain about a deficiency of dopamine. People these days may well complain about weak egos and lack of proper development of super-ego, but generally people come in with complaints that they are nervous, afraid, unable to do certain things, or function in certain situations. These complaints are the things that Szasz calls communications. The point is that the problems we deal with are expressed and defined in terms of the personal level. If I report to you that I believe that I am being persecuted by aliens from outer space and you regard this as a symptom of mental illness, that involves a comparison of what I have just said with your own views about what is plausible and reasonable. But if you yourself believe that you were once whisked away in a flying saucer, you will be more inclined to take what I say seriously and less inclined to regard it as a symptom of mental illness. What we have done is invoke standard canons of plausibility. Similarly, if you regard my behavior as reasonable and if it conforms to social standards and conventions, it is not symptomatic. It is only symptomatic when it becomes unexpected, strange, etc.

The notion of behaving strangely, of having peculiar beliefs, is not a subpersonal notion. It has nothing to do with neuroanatomy or the details of any psychodynamic theory. Those notions are all operating at the personal level. Szasz's first criticism

can be put this way: The reason why you can't have subpersonal explanations of mental illness is that in order to define what the symptoms are, in order to pick out and identify the things which put you on to the causes, you have to use terminology and concepts at the personal level. This sort of mixture, Szasz suggests, dooms the theory from the start.

His second criticism deals with the proposed explanations. Presumably we want subpersonal theories of mental illness to explain symptoms. We would like to be able to explain, perhaps in terms of chemistry, why it is that I believe unreasonably I am being persecuted, or why I wash my hands 60 times a day without apparent need. Szasz suggests that no such explanation can be provided; no human communication can be explained subpersonally. In *The Myth of Mental Illness*, he says, "If hysteria is regarded as a special form of human communicated behavior, it is meaningless to inquire into its causes. As with language we shall only be able to ask how hysteria was learned and what it means." Later in *Ideology and Insanity*, he says, "A disease of the brain is a neurological defect not a problem in living. For example, the defects in a person's visual field may be explained by certain lesions in the nervous system; on the other hand, a person's belief that he has been persecuted by Communists cannot be explained by a defect or a disease of the nervous system."

Szasz suggests that beliefs, desires, other sorts of phenomena at the personal level, in fact all human communications, cannot be given any kind of a subpersonal explanation. They cannot be explained in terms of causal mechanisms that operate on the subpersonal level. They cannot be explained in terms of the operation of components and subsystems that are below the surface. They can only be explained in terms of learning and in terms of notions like motive and purpose.

In addition to these reasons for thinking that subpersonal explanations don't work, Szasz also believes that it is good that they don't work. Szasz regards subpersonal explanations as dehumanizing, destroying notions of human responsibility or control over behavior, encouraging a paternalistic and, at worst, a purely technical objective attitude towards the patient who is seen simply as an instance of pathology to be dealt with in the most efficacious, economical means. He has a moral objection to subpersonal explanations.

I'd like to address each of Szasz's criticisms and then the relationship between the two kinds of explanations. The first criticism is that in order to work out subpersonal theories we have to identify problems in personal terminology. In a sense we are using the personal level and then trying to discard it. We can't tell you what we are talking about except in personal terms, yet want to get rid of them at the subpersonal level. I think that this is the norm for subpersonal explanations and is to be expected.

Subpersonal explanations are invoked because we become conscious of defects or failures in

personal level theories and explanations of behavior. Again using the example of vision, one reason that the detailed mechanisms have been examined is to explain such things as color blindness and visual illusions. These things cannot be explained when vision is thought to be a simple process rather than a very complicated one. That the problem is formulated in one language does not mean that it is best addressed, described, or solved at that level. The problems in physical theory, which led to modern relativistic physics and quantum mechanics, had to be formulated first in the language of Newtonian physics. That didn't mean that it had to be solved in that language. Similarly, in the case of Szasz's criticisms of subpersonal explanations of mental illness, it is true that the problems are picked out or detected in personal level language. If there was never any difficulty with describing at this level, there would be no motivation to try to develop a more complicated explanation.

