



## HOW TIME REENCHANTED PSYCHIATRY

Hughenoltz's time-theory in the context of  
Binswanger's, Minkowski's, Straus's, and Von  
Gebattel's anthropological-  
phenomenological psychiatry

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## Introduction

### 'Holism' in science and psychiatry

At the beginning of the twentieth century scientists started to challenge the 'old' science of the nineteenth century. They undertook holistic endeavors to keep their science humane from within. Their 'new' science was a reaction to mechanism, reductionism and materialism which had had the upper hand in the nineteenth century.<sup>1</sup> Some, mainly German speaking, scientists did not want to give in to Max Weber's *disenchantment* of the world picture due to naturalistic science. Instead they made a case for what Anne Harrington has called a *Reenchantment of Science*: 'these men (...) argued that a continuing commitment to responsible science *was* compatible with an ethically and existentially meaningful picture of human existence; but only *if* one were prepared to rethink prejudices about what constituted appropriate epistemological and methodological standards for science.'<sup>2</sup> Their answers were formulated 'under the banner of wholeness', and their holistic science challenged not only the empirical data that the 'old' science provided but also its 'epistemological and methodological inadequacies'. These attempts to keep science humanitarian were a family of approaches that in first instance can be defined by what they self-declared not to be: reductionistic, materialistic, and mechanistic.

The ideal of wholeness also spread to psychiatry, and from the beginning of the new century various holistic psychiatries came to the fore. Phenomenological, anthropological, and existential psychiatrists can be viewed as 'holistic', each giving shape to a 'new' psychiatry in various ways.<sup>3</sup> A 'new' psychiatry that continuously emphasized to view human being in its totality, in its meaning, and provided an accompanying new psychiatric epistemology.

An important part of the scientific call for wholeness, was the new approach to 'time' that it gave rise to. The natural sciences started to investigate the relativity of time, a movement of which Einstein's (1879-1955) theory of relativity from 1905 is a well-known example. In the arts Salvador Dali (1904-1989) painted melting clocks that expressed his collapsing notion of a fixed cosmic time in *La persistència de la memòria*.<sup>4</sup> In literature Proust's (1871-1922) search for the relationship between time, biographical events, and mental states was expressed in *A la recherche du temps perdu*. In

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<sup>1</sup> Compare: A. Harrington, *Reenchanted Science: Holism in German culture from Wilhelm II to Hitler* (Princeton 1996) xvi. to: C. Lawrence, and G. Weisz, *Greater than the Parts: Holism in Biomedicine, 1920-1950* (New York 1998) 1. to: J. Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, (Amsterdam 2000) 55.

<sup>2</sup> Harrington, *Reenchanted Science*, xvi.

<sup>3</sup> In this thesis *Phenomenological* psychiatry refers to methodological and epistemological changes due to the idea to 'let psychiatric phenomena speak for themselves' and the search for 'intentional' structures of experience. *Anthropological* psychiatry refers to the aim to view 'the patient as a totality' and therefore search for 'essences in human being'. *Existential* psychiatry refers to the reflection on 'human freedom' and 'existential choices'.

<sup>4</sup> See Dali's painting (1931) on the cover of this thesis.

philosophy thinkers like Henri Bergson (1859-1941), Edmund Husserl (1859-1938), Max Scheler (1874-1928), and Martin Heidegger (1889-1976) were, in various ways, occupied with working out of a new vision on time. These philosophers viewed 'time' as a significant influence on the way human beings experience and constitute themselves in a meaningful world. The radical new approach to time was powered by the idea that people are not only beings *in time*, but that time is also of considerable influence *in a human being*. As such, 'time' was not only considered to be a timeline that passes human beings by *externally*, but was viewed to constitute the structures of the *internal* world. Thus 'time' was viewed as having different *dimensions*, and these dimensions were viewed to structure the way people constituted their experienced lifeworlds. As such, a redefinition of 'time' could help to put the meaningful whole of (a) human life into sight of science again. After all, 'time' in all its dimensions did not only limit a human life because it ended it, but could also provide that life with meaning, history, and continuity from within.

### 'Time' in holistic psychiatry

It was no wonder that some psychiatrists adopted and appropriated this new approach to 'time', as time was viewed as a considerable influence upon a person's inner structures. Human beings, in the eyes of these psychiatrists, should not only be investigated as matter, and taking up space, but also as 'temporal' beings. As such, these psychiatrists thought, time could not only clarify who human beings were in *general*, but also enlighten *aberrant* world- and self-experiences that psychiatric patients had. These psychiatrists set themselves the major task to understand the structures of experience. Within that enterprise they increasingly discovered the changes and peculiarities of *time-experiences* they encountered in their patients. For example, they observed that depressed patients had severely limited perceptions of the future, or sometimes had no future experience at all. This caused an inability to dream, trust, and 'let time heal their mental wounds'. Or they observed that patients who showed signs of depersonalisation suffered from the ticking of a clock, a train passing by, or any other experience that emphasized that time passes by without them being able to take part in it. Since 'time' was viewed as formative to a patient's inner world, the study of time-experiences became an important dimension of the psychiatric study of structures in experience.

So, 'holistic' psychiatry formed a breeding ground for new ideas concerning the role of time in mental health, the human mind, in human life, and in human biology.<sup>5</sup> The work of the Dutch psychiatrist Paul Theodoor Hugenholtz (1903-1987) is exemplary for this new approach, and as such gives insight into the way 'holistic' psychiatrists dealt with time. The main source in this thesis is his

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<sup>5</sup> T. Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie. Eine Studie über den >Wengener Kreis<: Binswanger – Minkowski – Von Gebattel – Straus* (Stuttgart 1995) 233.

dissertation *On time and time-forms* from 1938. Hugenholtz developed an anthropology of human being based on several ways time can be experienced. With his anthropology he wanted to provide the 'new' psychiatry with a new vision on psychopathological syndromes in general. Hugenholtz developed a theory in which he made a distinction between several forms of time that correspond to 'layers of experience'. This thesis investigates the history of Hugenholtz's time-based theory and argues that he took the works of the the Swiss psychiatrist Ludwig Binswanger (1881-1966), the Polish and later French psychiatrist Eugène Minkowski (1885-1972), and the German psychiatrists Freiherr Viktor Emil von Gebattel (1883-1976) and Erwin Straus (1891-1975) as point of departure. These four psychiatrists, who did not know Hugenholtz's work, undertook a common research project between 1928 and 1938 and investigated the time-experiences they encountered in their patients.<sup>6</sup> Together they worked on the idea that the experience of different dimensions of time could eventually contribute to a new understanding of several individual psychopathological syndromes and human beings' mental condition.

The unfolding of this time-debate was constantly accompanied by the central themes of holistic science that were mentioned above. In the case of anthropological, phenomenological, and existential psychiatry these themes were: a redefinition of psychiatry as a new 'rigorous science' that distanced itself from the 'old' psychiatry, an accompanying epistemological and methodological redefinition of the newly formed discipline, and a serious commitment to the ideal to view human being in its totality. These themes resonated throughout the debate. The four psychiatrists grew more and more dissatisfied with their own discipline. According to them, the 'old' psychiatrists tried to capture mental illnesses in theories and lists of characteristics, and in the process developed a 'wrong way' to view real and concrete patients that were right in front of them. In their view, 'old' psychiatry mainly focused on external symptoms of pathology and reduced them to their substrate: the disease. Therefore, this 'old' psychiatry caused patients to be treated as if they were defined by the disease instead of giving shape to a deviation of the normal. This way, both the patient as a person and the psychiatric condition at stake could not really be known. The four psychiatrists, amongst others, emphasized the contrary: the patient had to be understood as a '*totality*', as a unique person.

