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Freud and Binswanger: An Asymptotic Relationship

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Abstract

The relationship between Freud and Binswanger can be thought as a productive misunderstanding. In search of institutional recognition, Freud sees in Binswanger above all a representative of classical psychiatry, moreover director of a prestigious institution, while the latter aspires to shatter this same psychiatry which seems to him marked by the discrediting of the patient. This misunderstanding will take the form of a doctrinal rather than a practical disagreement, centered on the notion of drive - too biological according to Binswanger - and in particular on the latter's refusal of the drive origin of the ego and of the censorship. For Binswanger, psychiatry can renew itself from the inside by opening up to a philosophical, phenomenological, approach to the patient and his world, a world in which it is first necessary to enter through a patient-doctor co-journey in order to reconstitute the conditions for living together. For Freud, the therapeutic imperative proscribes such recourse to an external authority, the world of the philosopher being itself, by its closure on itself, suspect. In the end each of the respective thoughts of the two men will progress in contact with the other without ever a perfect agreement being able to take place.

Keywords: Freud, Binswanger, phenomenology, psychiatry, drive, ego, psychoanalysis

1. Introduction

The relationship between Sigmund Freud and Ludwig Binswanger began in 1907, when at the invitation of C.G. Jung, then medical director of the Bürghölzli and heir-apparent of E. Bleuler, Binswanger accompanied this one to Vienna, to the famous Berggasse, 19, both residence and study of the master.

At the age of fifty-one, Freud was already famous at the time, notably through *Studies on Hysteria*, co-authored with J. Breuer, published in 1895, and *The Interpretation of Dreams*, published in 1900. Famous but not recognized. He is the subject of disputes which, often, concern more the mood or the emotion than of a solid scientific test, of a clinical or theoretical order, thus on behalf of the German psychiatrists. He also suffered ruptures (Breuer, Fliess).

Suddenly, to spread, his thought takes the path of local (national¹) associations. He also shows himself more and more in favor of what he calls "wild analysis" (that is to say layman = carried out by non-doctors).

¹ They will eventually come together in an international Association, whose first president will be C.G. Jung.

However, its need for institutionalization remains great. He knows that this can only take place by associating himself - who moreover is not a psychiatrist but a neurologist - with "constituent bodies", bodies whose institutionality does not exclude a certain degree openness to new methods of investigation and therapy. Institutions, too, where he could test, life-size, the veracity of his medical doctrine. Of course, with Abraham, Jung and Bleuler, won over to his ideas, the Bürghölzli, famous Zurich institution, both asylum and hospital which, at the time, was at the forefront of research in the treatment of mental disorders, is not inaccessible, but Freud perceives resistance.

It is here that the meeting with Binswanger will prove to be crucial for him. From Freud's point of view, Binswanger embodies both traditional and institutional psychiatry. These two terms have a different meaning. Binswanger certainly embodies the institutionality that Freud needs to affix an official seal to his work. But he also embodies, by that very fact, a way of thinking that he tries to shake up with his incredible theoretical fecundity and inventiveness.

Binswanger is, vis-à-vis his interlocutor (twenty-five years his senior), in a different posture. Heir to several generations of psychiatrists (his uncle Otto, installed in Jena, treated Nietzsche), he is preparing to take over the management of the Bellevue clinic, located in Kreuzlingen, Switzerland, what that unfortunately will happen sooner than he thinks (his father died in 1910, when he was barely thirty). His interest is therefore more of an intellectual nature - he has not completed his thesis - and undoubtedly, therapeutic. It is important to underline that, in parallel with medicine, he studied philosophy at the University of Lausanne and Heidelberg. But, perhaps precisely because of this double formation, Binswanger will also try to "recover" Freud, obviously not at the level of any institutional basis but, one could say, symmetrically, at the level of the elaboration of his own doctrine which would later become existential analysis, Daseinsanalyse. He would later write: "*The struggle with psychoanalysis as a science and branch of psychiatry runs through my life. I can say that all my scientific development, in its positive as well as negative aspects, has been played out on the basis of the philosophical and scientific controversy with psychoanalysis...*" [1].

Although built in chiasmus, a strong link will therefore be established from this meeting, a link which will last until Freud's death without experiencing any interruption (despite the war) and to which regular correspondence testifies, if not nourished, between the two men, correspondence partly lost - the medical files in which certain letters were slipped have disappeared or remain inaccessible, and partly published in french language (Calmann-Lévy, 1995). This strong bond should not however leave in the shade the rough edges to which it was able to give rise. Binswanger, for example, will ask Freud why it is his most brilliant students who abandon him (Jung, Adler ...) and openly reproach him for his will to power while Freud writes to Ferenczi that Binswanger, decidedly, "is not gifted,"

The doctrinal dissensions between Freud and Binswanger which will end, in the latter, in a virtual silence until the death of the former, therefore inform us first of all about the internal economy of the relationship between the two men and, if we are to understand it. Let us approach first, this does not mean that its place is less important. It is clear that, if Binswanger hoisted the flag of phenomenology in 1922,² he only really formulated his doctrine with the *Grundformen...* (*Fundamental*

² *About Über Phänomenologie*), presentation given at the 63rd meeting of the Swiss Psychiatric Association in Zurich, testifies to the interest shown by Binswanger, from 1922, in (Husserlian) phenomenology. Binswanger met Husserl in 1923 (possibly following treatment from Madame Husserl, the couple having lost a son during the war). It is also important to note that both Husserl and Binswanger had in common the fact that they came from a family of Jewish origin converted to Protestantism, Freud having preferred an atheism which he explains in the last section of his work ("En matter of religion, I cannot help you" he will say to Binswanger in 1927).

shapes and knowledge of human Dasein) which appeared in 1942 and did not announce his method until the first International Congress of Psychiatry which was held in Paris in 1950, twelve years after Freud's death.