The push for a more complicated explanation comes precisely because of problems recognized at one level but not solvable at that level. There are people doing strange things, but we may not have any of the usual personal level explanations of these strange beliefs available. We can't say that they were taught by their parents or that in school they learned that alien spacemen wanted them. We can't account for their developing this belief based on evidence that we have. In the same way, we can't always account for someone's behavior in terms of ordinary motivation. That's why this level is abandoned when explanations can't be found there. In itself, this is not a problem; in fact, it is what can be expected. And, having identified the difficulties to be dealt with at this level, you go on to try to explain them at a lower level. This, to me, is just the normal and expected procedure, not in itself any kind of problem.

The second criticism claims that you can't explain human communications subpersonally. In that case, Szasz has an excellent point. I think he is right. There are a number of contemporary philosophers who have been emphasizing exactly this point, but they have introduced a distinction which Szasz does not make and which I think shows that the criticism of subpersonal explanations leaves much to be desired. There is a distinction between the content of human communication, the circumstances under which it is delivered, the purposes for which it is used, and what it does. Szasz is right in suggesting that the content of human beliefs or human statements cannot be explained subpersonally. The basic reason is that our beliefs are formulated in our public language. The very meaning of our own beliefs and desires is not something which is entirely dependent on us. It is not something that can be stipulated in terms simply of internal states of the person. For example, my memory that I left my car in front of the hotel is just a mental image. I may have a picture in my mind of where my car is but pictures, like sentences, need to be interpreted. The interpretation of pictures is

conventional; it depends on how certain symbols are used and learned. Pictures in my brain don't carry their meaning on their face. They require interpretation, which is socially learned and depends on social practices and social conventions. The same picture occurring in my head and in your head might have very different meanings according to the different sets of social conventions that we have learned. Similarly, a coiled protein molecule can store memory, but it is necessary to ignore the structure of the molecule and start looking at the symbols' meanings and interpretations. That is inherently a conventional social phenomenon. I think that Szasz is right in suggesting that it is not possible to explain the meaning or content of a particular human communication by specifying a state of the brain or some state of consciousness.

There are other things to be explained about human communications than content. I may want to explain the meaning of what I have just said. You may want to explain why I have said it, or why I said it at this time and in this way to this audience. You may want to ask what further things this indicates about me. The task of explaining these things is rather different than the task of explaining content. It is not implausible to believe that an explanation of why I am telling you that I am being persecuted by a conspiracy is that I've been taking amphetamines for five days and am suffering from a toxicity of those drugs. It is not implausible to offer that story as the reason why I'm behaving aggressively towards you.

I'm not saying that any of those explanations work, but they are not ruled out by the point that the content can't be given a personal explanation. Some personal explanation is being offered, not necessarily the content of belief or action but why the belief has been formed at this time. The general observation that content can't be explained doesn't show that other things can't be explained. So I think that in Szasz's criticism of subpersonal theories, he is right about one thing; it is not possible to get a complete explanation of human consciousness or human communication at the subpersonal level. At the very least it is essential to invoke the social level in order to talk about the nature of the conventions and the learning experiences by which this content has been acquired. However, that doesn't show that we can't explain anything about human communication at the subpersonal level. Indeed there might be a great deal about what we say, why we say it and how we say it that can get us a personal explanation.

Finally, I want to look at the moral objection to subpersonal explanations. Szasz suggests that when human behavior, action, or communication is explained in the subpersonal way—in terms of mechanical forces and variable structures—there is a literal depersonalization. Indeed, it may seem that the more we understand about human behavior, the less human behavior seems to be in our control. Similarly, there is a belief first noted in Hinduism and Buddhism that the more you understand

about human behavior the less eager you are to assign moral responsibility—praise or blame. It has been said that as apparently simple behaviors and phenomena are analyzed into more complex ones, as principles of operation and laws are invoked, somehow personal control disappears and responsibility and accountability for action begins to vanish. We are left with something which seems alien.

This, I would suggest, is a genuine problem and in some sense part of the human condition. It is a general truth about us that in some ways the more we have come to understand about our world, the less personal control we feel for it. It is a general truth that all attempts to explain human beings have led to more and more uncertainty about the extent to which we are really responsible for our behavior and the extent to which moral evaluation is relevant to what really goes on. This is what has happened to our conception of ourselves as we have attempted to learn more about the nature of the world that we live in, and in particular about the nature of our own human behavior.

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