That unique individual wasn't as easy to know as the lists and theories of the 'old' psychiatry suggested. However, despite the epistemological difficulties that came with the ideal of totality, the effort was worth it. Since, according to phenomenological psychiatrists, the only way to get to know

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<sup>6</sup> The parallel work on 'time' that Binswanger, Minkowski, Straus, and Von Gebattel have undertaken prior to 1939 has been identified by Torsten Passie. and since then not been investigated further. Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie* 193 – 202.

a psychopathological condition, was to get to know the patient who gave presence to it, and consequently to form an understanding of the world he or she experienced. In order to reach that understanding, pathology should be approached with *all* the clinical methods available: biologically, socially, *and* psychologically. Thus, pathology should be understood just as much ‘from the inside’, as it already was understood ‘from the outside’.

The phenomena that these psychiatrists tried to observe, describe, and interpret, were according to them extreme forms human being possibly could take. This meant that the rules that constituted mental illnesses of their psychiatric patients, were seen as already present in every human being. Those rules could only be understood through an attempt to put oneself into the experience of the patient. Eventually these psychiatrists thought that the understanding of their patient’s *individual* experience could lead to an understanding of ‘human being’ *in general*. Psychiatric patients in their account, could be viewed as manifesting an extension in extremis of normal states of human being. This meant that in the phenomenological psychiatrists’ account, psychiatry tells us something about who we are, because the *abnormal* conditions of psychiatric patients enlighten the structures with which *normal* human beings experience a meaningful world.<sup>7</sup> So, this psychiatric tradition had not only the mentally ill as object of investigation, but had human being in general as its core emphasis, and had an *impartial* stance towards normal and abnormal phenomena that came up during their investigations.<sup>8</sup>

### Shared psychiatric aims

As mentioned above, individuals working in the ‘new’ psychiatry had strong common aims. Therefore this thesis opposes the image of the ‘holistic’ psychiatries of the first half of the twentieth century as a psychiatry in which ‘anything goes’.<sup>9</sup> This ‘anything goes’ view presents a psychiatry in which, due to its integrative character, anything was accepted and no central ideals, epistemologies or practices existed. On the contrary, ‘holistic’ psychiatry of the interwar years, whether having a more phenomenological, anthropological, or existential emphasis, shows to have had central themes.<sup>10</sup> Although there was no clear-cut theoretical framework in which holistic psychiatry was practised, which was mainly caused by a phenomenologically inspired revolution of human ontology and epistemology, the sources show strong common features. These are firstly, the thematization of

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<sup>7</sup> According to the four psychiatrists, knowledge of ‘the norm’ and knowledge of ‘the abnormal’ was reciprocal. In their view, psychopathological phenomena could only be understood out of this reciprocity. Passie, *Phänomenologische-Anthropologische Psychiatrie und Psychologie* 233.

<sup>8</sup> H. Spiegelberg, *Phenomenology in Psychology and Psychiatry*, (Evangston 1972) xxxiv.

<sup>9</sup> H. De Waardt, *Mending minds. A cultural history of Dutch academic psychiatry* (Rotterdam 2009) 117, 120-121.

<sup>10</sup> This issue of *Studium* is devoted to highlight such central themes. Vijselaar, J. and R. Abma, , ‘Psychiatrie in meervoud, De wetenschappelijke oriëntaties van de Nederlandse psychiatrie in het interbellum (1918-1940)’ *Studium* 3 (2010) 79-81.

understanding the inner world of the patient (the *humanities* approach) and secondly, within that the preference for *phenomenology*. This thesis challenges the ‘anything goes’ image by focusing on psychiatrists that had a shared interest in ‘time’, and highlights the important shared issues that transcend this type of time-centred psychiatry. As such this thesis attempts to open up new research into the history of psychiatry and the history of science.

The thesis is structured up as follows. Chapter one will focus on the central ideas concerning ‘time’ in *On time and time-forms*. Chapter two will treat the relevant philosophical and psychiatric context of the period. Chapter three treats the most important concepts concerning time of Minkowski, Binswanger, Von Gebattel and Straus. The fourth chapter will contain an evaluation of Hugenholtz’s place against this background. This will lead to a conclusion and suggestions for further research. In order to make the conceptual development of the time-debate, and Hugenholtz’s position toward that debate visible, this thesis uses images. These images make it easier to compare the concepts of the four psychiatrists to Hugenholtz’s.

I would sincerely like to thank my first supervisor Prof. Dr. Joost Vijselaar for encouraging my ambitions, while carefully keeping the balance between detail and overview in sight, and thus continuously encouraging my love for this type of psychiatry and historical research. Furthermore I would sincerely like to thank Dr. Jan Vorstenbosch for an inexhaustible enthusiasm for my project and having deep insight into its philosophical background. I am grateful for their consistent attention for this research project throughout. I would like to thank Dr. Hieke Huistra for her intensive coaching during its completion, midnight emails, and hours-long-sessions were no exception. In addition I would like to thank Prof. Dr. Bert Theunissen for his attention for my personal process, throughout the writing of my thesis, and my whole period of study. A safe haven. I would like thank the staff of the Descartes Centre, they continuously create a most stimulating environment.

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# 1 Hugenholtz's time

Firstly, this chapter will discuss the relevant Dutch psychiatric context of *On time and time-forms*. Secondly, it will introduce Hugenholtz's main theoretical concerns. Thirdly, it will offer a preliminary analysis of the main influences on Hugenholtz's dissertation.

## 1.1 Dutch 'psychological' psychiatry

Since the beginning of the twentieth century, Dutch psychiatrists started to oppose nineteenth century psychiatry 'ohne Seele' (without soul). This opposition caused a revival in the influence of phenomenology on psychiatric thought and practice. The Dutch psychiatrist Leendert Bouman (1869-1936) can be viewed as a 'transitional figure'. He played a major role in the introduction of the work of phenomenological psychiatrist and philosopher Karl Jaspers (1883-1969) in the Netherlands. Bouman's psychiatry was one of integration. He was both a neurologist who published extensively on biological and neurological issues, and a psychiatrist who focused on 'understanding' the patient. He thought that above all, a psychiatrist should be a clinician, working with patients in clinical practice, as he already mentioned in his inaugural lecture in 1907. Bouman created an atmosphere of integration of 'biology' and 'psychology' preferably in 'clinical practice', and an orientation upon the individual patient. As such he influenced a generation of Dutch 'psychologically oriented' psychiatrists: for example Eugène Carp (1895 – 1983), Henricus Rümke (1893-1967), and Lammert van der Horst (1893-1978).<sup>11</sup>

Carp envisioned a type of psychiatry that emphasised the whole of a person and not only the complaints of the patient. Listing up complaints would namely never lead to a comprehensive understanding of a psychopathological condition. One of Carps contributions to Dutch psychiatry was that he created an integrative atmosphere in his clinic in Leiden in which new forms of therapy could be tested.<sup>12</sup>

Van der Horst was an anthropological psychiatrist, which meant that he approached his patients in their totality. He saw sickness as an obstruction for self-realisation. He viewed these obstructions as different for every patient and originating from individual experience, character, or eventual

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<sup>11</sup> T. Bolt, 'De pendel, de kloof en de kliniek, Leendert Bouman (1869-1936) en de 'psychologische wending' in de Nederlandse psychiatrie' *Studium* 3 (2010) 82-98, 90.