Echoing this late statement, we must underline the apparent continuity of clinical and therapeutic practice, but here again, this continuity informs us first of all about a conception of the relationship between theory and praxis, what Binswanger calls the "understanding" of the patient, a "understanding" which does not mean the abandonment of the therapeutic action (this accusation will be addressed to him after the suicide of Ellen West) but that a new understanding of the disease as an existential experience cannot be without consequences on the concept of care and "healing".

2. Doctrinal disagreement

2.1 The unconscious and the conscious

The Freudian doctrine of the unconscious received a formulation completed - if not definitive - in 1915 [2]. We will not enter here either into the history of the notion which from Leibniz leads to Maine and Lipps [3, 4], to which Freud explicitly refers in his Letter to Fliess of 27-IX 1898, nor into the content - necessarily random - of its definition being a question, Freud will not stop repeating it, of a concept released from the very practice of the cure. What matters here is to remember that, for Freud, the Ucs originated in the genesis of the psyche and that it is from it that consciousness is constituted, including in its more evolved form which is the ego.

We find for example in his letter to Binswanger of July 4, 1912 this affirmation (literally taken from Lipps): "The Cs is only a sensory organ" on the margin of which Binswanger notes: "*I was never able to rally to this conception, resulting from the primacy of id.*" [5].

This consciousness, which Freud prefers to call conscious, this ego, are labile phenomena, evolving at the same time as dynamic: "*Thanks to the work of interpretation which transforms the unconscious into conscious, the ego expands to the detriment of the unconscious*", notes Freud in his *Introduction to psychoanalysis* [6]. Initially suspicious of libido, "puny and infantile", this ego, which has become "stronger", feels, through the treatment, capable of subsequently welcoming this same libido. The functional success of the treatment attests to the primacy of Ucs over Cs, it is this success which is first of all a success for the body, a calm and happy body, which remains the touchstone.

For Binswanger, language is the key to both illness and cure (and cure). "*The phenomena whose content Daseinsanalyse interprets are phenomena of language*" and when Freud thinks he is interpreting dreams, he only interprets the narrative.

He goes further: if language can heal (talk cure) it is precisely because evil, at its origin, is linguistic in nature, that it is, as a process of signification (making "sense towards", therefore), which helps the patient to build his "world project", the only substrate for a solitary freedom which otherwise goes mad. The madman is therefore never "as mad as that" (even if his project is initially incompatible with the common world, that of living together where he must be reintegrated). This is what will bring Binswanger closer to Heidegger, for whom speech, before being a tool of communication, constitutes the fundamental existential, the "house of being" and whose deterioration (chatter) removes Dasein from the Being and sticks it in the One. It is also this position of Binswanger which inspires J. Lacan for whom "*the Ucs is structured like a language*" (including, therefore, in its dislocations: we remember

the “galloping, did you say galloping?” quoted in example by Lacan in the third *Seminar*).

Hence, there is something absurd in claiming that the consciousness which necessarily accompanies speech (not in its meaning - innumerable and proliferating - but in its “significance”) can come from the Ucs. When Freud listens, he listens to a word, when he makes a diagnosis, it is to the medical lexicon that he resorts to, when he heals and finally cures, it is through the word.

This obviously does not mean that the body is evacuated, but it is no longer the Freudian body, not even a Freudian body subject to (institutional) constraint. Nor is it the body revealed by Goldstein’s work, the “organism”: even if language cannot be dissociated from the very fine bodily mechanisms revealed by aphasia (an aphasia to which Freud devoted his first work), it is always from him that the impulse for meaning starts. It is a body brought back to its primitive and essential function of focal point of the “directions of meaning” with the help of which space is constructed and ... there is no world, no world-project without space. The debt to the Husserlian doctrine of the body, like *Nullpunkt* (zero point) of space, is important: space is precisely what must cement, what cements, the world and the world-project.

Even if language cannot be entirely related to conscious mechanisms, even if “it speaks in me”, it is always in *me* that it speaks. In me and in the other.

To place the precession of the Ucs on the conscious, as Freud does, would lead to therapeutic mutism.

3. The drive: how can censorship reside on the drive side? The question of narcissism

It is somewhat the same circular structure (and therefore the same reproach) that emerges with regard to the drive or even, although its field is more restricted, of the libido.

First there is a libido-ego question. How distinct are they? According to Binswanger, Freud practices here a radical opposition; according to Freud, Binswanger is practicing a radical caesura here.

In his practice, Freud often opposes the two instances. He goes so far as to define the pathological by an outbidding of the libido on the ego. In a letter of July 24, 1913, Binswanger remembers a conversation in which Freud evokes the case of a yawn (compulsive or normal, this is not specified and may be unimportant) where the ego, faced with an invasive libido, “Can no longer exert power on the function”. If this opposition, manifestation of life, is made possible by their common origin, the fact remains that the ego must once again become (or rather: become) “the sole master in the dwelling”.³

Binswanger, for his part, poses a priori, as we have seen, a radical distinction between the two bodies. For the libido-ego link to be established, they must have a (partially) common nature. This is the point of disagreement, Binswanger defending, at least at the time, the existence of a “transcendental” ego.

However, in practice the opposition is markedly reduced. This attenuation is made possible by the intervention of a concept which rejects, once again at the theoretical level, the traditional dichotomy between consciousness and matter: Dasein, in its fundamental structure of being-to.

³ Cf this sentence in which Freud comments on Jung’s increasingly hurtful attitudes: “I have withdrawn my libido from him” (Letter to Binswanger of July 29, 1912).

Of course, Binswanger will gradually reintroduce the notion of subjectivity and even consciousness in his reflection and this reintroduction can legitimately be interpreted as a belated reconciliation with the Freudian position. This ego, however, is no longer quite Freud's. In particular, it must be conceived in its relation with another ego, an ego with which it becomes one from the start and that the doctor-patient couple tries to reconstitute (notion of *Miteinandersein*, *being-which-each-other*):

"The ipseity of this me and this you is therefore not at all founded in Dasein as mine or yours, but in Dasein as ours, in other words in the Being of Dasein. as nostrity. It is only from nostrity that ipseity takes off" [7].

On the one hand, therefore, a genesical ego, slowly resulting, by federation of drives, from an unconscious structuring. On the other hand, an ego has fallen, through the work of concern, to a We posited as the fundamental structure of a Dasein (the Binswangerian We is not a mediation between an ego and a generic humanity (an "they") but a mediation between an Ego essential to medical practice and a Dasein defined by its presence in the world and not by its consciousness, an unconscious Dasein at bottom. The unconscious is Dasein.

The tension then seems to be loosened. But this is only appearance. It will in fact resurface through therapeutic practice and in particular, censorship: is this really of an instinctual nature, even if, as Freud would say later, a drive which, after having been itself censored, turns against other drives?

Let us note first of all, in order to exonerate Freud from a new accusation of naturalism which Binswanger, later on, will partially withdraw, that the Freudian drive is not exclusively a physiological phenomenon. It is, Freud noted, "*a concept limit between the psychic and the somatic (...) of a chemical or mechanical nature, it aims to bring to the outside world what is necessary of modification to satisfy the internal source of the excitations*" [8]. It is a corrective mechanism.

As a corrective mechanism, censorship emerges from a dynamic identical to that of the drive, even if, obviously, the correction is not carried out according to the same mode (it should be noted, however, that Freud will go towards a progressive unconsciousization of a censorship replaced by repression). However, if censorship, whether or not it operates in consciousness, is endowed with an instinctual nature, "*how is it that it has sufficient authority to censor other drives?*" For Binswanger [5], this authority can only come from an external legitimacy, linked to a device necessarily exceeding the drive flow. For Freud, this exteriority does not exist.

"Freud," Binswanger continues, "*remained of his opinion which he subsequently sought to found in narcissism*". What is it about?

In the first Freudian conception, Freud defines several types of drives (sexual, hunger, thirst, scopic drive ...) which will finally be organized around a sexual drive/ego-drive or self-preservation pair. In a second conception, an erotic drive/death drive or destructive pair emerges. The sexual drive retains the preeminence because it carries within it a negativity that others do not carry. Now this point is crucial because it is because of this negativity and the dialecticity that it gives rise to that "*something in the nature of the sexual drive is not favorable to the satisfaction of the sexual drive itself*" (*ibidem*).

What happens in narcissism, the theory of which is precisely worked out after Binswanger's third visit ("To introduce narcissism" dates from 1914)?

Freud begins by recalling the existence of the primitive ("natural") state of the libido that is autoeroticism, which is pure pleasure-taking and dispenses with the mediation of the other (it is not therefore not strictly sexual - any "sexus" induces a separation, a cleavage as the word indicates). Then a choice of object is made,

the first decentration of the libido. Normally, it is the mother or her substitute (for Freud) who constitutes the first object.

However, in certain cases, notably in the absence of a strong father figure, the choice of object turns into a fixation on the mother (for Freud), no longer therefore as an object but as a subject of love. It is the very love of the mother that is desired. We then want to love as the mother loved and in particular by adopting as the object of this love the same object that the mother loved: oneself.

A second step is constituted by the establishment of a choice of homosexual object when, forced all the same to choose an object, one restricts the extent of this choice by adopting an object that has the same characteristics as oneself, in particular the same genitals, those of a boy (who can be the father) if one is a boy, those of a girl if one is a girl (in this case, more intensely because the identification with mother was stronger due to bodily similarity: this process is illustrated by the study on Leonardo da Vinci [9]).

Besides being probably associated with its development, Binswanger immediately perceives the importance of this doctrine - relatively belated. Indeed, narcissism is, as we have seen, a primary stage in the development of the psychic apparatus. As such, its deregulation gives rise to serious disorders which fall within the field of psychosis, precisely the one with which Binswanger is concerned as a matter of priority. Let us remember: the more original a disorder, the more it leaves deep, lasting and, often, indelible traces on the developed psyche of the "adult". The origin remains, she from whom everything comes. We could also take as an example disorders related to orality (anorexia...)

Freud, moreover, laid down his cards and published, in 1917, in his *Introduction to psychoanalysis*, a text which clearly affirmed the link between narcissism and psychosis. Compared to that of 1914, the difference is that it is now a question of libido "of the ego" and no longer of a libido on the body. Self-love is not quite the same as homosexual love (which can let the difference of the object fully subsist)... The reasoning is simple: the strong identity between the loving and beloved subjects leads to an overestimation of the ego through the formation of an ideal ego (role of secondary narcissism: parents idealize their child by projecting on him all kinds of dreams that they have not been able to satisfy for themselves), to an exclusive appropriation of the loved object, the primary form of which will be jealousy and if it grows deeper - in the face of resistance or the inaccessibility of the other but above all, in front of fear/shame/despair inspired by his own tendency - in the certainty of being persecuted (paranoia, at the time qualified as paraphrenia) or, conversely, of being loved in a delusional mode (erotomania). This is the crucible of the circulation between love and hate, so characteristic of the schizophrenic (ambivalence). The perfect illustration of the process is provided by the Schreber case (related by Schreber himself and completed with the deep commentaries by Freud and J. Lacan in *Seminaire*, III).

Why then the skepticism of Binswanger? Precisely because the whole Freudian demonstration aims to show that repression is the result of the drive. What makes it possible to affirm it? The fact that Freud slips without any justification from the normal to the pathological. He does not dare to reveal the central point: the father is never there enough to stop the process. Freud lifts the corner of the veil on the unsaid of something which must remain silent anyway because it is, in fact, anything but natural.