<sup>12</sup> J. Wilschut, *Tussen psychiatrie en filosofie. De dynamische psychiatrie van Eugène A.D.E. Carp (1895-1983)* (Amsterdam 2009).

deviations in the brain. It was the task of the psychiatrist to incorporate all these different elements in an analysis, and to base a diagnosis and treatment thereupon.<sup>13</sup>

Van der Horst's psychiatry slightly differed from that of Bouman and his student Rümke. Where the latter two had a keen eye on the limits of psychiatry, Van der Horst was searching for a psychiatry that envisioned 'the essence' (*het wezen*) of human being.<sup>14</sup> This difference is exemplary for two different approaches to psychiatry. One tradition goes back to Jaspers and Wilhelm Dilthey (1833-1911) and has a more hermeneutical approach. As such this type of psychiatry had reservations toward generalizations of phenomena, and emphasised on description. Hence Rümke's attention for the value of literature in psychiatry.<sup>15</sup> The other type of psychiatry can be traced back to Husserl and Scheler and had a more anthropological approach, attempting to use phenomena to lay open general structures in healthy human being. As such this anthropological psychiatry compared abnormal structures of experience to the normal. A project which is reflected in Van der Horst's aim for a psychiatric anthropology.<sup>16</sup> These two approaches will be more extensively treated in the third chapter. In the case of the Netherlands, advocates of both types of psychiatry, which were not explicitly self-defined as two different approaches, focused on practice and clinic.<sup>17</sup>

Hugenholtz was born in Amsterdam on the 28th of February 1903. In 1926 he received his medicine degree from the University of Amsterdam (UVA) and became a general practitioner in Wassenaar, a small town near Amsterdam. In 1935 he started a shared assistantship Psychiatry in Leiden under professor in Psychiatry Carp and in Amsterdam under professor of Neurology Bernard Brouwer (1881-1949). Carp was Hugenholtz's promotor, and as such had a major influence on his vision on psychiatry. Their relationship was more one of soulmates than a teacher-student acquaintance.<sup>18</sup> He valued Hugenholtz's dissertation cum laude. After Hugenholtz had finished his dissertation, Van der

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<sup>13</sup> B. Karstens, 'De mens in zijn totaliteit. De antropologische benadering in het werk van Lammert van der Horst (1893-1978)' *Studium* 3 (2010) 115-129.

<sup>14</sup> Bolt, 'De pendel, de kloof en de kliniek' 90.

<sup>15</sup> I. Kloosterman, 'Als clinicus over de Grenzen van de Psychiatrie: De verwantschap tussen literatuur en wetenschap in het werk van de psychiater H.C. Rümke (1893-1967)' *Studium* 3 (2010) 99-114.

<sup>16</sup> The influence of the work of Karl Jaspers in the Netherlands, due to his introduction by Leendert Bouman, has caught the eye of several historians of psychiatry. However, the 'essential' tradition of phenomenology, in the line of Husserl, has not been mapped out properly in Dutch psychiatry. Both Hugenholtz and Van der Horst should be viewed as descendants of the more 'essential' type of phenomenological psychiatry. On the two traditions in psychiatry read: A. Mooij, *Psychiatry as a Human Science, Phenomenological, Hermeneutical and Lacanian Perspectives* (Amsterdam – New York 2012) 26-30. In this thesis the central type of psychiatry is sometimes referred to as phenomenological psychiatry, sometimes as anthropological psychiatry. As written above: in phenomenological psychiatry two traditions can be found, one that is more influenced by hermeneutical principles, of which Jaspers is an important representative. Anthropological psychiatry also often used phenomenological epistemological principles, but contrary to 'descriptive phenomenology' was more interested in discovering 'human being in its totality' and the structures of experience that contributed to that totality.

<sup>17</sup> Hugenholtz wrote the following parts of Van der Horst's *Antropologische Psychiatrie*: Deel I, B: Hfst. 1, 2, 4; deel II, Hfst. E, 1, 2.

<sup>18</sup> J. Wilschut, *Tussen psychiatrie en filosofie. De dynamische psychiatrie van Eugène A.D.E. Carp (1895-1983)* (Amsterdam 2009) 181.

Horst gave him a position as physician at the Valerius clinic (the university hospital of the Free University, VU). Hugenholtz would later write several chapters in Van der Horst's main work on psychiatry *Antropologische Psychiatrie* (1946). During his academic career, Hugenholtz also settled as psychiatrist in Amsterdam in 1939 and would keep on practising psychiatry throughout his life.

Hugenholtz followed slightly after the generation of Psychiatrists educated by Bouman. He was ten years younger than Rümke and Van der Horst. His dissertation clearly stems from the anthropological-phenomenological climate in Dutch psychiatry; he had anthropological aspirations, worked phenomenologically, emphasised on viewing 'persons as a totality', and always had a psychiatric practice on the side. However, his focus on 'time', and the idea to take time experiences as the basis for an entire anthropology, was unique in the Netherlands

## 1.2 The four time-forms

Hugenholtz argued that psychopathology needed a restructuring. His dissertation provided a suggestion to do that along the lines of time-experiences. He distinguished between four different forms of time: physical, vital, animal, and human time. These time-forms each have a different influence on the human psyche. Physical time is the only time-form that is solely *external*. Vital, animal, and human time are *internal*. Because physical time is external, it is the time-form that is most easily *represented*. Vital time influences the *mood* of an individual (lived experience). Animal time is the reason that people can have *consciousness*. Human time is the reason people can have *self-consciousness*. Hugenholtz thought that these four time-forms are constantly mutually influencing each other. Together they form a layered interaction a person has to the (experienced) world.<sup>19</sup> Below a picture to show the way the time-forms form an interaction between the 'I' and 'the world'.

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<sup>19</sup> One of the questions that repeatedly comes up is whether individual psychiatrists have a more 'realistic' approach towards 'the world' or a more 'phenomenological' approach. It is important to recognize that when a phenomenological psychiatrist writes about 'the world', it mostly refers to 'the world as it lights up or comes into being in experience'. The question whether that experience is 'real' is implicitly differently answered by every one of these psychiatrists.