There is therefore a form of irony in this benoît remark in the Letter of January 7, 1920 addressed to Freud by Binswanger: "*The little that you have said about jealousy has all the same infinitely more value than what 'we have been able to say it elsewhere (...) because it is precisely jealousy that seems to me to be able to give us the deepest*

understanding of psychic life, both normal and pathological.” Indeed, to this date, Freud only published “*Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoïa (Dementia paranoïdes)*” in the *Jahrbuch* of 1911.

He would later develop his analysis, also related to anality, in *The Ellen West Case*, a borderline personality disorder before the letter, which revolves around the defenses developed against homosexuality and the recovery of a work of working-through by the disease itself (the patient can only be cured when dead and can only die when cured).

4. Relationship between psychoanalysis and psychiatry

As we have seen, both men seek to enrich psychiatric care. They agree on its insufficiency. Yet the diagnosis about the nature of this insufficiency differs.

For Freud, this insufficiency stems from the fact that psychiatry dilutes the etiology of disorders into a benevolent generality (which he identifies, sometimes, with philosophy):

- because she does not observe meticulously enough:

“Psychoanalysis has roughly the same relationship with psychiatry as histology has with anatomy; one studies the external forms of organs, the other the tissues and the basic parts of which these organs are made.” [6]

- because it favors a heredity which intervenes like a *Deus ex machina* and especially scotomizes the fact that “there is family and family” and that, sometimes, the family itself can be pathogenic:

“Why is the content of delirium in our case precisely jealousy?⁴ (...) Here we would like to lend an ear to the psychiatrist, but it is here that he leaves us in the lurch (...) He will search in the family history of this woman and will give us the answer: delusions arise in people in whose family similar mental disorders have occurred on several occasions. If this woman developed a delusional idea, it was because she was disposed to it by hereditary transmission.”

And Freud concludes that both disciplines are complementary... For Binswanger, more radical, psychiatry squarely misses the patient, his illness:

“By the development of our psychiatric task, we deviate more and more from the concrete reality of the psychological person. Two paths are open to us:

- *a conception of the soul and the mental organism.*
- *a conception of neurophysiological relationships.*

Now, it must be admitted that these two conceptions have no immediate relation to this concrete reality which we call the psychological person. These are detours on the person-to-person route”. [10]

⁴ *Id.* Freud has just described in a woman a case of extreme jealousy which is in fact explained by a repressed fondness for her son-in-law.

It is therefore necessary to modify not the approach of the disorder but that of the patient and to recontextualize the evil in the becoming of the subject, even to make it a lever for healing:

“Illness is a moment in the patient’s life history” and again: *“Illness is the expression of the normal course of life”* [5].

However, for Binswanger, ambitious in the ends but too modest in the means, this mutation of psychiatry can only occur by way of internal growth while for Freud, it must proceed to the definitive importation of an external form which it is originally lacking.

For Freud, psychiatry is sick. Sick of his silences and his procrastination. For Binswanger, it is stationed at a functional stage which keeps the patient in the shade, it prevents him (and prevents itself) from growing. Time is requested, more time:

“Freud, he wrote, always underestimated the difference in structure between the two disciplines... and imagined my role as mediator too easily...” (id.)

Controversy on the nature of the libido and the drive, contestation on the omnipotence of the id and in particular on a self-sufficient structure of the Ucs which generates both the forces which create and unite and those which destroy and disperse: these are the main stumbling blocks between the Binswangerian and Freudian approaches, approaches which, let us repeat, will diverge even more after the death of the Viennese master. However, beyond this divergence, and even the radical separation represented by the death of Freud, it is clear that the medical collaboration between the two men remains intact.

5. Clinical experience and therapeutic practice

Both men in fact agree on a capital point: because the etiology resides in the patient, the cure can itself come only from him:

“We can certainly understand what happened to the patient,” Freud notes, *“but we have no way of making the patient himself understand it.”*

Of course, we are still far from any notion of working-through, but with the recognition of transference and counter-transference, the alchemy that is established between patient and therapist appears to be the key to real progress. Now this key is practice which alone can provide it.

5.1 The scope of the psychoanalytic method

“My conviction as to the exceptional therapeutic efficacy of psychoanalysis “in appropriate cases” has in no way been affected by this criticism”, writes Binswanger in his *Memories* [5].

He will admit later that, of the eighty patients housed in his establishment, only twenty are in analysis, most of the time those for whom he cares directly (the clinic has five to six doctors).

The question which arises here is that of knowing for which cases Binswanger reserves an analytical treatment, that is to say those to which the application of the analytical grid leaves the hope of a real therapeutic success.

5.1.1 The problem of semiology

The first question is that of the symptom and its interpretation. As we have seen, the status of the sign and of the language, not only spoken but symptomatic, is

not the same according to the systems. For Binswanger, the question of the “crazy sense” also arises in a deficient language configuration.⁵

But the question is also to know what, “in” the analyst, interprets. Freud of course, with reference to the mechanisms of transference and countertransference, warns Binswanger against the idea that, in order to better understand the analysand, it would be necessary to involve his own unconscious. But for Binswanger, this restriction, if it is the pledge of scientific objectivity, hinders the establishment of co-routing between doctor and patient towards a common world, the ultimate goal of “therapy” and of “infinite” healing.

He wrote to Freud⁶: “*You must admit all the same that there is a unitary mental predisposition common to all men and that if this predisposition works without being hindered, “understanding” is established by itself. But precisely this “of itself” is problematic for me.* And Freud replies: “*My proposal to appreciate the analysand’s Ucs as a receiver was formulated in a modest and rationalistic sense, but I know that it conceals important problems*”.

This depersonalization (or deindividualization) of the Ucs will be at the origin of a recourse, first as a security then as a surety, to the resources of the hermeneutics of Schleiermacher or Dilthey to found a kind of co-analyst-analyzer hermeneutics, a solution that Binswanger preferred to the Jungian one of a collective unconscious.

But Binswanger’s universalizing approach is already like the prodrome of a dissolution of the concept of Ucs as part of a patient’s own life story.

5.1.2 Neuroses

When the disorder manifests a deregulation of the course of the libido by a defense mechanism whose the ego, an intact ego but which perceives itself as threatened, is both the stake and the agent, recourse to the analytical approach appears as fully legitimate. According to Binswanger, it is here that psychoanalysis has demonstrated its undeniable effectiveness. But in all their protocols, Freud as well as Binswanger remain essentially pragmatists: “*Freud is and remains the conscientious explorer of nature, who does not say more than experience gives him*”.

Starting from the theme of female jealousy, we have, in an earlier article,⁷ tried to show from a clinical case how the Binswangerian doctrine is established as a simple extension of the Freudian doctrine.

In Freudian doctrine, jealousy, that is to say the delusional construction of the desire of the other in relation to a third party, is interpreted first of all as a defense mechanism in relation to one’s own (unacknowledged) desire. We can refer here to the text of the conference on “Psychoanalysis and psychiatry” (1915), subsequently integrated into the *Introduction to psychoanalysis* and to: “On the transformations of the drives, particularly in anal eroticism”, published in 1928 in the *Revue française de psychanalyse*, II. The case cited by Freud is that of a woman who suspects her husband’s infidelity when in fact she herself desires her son-in-law.

⁵ To stay as close as possible to the truth here, we must recognize that Freud admitted: “*In schizophrenia, it is the predominance of the word relation over the thing relation which gives the symptom its surprising character*” *Métopsychoanalyse*, The Unconscious, VII, The recognition of the Ucs. But he adds: “*This investment represents the first of the attempts at restitution or cure thereby excluding a virtually pathogenic character of language.*”

⁶ Letter of February 15, 1925. Freud’s response arrives - belatedly - in Nov. 22.

⁷ This is the case of Ellen West, a case of anorexia, later reclassified as schizophrenia. The article entitled “Freud and Binswanger” appeared in the *Swiss Archives of Neurology and Psychiatry*, I, 2016.

In a second step, the man is identified with the penis, a penis which one wishes, in a regressive and exclusive mode, to keep permanently.

Later, Freud established a link between jealousy (and any form of possessive love) and anal eroticism directly related to the containment of feces. The anal stage is a stage where certain primitive features of love take shape (retaining it and giving it, the risk of detachment from oneself, of loss of the loved object ...).

Finally, as we have seen, he will extend this doctrine to the genesis of psychoses through his doctrine of narcissism.

Except on the ultimate development which aims to link homosexual anal eroticism to the constitution of a narcissistic, jealous or melancholic and potentially paranoid ego, Binswanger shows himself, on all these questions, in agreement with the Freudian interpretation. However, based on his own clinical experience, sometimes shared with Freud (the case of J. v. T. mentioned in the 1910 correspondence or that of Mme F, mentioned in the 1912 correspondence - two cases of repressed homosexuality -), sometimes isolated - that of the Ellen West case - he developed his own theory at that time. Thus in Ellen West, being-in-the-world is first of all being-in-body. However, this body is perceived as a round body, isomorphic to the earth, while it is moreover structured around the void and the hole of the anal orifice but also of the mouth and therefore the reverse of the terrestrial world, a ball of matter enveloped in the celestial void. This is the "crazy meaning", all woven of metaphor, that must be deciphered in order to understand Ellen, in particular her doctrine of oral then anal fertilization, her anorexia - as a rejection of the "lie" (no concealment or projection therefore here) - and finally, her suicide as a return to the void and to the hole of the grave from which will perhaps take place another, quite another germination (passion for gardening). We find also this mouth-anus system at Louis Wolfson (*Le Schizo et les langues*, Paris, Gallimard, 2006).

As we can see, the pathogenesis here is structured by something much more than an excessive defense mechanism which would lead to the dissimulation (by projection for example as was the case in the Freudian interpretation) of a repressed libido. On the contrary, it is about revealing and showing. We encounter a similar mechanism in Jürg Zünd, when he manifests - through the wearing of thick coats in the middle of summer or of a suspensorium - in his pathological fear of making the erection visible, that there is, precisely, nothing to hide. Faced with the indecipherable darkness of the drive journey: the blinding light of the human condition.

But in passing, we can clearly see that Binswanger left the framework provided by the psychoanalytic grid: it is precisely the whole condition of man that constitutes the mainspring of neurosis, its "knot", insofar as this condition is not contradictory, by the fact of internal struggles between two orders of drive, but radically incomprehensible. It is the world which lodges in the sign of contradiction, neurosis is only a way of saying it: "*Anality in the psychoanalytic sense is the fragment of a global world of the hole, that is - that is to say a fragment of the carnal part of the proper world*" [11]. It no longer refers, therefore, to a type of repressed pleasure or even allowing to escape, as a passive structure, from a psychosis by a semi-identification with the woman-mother, it refers to a global conception of being-in the world.

Here is announced the project of an anthropology, medical if you will, philosophical if you prefer, to rethink the whole of the psychiatry of neuroses or, for cases like that of Ellen, this which will become borderline personality disorder (Binswanger will speak, in 1921, of *schizophrenia "simplex"*).

5.1.3 The case of psychoses

However, if this enlargement severely relativizes the framework of the Freudian analysis, it does not affect its therapeutic efficacy. It is not the same in the field of

psychoses. Apparently, there are at least, for the psychoanalyst, two entries in this field: the sexual and the infantile. However, this turns out to be insufficient.

The Freudian analysis, as we have seen, is in fact based on the conflict between the libido and the ego, a marked conflict, Binswanger will note, by the personalization and dramatization (of psychic instances).⁸ But it is precisely this notion of me which, in psychosis, is missing.