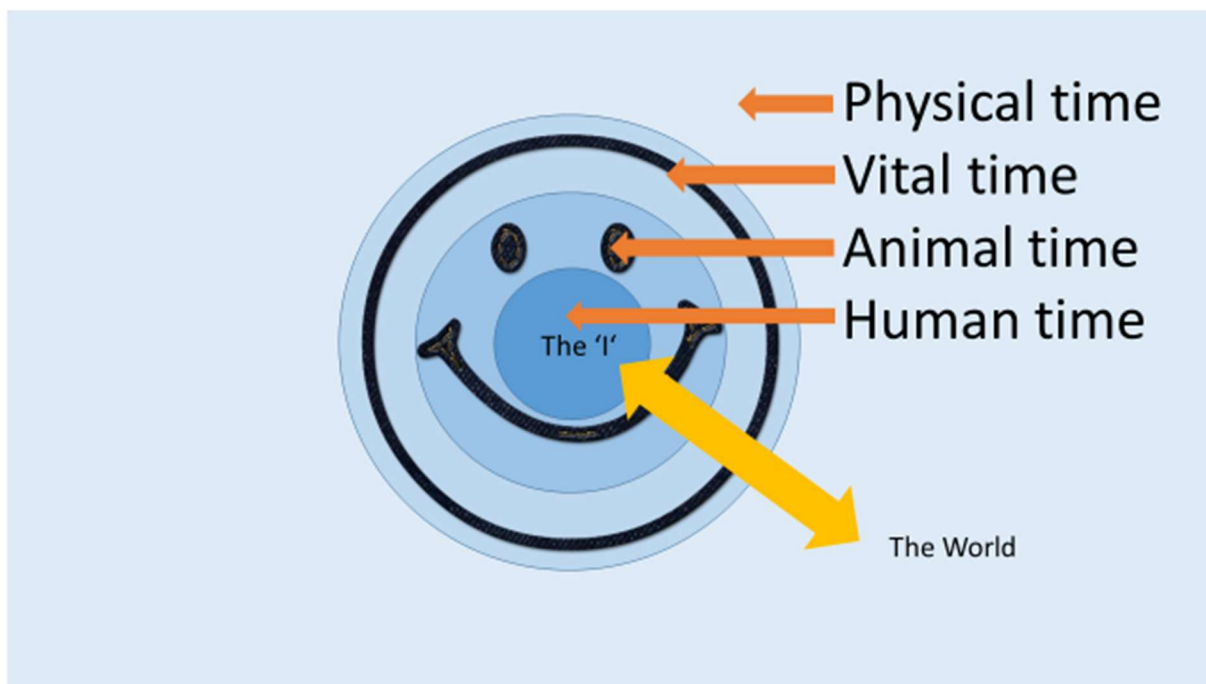


Figure 1. Hugenholtz's time-forms as interaction between 'I' and 'world'

Physical time is the time line on which events take place. In the natural sciences this time-form is *represented* with the letter *t*. As such it brings people situations from the future, for example the wrinkles that come with age. So, instead from within, physical time works only 'on' things from the outside. Because physical time works 'on' things it is experienced as 'working against us'. It flows constantly from the future to the past. This flow direction might seem contra intuitive, because people commonly have the impression that the flow of time brings them towards the future. But the experience of the future is constituted by another time-form. Since physical time is external, human beings can form the most clear representations (*Vorstellungen*) of her.<sup>20</sup> Physical time could be envisioned schematically as follows.

<sup>20</sup> In this thesis I use the word 'representations' as a translation of the Dutch word 'voorstellingen' which is a translation of the German word 'Vorstellungen'. Representations are to Hugenholtz images of reality which are formed by consciousness. The main problem with the word 'representation' as translation for 'Voorstellingen' is that it suggests that they are only images that represent (copy) the world that is already there to be represented, to the psychiatrists in this thesis however, 'Vorstellungen' are presentations in which 'objects' come into being as objects.

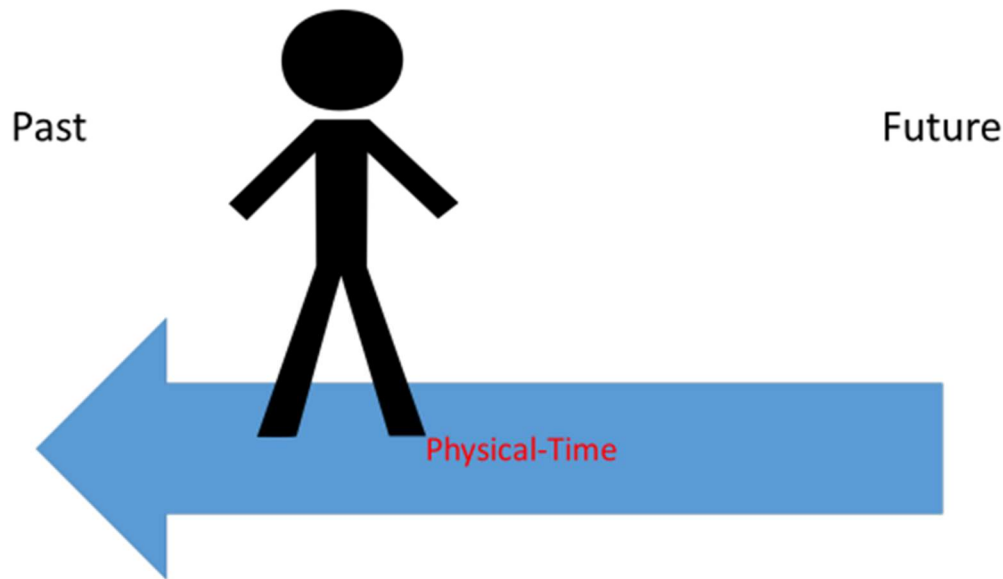


Figure 2. Hugenholtz's physical time in a normal state.

Vital time makes people experience themselves as progressing, as moving forward. So, vital time flows from the past to the future. It is 'life', and therefore makes people feel carried. It gives people the ability to wish and to hope, since in order to be able to wish for something, the future has to be a real possibility in a person's experience. Therefore, vital time makes people feel like time is 'working for them' and giving them abilities. It is present in the inside world and in the living outside world, and as such it gives people the ability to 'move in accordance with those living things'. In other words, it provides the ability 'to go with the flow', and feel connected. Hugenholtz called this ability to connect 'syntony'. Vital time heals, both mentally and physically, it is the main reason why people say that 'time heals all wounds'. It is experienced through mood, and corresponds to the layer in human experience that Hugenholtz called lived experience (*Beleving*).<sup>21</sup> Vital time could be schematically envisioned as follows:

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<sup>21</sup> In this thesis I use the words 'lived experience' to translate the German 'Erleben' or the Dutch word 'beleving'. There are two words 'experience' refers to. Firstly, 'experience' in the broad sense, refers to 'Erfahrung' or 'Ervaring', in this broad sense 'experience' refers to a means of interaction to the experienced world, which has several different 'structures'. This interaction can be conscious or 'sensed'. Secondly, 'lived experience' as translation for 'Erleben' or 'beleving' could also be translated with 'sensation'. In this context 'sensation' would not mean to experience a 'thrill', but refers to the layer in human being that makes it possible to experience a certain mood. Mood on its turn, should not be mistaken for 'emotions'. Mood is viewed as having a very deep, almost biological dimension, it is the undertone with which a certain personality approaches his or her experienced world, emotions are viewed as situation-bound. In Hugenholtz's case emotions are a reaction towards representations and therefore connected to consciousness, not to mood.