The therapeutic strategy in Freud consists in reinforcing the ego even if, in order to do this, he must recognize the presence and the strength, at its borders, of an Ucs who, ceaselessly, contests them. But when we approach the field of psychosis, this ego purely and simply evaporates.

“In the region of what really gave, Binswanger notes, we do not meet any me! What astonishment when we then see what is given in a unique way, for example the drives (...) becoming metaphysical, “mythological“ or psychological elements building an ego” [12].

Of course, Freud is not far from reaching a similar conclusion when he speaks of a narcissistic involution of the ego or what amounts to the same thing, of a *“libido which does not seek a new object but withdraws into the ego”* [2], an ego which in the end does not manage to build itself because it remains trapped in the ego of the first figure of attachment. But, here again, the risk of misunderstanding is great because if, for Binswanger, psychosis in fact expresses the absence of the ego, this message must in some way be interpreted positively, and not as a confiscation by the libido or by a mother-world.

Let us take the example of Jürg Zünd, subject to “all phobias” and an “apparent delirium of reference” [11]. He has built a world-project in which at any moment a break in balance can occur, in particular a contraction of space which, suddenly, brings my body closer to other bodies in a violent or even fractal fashion. Where the psychoanalyst would see an etiolation of the ego or, to use a term used by Binswanger himself, a “shrinking” of the ego in the face of a hypertrophied world, Binswanger is content to describe this world-project as the very one. Which constitutes Jürg Zünd.

Admittedly, Jürg Zünd has a libido, a sexuality (distancing from women of modest extraction) and this sexuality is indeed the object of a singular treatment since it must be, at the same time, carefully hidden. and openly exhibited. But it is only a language intended to show the veiling of Being - or to reveal its abscondity and this starting from the zero point where space expands/contracts: the body.

It would be the same with Lola Voss, in her delirium of persecution [11]: for Lola Voss it is not a question of rebuilding an ego involved in the rejection of contact with the other but of re- “worlding”,⁹ with the help of the practitioner, even if she populates her new world-project with ambushed assassins who watch or stalk her relentlessly.

The reconstitution of an ego “master of the house” can in this case be of no help. In reality, it is the ego and the individuation and subjectivation processes that it induces which is pathogenic. Absolutely pathogenic. We must stick to being-in-the-world and its sharing: *“The distinction between existential analysis and psychopathology concerns the who of being-in-the-world”* [10].

We then understand that the famous concept of nostrity, which some have considered sometimes foreign to Daseinsanalyse and to the psychiatric doctrine of

⁸ This observation results from the numerous notes reporting on the progress of volume II of the *Einführung in die allgemeine Psychologie*, volume it seems almost entirely written but never published and to this day lost.

⁹ This neologism tries to translate the specific term of “welten” which remains outside of the idea of creation but of an opening projected of the Dasein (M. Heidegger, *Der Ursprung des Kunstwerkes* (1936)).

Binswanger, is, in reality and in every respect, a psychiatric concept. It has nothing to do with an *We* which would be born from the meeting between two self-consciousnesses even if, in the texts and in particular in the *Grundformen*, Binswanger often uses both terms by giving them an equivalent meaning. It is the original structure of Dasein like *Mitsein* (*being-with*) and only the return to it, in and through illness, can “heal”.

It is therefore not wrong to say that the thought of the ego evolved in Binswanger, passing from the contestation of an instinctual origin (with a stiffening in the Kantian transcendental I), previously mentioned, to its pure and simple negation in a no less original nostrity. This second position, however untenable in therapeutic terms (faced with the risk of transference, the patient-doctor distance must remain) will itself crumble in recent years and *Wahn* (*Delirium*) (1965), for example, restores, after the long Heideggerian detour, the hypothesis of a husserlian transcendental ego.

But Freud also evolves and his thought, especially that of psychosis, marks if not a rapprochement with Binswanger's thought, at least the taking into account of his preoccupation. Thus the reciprocal influence of the two thoughts appears more and more clearly.

5.2 The hospital

In terms of practice, Binswanger has a space that Freud does not have, never will have: an establishment. Because the institution is also, and perhaps first of all, a space.

Freud has a particular conception of the establishment: it is first and foremost a place located outside of time and social space and as such allowing to escape the multiple constraints of social life. This idea, however, will gradually fade in the face of the dilution that the practice of analysis undergoes in institutional settings.

On the other hand, Freud integrates this place into the psychoanalytic economy: “It is only by the union of analysis and prohibition (contrary constraint) that one can arrive at something in her (a common patient). I very much regret that at the time, I only had the first means; the second can probably only be applied in an establishment.”¹⁰

This approach betrays, once again, a fundamental position: psychoses, in their very gravity, only express a deeper repression, a more implacable censorship, which the subject imposes on himself, in phase with a repressive device of social or ethical nature. It cannot refer to a positioning of the subject in his relation to the world: whether or not it is the place of a decisive choice between madness and reason, whether it is it or not that decides, in the last place, the mode of approach of the patient and even if, sometimes, one can find that Binswanger assigns a function of escape to him, the philosophy remains the underground stake of the debate between the two men.

6. Philosophy: reason to keep or... reason, fast!...?

Freud, a meticulous explorer of the Ucs, strives never to go beyond the framework of clinical experience and suddenly finds himself constrained to remain in a doctor-patient relationship based on a verbal exchange and, one could almost say fact of the absence of a possible recourse to an establishment, not symptomatic [13].

¹⁰ Letter of Freud to Binswanger of April 27, 1922.