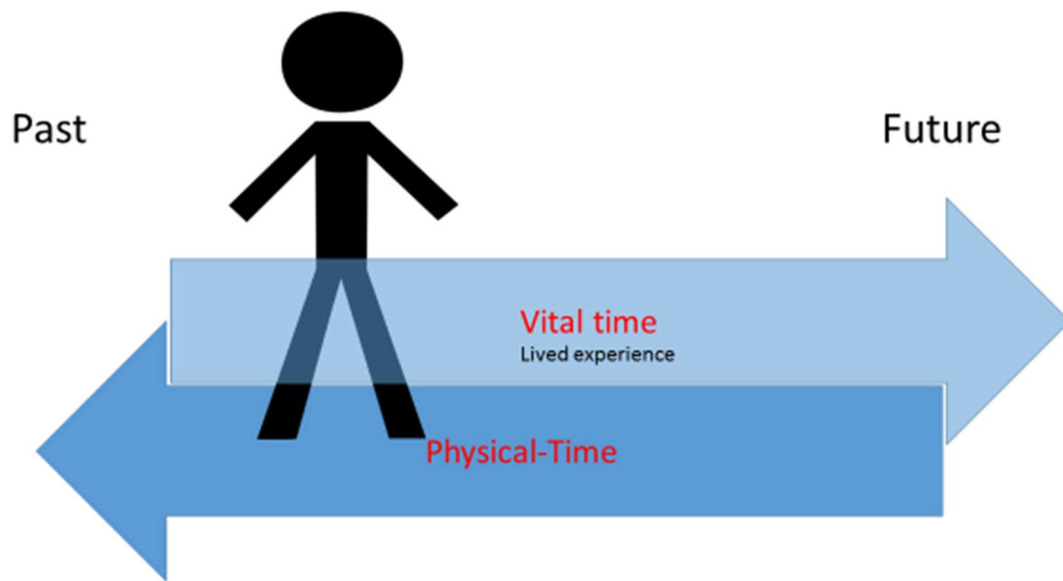


Figure 3. Hugenholtz's physical time and vital time in a normal state

Animal time dis-connects human beings from the flow towards the future. It constitutes consciousness, and to Hugenholtz that created a distance toward 'life'. This works as follows: consciousness makes people form representations (*Vorstellungen*). Since people form representations, they experience a distance towards the 'going with the flow' in vital time. So, where in vital time a person's *inner time-line* is moving in *accordance with the outside world*, in animal time a *boundary* between inner and outer world comes into being. This means that a person's inner time-line gets partly separated from the outer time-line. Hence, if you form an image of something, you're not 'in' it, but looking at it.<sup>22</sup> So, this boundary is the result of a clash between 'that what goes on outside' and 'that what goes on inside'. That clash, Hugenholtz called '*the moment*', which is where people start to experience themselves as having an inner world that is opposed to the outside world. Hugenholtz viewed consciousness as working '*cinematographic*'. This means that it forms separate representations that *fixate* the flow of time, those representations are 'connected' due to vital time, not by consciousness itself. Representations do not have a certain 'amount of time' in which they come into being. Hugenholtz interpreted the 'moment' as having no duration at all. In animal time

<sup>22</sup> Consciousness in Hugenholtz's interpretation should not be confused with 'awareness' or 'reflection' in the modern meaning of the word. For example, 'to be conscious of something' to Hugenholtz does not mean to be deeply aware of a problem, but merely means that consciousness has provided your inner eye with an image, that by itself has no deep meaning. That deep meaning only comes into being in 'knowing' and after reflection/understanding, after a person has taken some 'ownership' over his consciously experienced representation, and therefore has 'connected to it' which takes place in another layer of human experience namely human time.

the outer world is experienced as working invasive. The picture below shows a schematically envisioning of animal time.

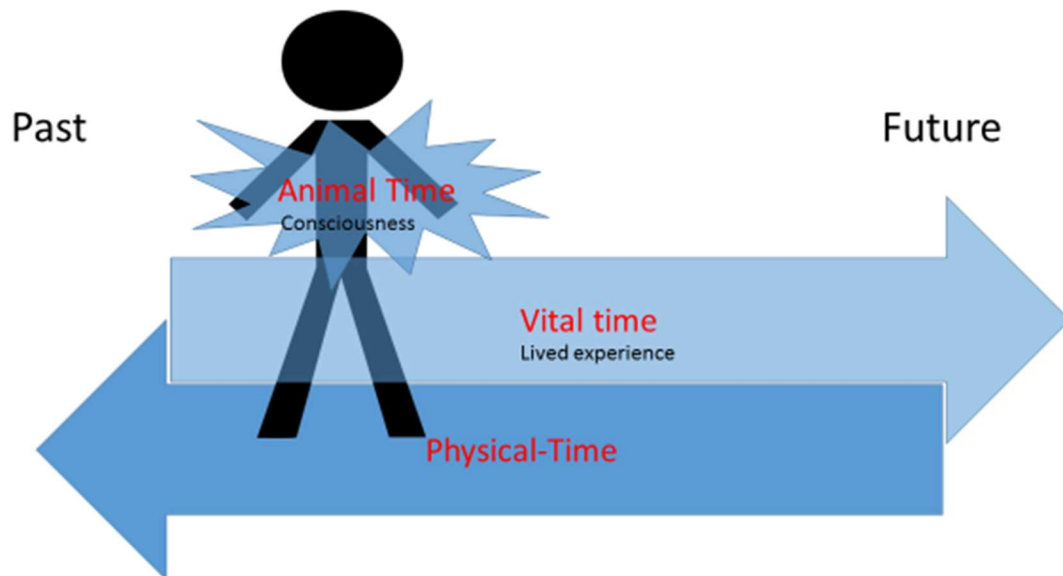


Figure 4. Hugenholtz's physical, vital, and animal time in a normal state.

Human time is the time-form that can only be experienced by human beings. It is purely 'spiritual' and constitutes development and personal growth. As such, it can be recognized in a person's biography. In human time, the human ability to know comes into being. This works as follows: To Hugenholtz, real knowledge was not 'having knowledge present' but 'having the ability to empathize with'. Since, 'to have knowledge' fixates that what you know into your previous perception of it. On the contrary, *empathy* provides the attitude to approach 'the known' and let it be known 'on its own terms'. So, to Hugenholtz thinking was not just a *passive passing by of representations*, but thinking should be seen as *active*. Thinking gives people the ability to *take ownership* and create the world they experience as a known, *meaningful* world. When people know, they are actively involved in the known object. Hence, 'to know' is something you *do*, not something you *have*. To Hugenholtz 'knowing' and 'loving' were the same. So, besides the ability to connect on a vital level, 'to know' or 'to love' constitute a typically human level of connection. This connection can overcome the distance that is caused by consciousness. It is important to recognize that according to Hugenholtz, 'the I', that can express itself in 'human time' was fundamentally interactive. In other words: human time gives people the ability to be dynamic, unique, and whole *individuals*, but they are that at least partly because individuals express themselves as loving, *social*, empathising persons. Human time has, just as animal time, no duration and no flow direction, but in contrast to animal time it does not work invasive but expansive. Therefore it gives people the impression that time works 'for them', hence, it

gives them the ability to personally develop. The picture below shows human time.

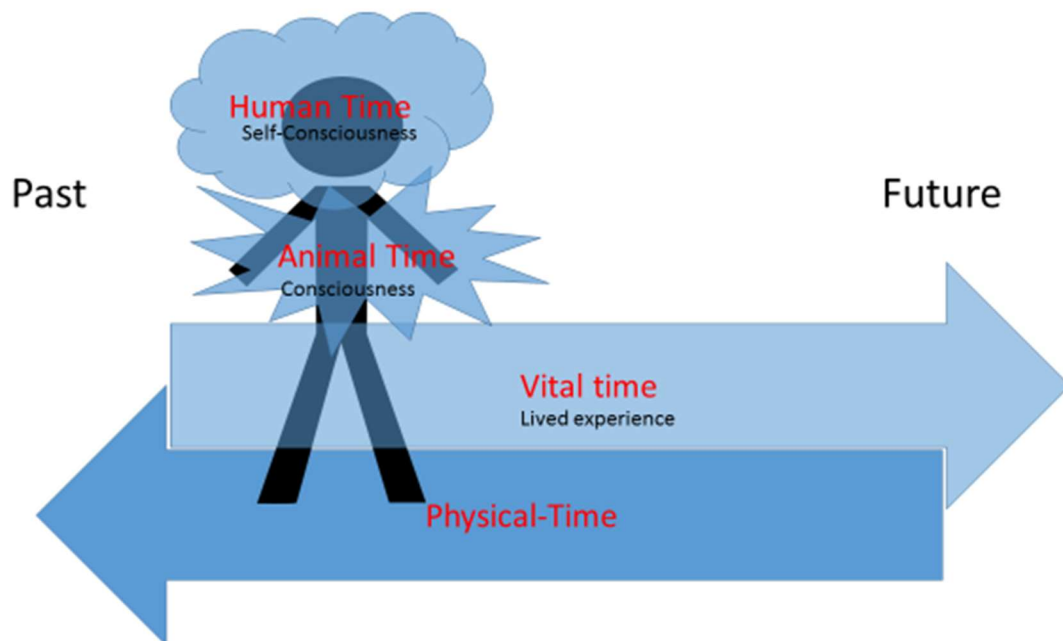


Figure 5 Hugenholtz's four time-forms in a normal state.