Binswanger, for his part, enjoys the possibility of resorting to restraint but suddenly also takes the measure of its possible failure. For instance, the teaching of the Ellen West case and her suicide (1921) holds a capital place here in the abandonment of a “teleology of cure” but also the success of restraint, in its “relative” maintenance. We can refer to the case of the young girl suffering, at the time of her period, from hiccups and difficulty in breathing and who was cured by “sudden compression of the trachea” (“Über die Psychotherapie”). Binswanger is based on philosophy to think about the disease, the being-man of the patient (but also the being-sick of man) in his relationship to being-in-the-world and intone differently all his medical practice, including psychoanalytic treatment. If, moreover, as Freud claims, the doctor is not a philosopher, the patient, at least as a potential decision-maker of his cure, can be.

He summarizes:

“The central concept of psychoanalysis is absolutely not that of illness but that of health” (with, Binswanger notes below, a “restitutio ad integrum”) [13].

6.1 The concept of philosophy

During the first meetings, Binswanger is struck by Freud’s apparent lack of appetite for philosophy: “It was interesting for me to see what weak philosophical needs Freud had” [11]. During his third visit, the Master will go so far as to confide to him that philosophy is, in his eyes, only a “sublimation of repressed sexual impulses” (*ibid.*).

This statement is not reserved for the Bellevue psychiatrist. In the Preface that he gives to Theodor Reik’s work, *The Ritual, psychoanalysis of religious rites* (1919), we find, for example, this disconcerting statement: “The delusional representations of the paranoid reveal a deep kinship with the systems of our philosophers.”

Ironically, Freud, when asked for his references, evokes the comics of Wilhelm Busch, in particular the series of Tobias Knopp in which the philistinism of the German bourgeois is denounced, and of Max and Moritz, the story of two rascals who terrorize their village, torture and pilfer the chickens, disembowel the bags of grain to end up ... in mash for the ducks, crushed under the millstone of a mill. Freud placed Busch albums in his waiting room. There are a few anti-Semitic (irreligious) passages.

However, little by little, here again the gaze changes. First of all, there is a slip by Freud who qualifies the Ucs as a “metapsychical” phenomenon (as we say metaphysical) (*ibid.*) Then:

“I discovered to my own surprise, that Freud had an authentic philosophical vein” (*ibid.*), affirmation which will come to corroborate, of course, the series of the last published works.

In the register of philosophy, Freud, in fact, read and read a lot “in his young years” (*dixit* Freud) for example, about religion, Feuerbach and about Ucs, Lipps (cf. the *Letter to Fliess*, cited above). His frequent references to primitive life are based on the most recent developments in anthropology, such as those of Morgan and Frazer.

6.2 Role of phenomenology and fundamental ontology

Henceforth, Binswanger considers himself empowered to research what are, precisely, the foundations of Freudian anthropology, what conception of man presides over his reflection. It is precisely this analysis that we find in the speech given in Vienna on the occasion of Freud’s eightieth birthday (1936). Freud will not

attend but will say that he was “happily surprised” by it. This discourse is centered on the notion of *homo natura* which refers to a certain form of determinist naturalism [14, 15], which would have the effect of reducing the body to being only an economy of instinctual flow and epistemically, of removing it from its subjectivity by reifying it excessively to transform it into a pure object of analysis.

In spite of this epistemic monism which serves as a basis for his reflection, Freud remains aware of what he is advancing with the Ucs towards a blind spot in humanity - in the sense of being-man. In the account of his second visit, Binswanger notes: “Freud asserts that just as Kant postulated the thing in itself behind appearance, he [Freud] postulated, behind the conscious accessible to our experience, the unconscious which can never be a direct object of experience”. But, he comments, “one cannot learn anything from the thing in oneself apart from its existence whereas, by the conscience, one can learn a lot of things about the Ucs” [5]. It does not say how one can know the existence of the thing in oneself without knowing anything about it, even if, already, the notion of presence and its possible deduction from an absence, are outlined here.

Anyway, Binswanger will continue his path towards philosophy: “Over the years I had to recognize that the essential scientific and philosophical bases were lacking” (*ibid.*). What are the consequences? Is this what, gradually, will separate the two men, on the theoretical level of course?

Let us first see the approach of the Ucs where Binswanger collects the fruit of his efforts to erase the role of self-awareness, of the ego.

“By turning to phenomenology and existential analysis,” writes Binswanger, “the problem of the Ucs has changed for me; it widened and deepened insofar as it was always less opposed to the “conscious” - opposition which still largely determines it in psychoanalysis (...) Insofar as in the existential analytics of Heidegger - unlike Sartre - we start precisely not from the conscious but from being-present, as being-in-the-world, this opposition was erased for me” (*ibid.*).

As in Heidegger, the notion of body will gradually fade away in favor of a bodily existing (a *leiben*, a “corporealize”, a “corporéiser”), just as the world will unravel in favor of a “worldize”, a “mondéiser” (“das weltet”, Heidegger will say) in the same way, we see, over time, does the Ucs become, in Binswanger’s eyes, a mode of being-in-the-world among others, a “way” of being-there (only the word “there” will allow him to save in this process the specificity of the body as a source of a space stretching its “directions of meaning”).

Mode of presence of Dasein which, let us repeat, can also affect a collective “way” (one could here draw a parallel between the evolution of Freud towards the collective problematic of the Ucs and the Jungian discovery of a collective Ucs. Binswanger who keeps a distance between the two tries to federate them - at least doctrinally - through the notion of Dasein).

But the effort of synthesis and, it is true, his somewhat obsessive concern for continuity, will take Binswanger further, especially after the disappearance of the master, substitute for a father who died precociously, helped him to deploy resources of his system: “Beyond psychology, psychoanalysis and biology, we must begin with an anthropology” (*ibid.*).

Perhaps we will be criticized for forcing the line here? But many elements militate in this direction. The most convincing remains the procrastination which surrounds the publication - which ends in a non-publication - of the second volume of the *Einführung in die allgemeine Psychologie*, which was, after having been updated, in the first volume (1922), the philosophical roots of classical psychiatry, showing how psychoanalysis revolutionizes the psychiatric field while remaining faithful to it.