### 1.2.1 Representations and 'disorientation in time'

Although physical time is the time form that is most easily represented, a person's inner world also plays an important part in the way representations come into being. According to Hugenholtz, the formation of representations took place through a process in which every time-form, or layer of human experience, plays its role. The vital sphere influences the process through lived experience (mood). Lived experience, on its turn can be turned into representation due to animal time. Human time causes representations to be experienced as one's own.<sup>23</sup>

Disturbances in representations can appear in every part of this process, and Hugenholtz called them 'disorientation in time'. The first step of 'disorientation in time', which is in physical time, is Dementia. Demented patients are no longer able to place their representations on a time-line. It is unclear to them, where to give their memories a place. This is different from Korsakow's disease which is caused by a disturbance in the vital phase of the process. To Korsakow patients the memories that are strongly connected to personal, lived through experiences are quickly lost. Amentia is a disturbance in the moment of consciousness itself, in the I-here-now experience. The Delier is the most fully disorientation, because patients lack the ability to take ownership of representations. In that case is the patient fully absorbed in an unhealthy perception of the 'now'. Disorientation in time has a different character in every four pathologies mentioned above, and

<sup>23</sup> P. Th. Hugenholtz, *Over tijd en tijdsvormen* (Zutphen 1938) 143-146.



shows an increasing difficulty in a person's ability to maintain himself in relation to the outside world.<sup>24</sup>

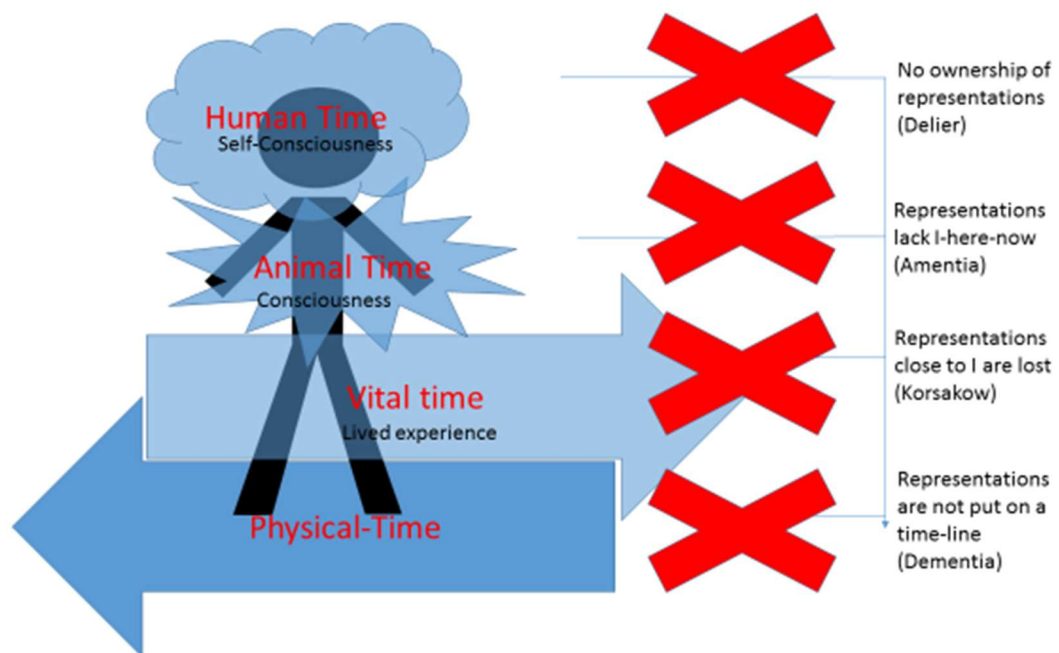


Figure 6. Hugenholtz's 'disorientations in time'- disturbances in process of representation.

### 1.2.2 Lived time-experience and 'mood sickness'

Disturbances in vital time reveal themselves as disturbances in the lived experience of time. They are recognizable in mood sickness, for example in manic depressions. Melancholy or endogene depression causes a disability of the patient to experience the future. A melancholic has no future in the way he or she experiences the world, and the patient therefore lacks ability to desire and to wish. This means that the connective workings (*syntony*) of vital time become weaker, and the past gets a much bigger meaning to a patient. Melancholic patients feel determined by the past, and feel responsible for every bad thing that happens to them. They lack the ability to get some closure from mistakes made in the past, and therefore cannot take themselves with them into their future. In a depression, the ability to give in to the feeling 'that everything is going to be ok', is missing, because it is the vital sphere that induces the feeling 'to be carried' towards the future.

Where a depressed patient is surrendered to the past, a manic patient is surrendered to the future. This means that a manic patient's behaviour is driven by short term desires and wishes, without having the peace of mind to 'take ownership' over those wishes. This balance can be disturbed in two directions, resulting in manic-depression, because vital time encloses past and future in a whole, As is

<sup>24</sup> Hugenholtz, *Over tijd en tijdsvormen*, 184 – 196.

shown in the picture below.<sup>25</sup>

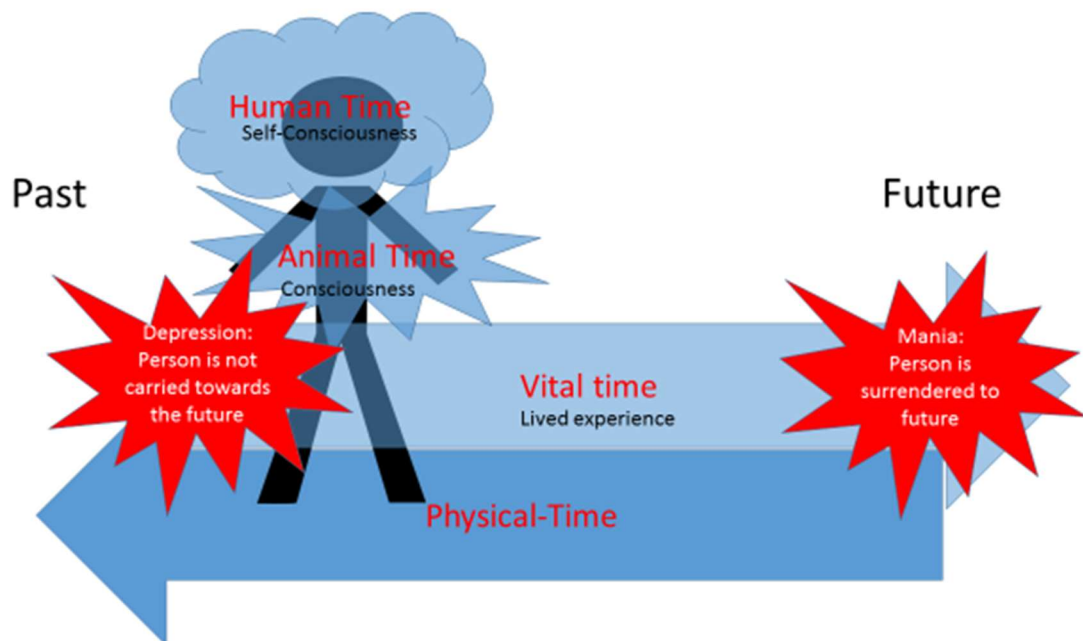


Figure 7. Hugenholtz's disturbances in lived experience (Beleving) - vital time.

### 1.2.3 Time-consciousness and trouble maintaining an inner world

Disturbances in animal time reveal themselves in 'the moment' that consciousness comes into being. Animal psychopathological conditions reveal themselves as a weakness to maintain oneself as inner world relative to the outside world. This because 'the moment' is the meeting point between inner- and outside world.

Hugenholtz made a distinction between 'the moment', the 'present', and the 'now'. 'The moment', is not the fact that consciousness is always directed toward a certain *individual* situation (representation), but it is the time-related reason that people can be conscious *at all*. It was to Hugenholtz an anthropological-philosophical concept to interpret consciousness with, which meant that 'the moment' could not be measured by psychological experiments. It should not be mistaken for the psychological experience of 'the present'. Which is a certain amount of time that is enclosed, that is unconsciously experienced as 'momentum', and its existence was tested in psychological experiments.<sup>26 27</sup> In experience of the 'present' *retention* and *protention* play a role. *Retention* is the unconscious influence of an immediate past. *Protention* is the unconscious influence of an immediate

<sup>25</sup> Hugenholtz, *Over tijd en tijdsvormen*, 197 – 211.

<sup>26</sup> Hugenholtz compares this concept of present to an investigation of William Stern (1871-1938), which states that every person has the amount of time which fits them the best. This amount of time lies somewhere between the 1 and 2 seconds. Ibidem 255.

<sup>27</sup> Ibidem 158-169.

future.<sup>28</sup> The 'now' is when the 'I' takes ownership of its experienced present.<sup>29</sup> Hugenholtz thought that only a creating, knowing 'I' which stands in freedom towards the future, is able to make 'the moment' into 'the now' in a healthy manner. Hugenholtz described the 'now'-attitude as a courageous, active, attitude.

Disturbances in animal time show three steps of intensification. Firstly, in the case of Neurosis, a patient suffers from an unhealthy experience of 'the now'. This non-acceptance of the 'now' leads to two psychopathological flight attempts. One possible flight is in Neurasthenia, in which the 'I' cannot accept the 'now' as bringer of the future. The other possible flight is in Hysteria, in which the 'I' has a too big aim for the future, which in this case is not unconditional but loaded with expectations. When the courageous 'now' attitude doesn't take place, the 'I' doesn't come loose from the outside world and stays influenced by vital time in the form of sympathy and antipathy. In that case a patient does not develop his lived experiences into healthy representations.

A stronger version of psychopathology in animal time is depersonalization. In depersonalization one does not have a lesser consciousness, but the familiarity with oneself and the world is gone. This is caused by an overactive consciousness. An overactive 'moment' puts a halt to the flow of vital time and therefore it cannot give a sense of totality. The present therefore shows no *retention* and *protention*. The inner consistency of a patient is gone. So, the images that appear before their inner eye are completely strange to them. Hugenholtz gave the example of a female patient, who was holding her children's faces between her hands, and felt no connection to them.

One step further down the road lies schizophrenia. To a schizophrenic there is no reality anymore. To experience reality it is necessary to be in a state of creating (in empathy) towards the world. Where in depersonalization the patient has an intact thinking ability, in schizophrenia he or she hasn't. The patient's consciousness is working extremely overactive, which causes all inner totality to expire. There is no consistency between the 'moments' of consciousness. So, where in depersonalization the patient could still view the faces of her children as her own, and only could not feel the connection to them. In the case of schizophrenia the images that representation puts before a patient's inner eye seem to come out of different realities. In that case the 'I' is paralysed which makes it impossible for

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<sup>28</sup> Retention and protention are concepts of Husserl and will be treated more extensively below.

<sup>29</sup> It is important to recognize that there is a big difference between the current popular strife 'to live in the moment' or to 'be in the here and now' and what Hugenholtz means by 'the now'. Popular meaning of the here and now is often being understood as 'being in the present, without experiences or representations of a person's past or future like memories or wishes'. The popular idea of for example mindfulness, that experiences of the past or future should be approached in a manner that makes them induce no feelings, emotions, or sensations is not what Hugenholtz means. To Hugenholtz a healthy state of the now needs precisely those structures of lived experience that make people have feelings and sensations which accompany certain past-oriented or future-oriented lived experiences. Moreover, Hugenholtz would probably say that being in the 'here and now' in this popular meaning, without any sense of past or future, is representative for a psychopathological condition.

the 'I' to arrange things one-out-of-the-other (to judge). Which means that the 'I' in the case of schizophrenia does not have the ability to mould all the different perceptions into a unity carried out by a single unique person<sup>30</sup>

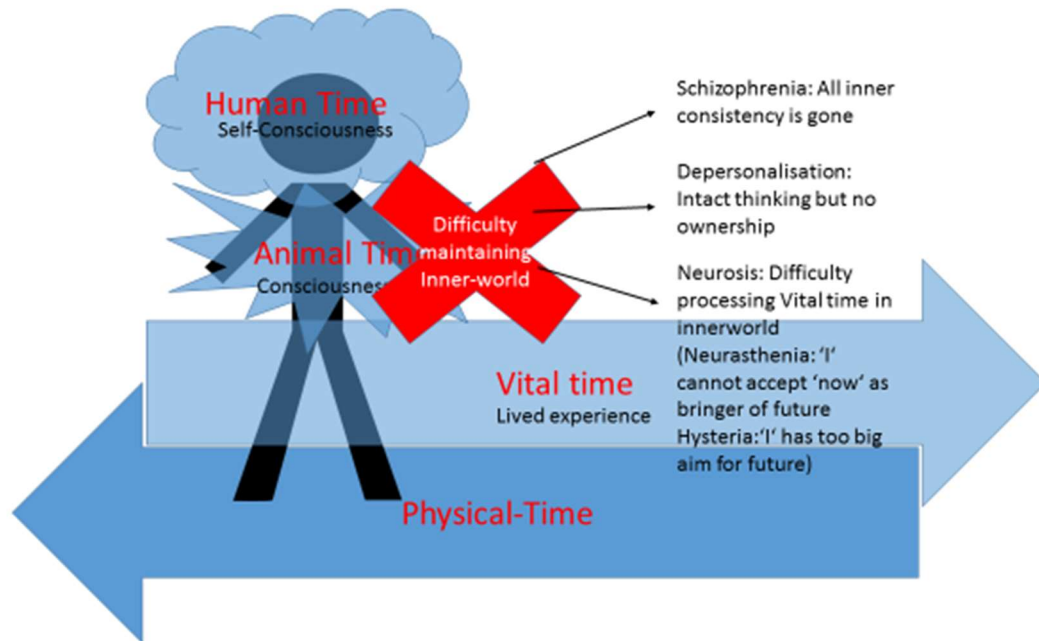


Figure 8. Hugenholtz's disturbances in the coming into being of consciousness - animal time.