The planned summary is¹¹:

1. Freud's psychology and the building of the person (genetics)
Definition of psychic (meaning and signifiante) and Cs (Lipps, Freud)
2. Psychic conflict: personification of instances and dramatization
3. Social and instinctual

7. Interpretation (in connection with Schleiermacher and Dilthey)

But Binswanger does not publish, will never publish this work because already, in his eyes, this work is "outdated". In particular, the notion of interpretation which Freud made, applied to dreams, the royal way of access to the Ucs, can, according to him, be understood only from hermeneutics. Once again, it is not the dream but the whole existing which requires, according to a dynamic process, to be - indefinitely - deciphered. We find in the *Journal*: "Read the Psychology... of Schleiermacher with the feeling of finding myself on known and sure ground. His work on Hermeneutics confirms to me that my book must begin with hermeneutics and be articulated with it". But such an introduction to psychoanalysis immediately deported Freud to the territory of the religious (Schleiermacher is first of all a theologian). Binswanger therefore preferred, with good reason, to abstain.

In "Freud and the constitution of psychiatry" [16], Binswanger goes back to the ethical code of psychiatry as formulated by Griesinger and he writes: "With Freud, man is no longer simply a living organism but an essence of life dying its life and living its death (...) disease is no longer a disturbance coming from the outside or the inside but the expression of the "normal" course of life on the way to death". This affirmation seems to recognize in psychoanalysis a theoretical overhang (linked to the superposition of infantile development and the successive repressions that accompany it) but it is immediately strongly qualified: "That we are lived by the powers of life, it is not there only one aspect of the truth; the other aspect is that we determine it as our destiny. And only these two aspects manage to embrace the problem of meaning and madness, of delirium" (*ibid.*).

This is the second message that Binswanger sends to psychoanalysis: freedom can only initiate a process of healing (that is to say of recognition of its destiny) from the moment its role in the morbid process has been recognized - and in that this process cannot be totally disavowed (doctrine inspired by the Heideggerian one of "freedom at the bottom"). To disavow the original choice of madness would deprive the patient of all continuity in his being-in-the-world, in subjective terms: to suppress the self-confidence which guarantees "healing". In this process, another recognition will have to take place: that madness itself has its roots in the exercise of this freedom because, if I am free, I am "only that".

7.1 The religious

A disagreement remains between the two thoughts but not between the two thinkers. Here again, however, it will not be identified in the same way.

¹¹ *Journal*, II, p. 50-57. Quoted in *Correspondance Freud-Binswanger, 1908-1938*, Paris, Calmann-Lévy, 1995. A series of notes based on the examination of Binswanger's *Journal* enlightens the progression of the work, pp. 216, 218, 221, 238, 245 and 257.

For Freud, this disagreement is primarily of religious origin. Neither of the two men, in fact, wishes to go beyond this problematic and here, the question of the biological (in génétic sense) reappears because neither Freud – who evolves on that point - nor Binswanger grants it any primacy. Regarding Judaism for example, Freud writes: “*There is only one serious fact: Semites and Aryans (or anti-Semites) that I wanted to bring to a fusion within psychoanalysis, separate again like oil and water*”¹².

Now Freud is irreligious: “*I still accept, at a pinch, a good binge with alcohol, but a binge without alcohol ...*” he wrote after Binswanger had questioned him on this question.¹³ In fact, here again, Freud never ceases to take up this question in his last texts, about the writing of which, moreover, he never ceases to talk to his colleague. *The Future of an Illusion*, which appeared in 1927, links the religious phenomenon to the need for relief linked to the anguish of the child. For his part, Binswanger revamps his concept of religion which he finally resolves, under the influence of Martin Buber, into a religion of the I-You relation (*Grundformen*, I) and of which he finally announces the definitive substitution:

“*In place of theology should come psychology; instead of Salvation, health; instead of suffering, the symptom; in place of the pastor, the doctor*” [5].

Thus he pays homage, post-mortem certainly but sincere and fair, to the one who, beyond the misunderstandings, has never ceased to keep hope and confidence in his young teammate.

8. Conclusion

In the management of the relationship, what was Freud’s mistake in the end? If there was an error, it was to consider that Binswanger embodied, in the circle he had drawn around him, classical psychiatry, an institutional psychiatry, well established on its foundations but also, at the same time, misoneist and pusillanimous. and which closed its doors to its new approach to care, an approach whose legitimacy was constantly reinforced by clinical experience.

But this was an approach in terms of influence struggle and Binswanger expected something else, something else he could not find despite the rich exchanges of information between the two men, for example on the development of their respective families, strangely similar it must be admitted.

What Freud did not understand is that in fact, Binswanger was in turn trying to get out of this same psychiatry and that therefore, in fact, he could not embody it, striving on his side. to purge it of a representation of the man whom he judged devaluing, sterile, but in exchange for which Freud offered nothing that met his expectations. It was, however, in Freud that Binswanger had to find the most relevant elements in order to think at new expense the fundamental forms of human presence and define the new modalities of his knowledge, Freud for his part drawing from his exchanges with his colleague a fertile questioning.

“*Man, the master of Kreuzlingen wrote in Memories [5], takes too much at his ease with being-present. One of the forms of this lightness is neurosis, it is a life suspended in the moment, opaque to itself. The world of such a present-being oppressed by the moment is the wish for fate, the inordinate imagination. In the face of this, creation stands in truth, as the existence of Freud exemplarily reveals to us. Only a productive man can endure the painful life*”.

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¹² Letter from Freud to Binswanger of July 29, 1912.

¹³ Lettre from Freud to Binswanger of April 2, 1928.

Conflict of interest

There's no conflict of interests.

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