#### 1.2.4 Self-consciousness and pathology in human time

To Hugenholtz self-consciousness was necessary for personal growth. So, it is the psychological condition that is needed for human development, and therefore belongs to human time. He thought consciousness should not be mistaken for self-consciousness. Consciousness makes people free, because it gives people the ability not to be driven solely by vital moods and urges. On the contrary, self-consciousness makes people connect to themselves and their lifeworld. As such it gives a the ability to experience one-self as unity that develops in freedom. Only a self-conscious person, that is connected to its surroundings, can have freedom in his or her actions and freedom to grow towards the future.<sup>31</sup> Self-consciousness always contains intentionality (*Intentionalität*).<sup>32</sup>

Since human time is where human knowledge comes into existence, disturbances in human time are in the first place disturbances in knowledge. Hugenholtz found this group in idiocy, imbecillitas and

<sup>30</sup> Hugenholtz, *Over tijd en tijdsvormen*, 212 – 231.

<sup>31</sup> Ibidem 170-176.

<sup>32</sup> Intentionality is a term introduced by Franz Brentano. It refers to the fact that people thinking about the world, always have a form of reference to that world or the objects in it they think about. In other words: consciousness has a certain 'aboutness' in its interaction with the experienced world: Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, 64. And: Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 4. According to Hugenholtz, this intentional relation causes the experience that the world that surrounds us always behaves in a certain relationship to us.

debilitas. He remarked that in his view modern psychology gave a lot of insight in the desires and urges of mankind, but psychology forgot the importance of speaking and thinking to mental health. The main reason for this is that in the formation of words the human spirit makes itself free from representations. In other words, because people have words to describe what they experience, they make themselves independent from that what they experience. So, disturbances in human time, that are more adjacent to the animal layer come to the surface as disturbances in perception, thinking and speaking. Since patients that have a disturbance in knowledge have trouble expressing themselves, the 'I' is not able to penetrate all the levels of the total organism.

To Hugenholtz the second group of disturbances in human time were the psychopaths. Modern psychology gives a social criterion for a psychopath, he has the abilities of a normal person, but acts different on these. He adapts. Adaptation however, was to Hugenholtz not a development of the 'I', because he thought development is moral and comes from within. A psychopath cannot express himself in morality, and therefore has an inability to develop. To Hugenholtz morality was a necessary condition for personal growth, and can be seen in compassion for the lower, shame for the equal, and honour for the higher. The degree of self-consciousness, can be measured through the degree of morality. So, to the modern person, compassion, shame and honour are only character traits, to a scientist who incorporates spirit into his ontology (which is what Hugenholtz did) they are conditions for development. In other words: psychopaths have a disturbance in their empathy. The only thing that determines a psychopath's social skills, is the behaviour they copy from others. They have no inner character traits that make them connect on a typically human 'spiritual' level. According to Hugenholtz, psychopathic patients lacked the ability to think themselves into a certain topic under investigation, or understand another person's situation. Which in his anthropology not only meant that a psychopath is missing certain characteristics, but since morality is the human means to develop, a psychopath misses the ability to truly self-develop in freedom.

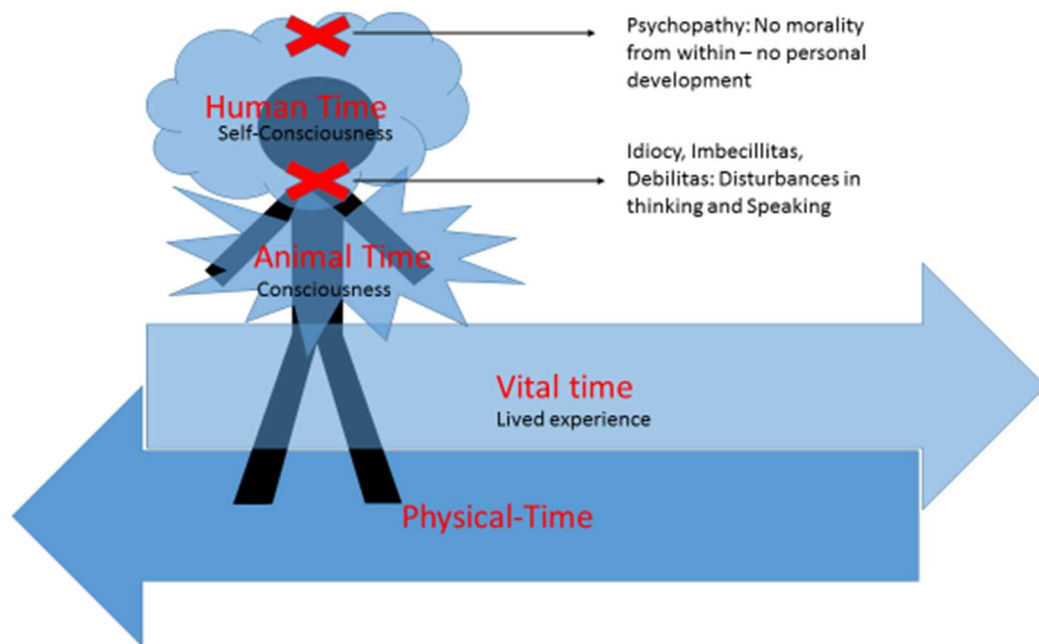


Figure 9. Hugenholtz's disturbances in self-consciousness – human time.

However, according to Hugenholtz, the way in which an individual is moral also showed individual differences between persons that do not necessarily reflect abnormality. In his view, every human being has his or her own values and it is not up to the psychiatrist to judge them. He thinks a person has the right of self-determination in his development. A developing person only has a responsibility towards himself. The development of the 'I' means, becoming more of oneself, e.g. becoming more love. To Hugenholtz, love was the culmination of all the powers active in the structure of action and lied outside the area of psychopathology.<sup>33</sup> Below a schematic overview of Hugenholtz's theory is given.

<sup>33</sup> Hugenholtz, *Over tijd en tijdsvormen*, 232 – 241.

| <b>Time-form</b>                      | <b>Physical time</b>   | <b>Vital time</b>  | <b>Animal time</b>   | <b>Human time</b>  |
|---------------------------------------|--|--|--|--|
| <b>Type of experience</b>             | Representations that are indifferent to the 'I'  | Mood/ lived experience (Beleving)  | Consciousness and affect (sympathy antipathy, result of reaction)  | Knowing, Judgement as expression of will, Love                               |
| <b>Present in</b>                     | Lifeless world, formedness, outside world  | Life, Outside and Inside world   | Animals & Human beings, Inside world   | Only human, Inside world   |
| <b>Meaning in relation to the 'I'</b> | Outside world  | Resonate with outside world, syntony                                       | Meeting point of Inside and Outside world, Experience of Inside opposed to Outside                       | Inside world that permeates Outside world                                    |
| <b>Shape</b>                          | Longitudinal   | Longitudinal   | Centred  | Centred  |
| <b>Flow direction</b>                 | From future to past  | From past to future  | The moment, has no duration  | Free toward future   |
| <b>Psychopathology</b>                | Disturbances in process of representations<br>Phys:Dementia<br>Vital:Korsakow<br>Animal:Amentia<br>Human: Delier | Mood sickness:<br>Melancholia (endogene depression)<br>Mania (Idea flight) | Disturbances in consciousness:<br>Neurosis (Neurasthenia/Hysteria)<br>Depersonalization<br>Schizophrenia | Disturbances in knowledge:<br>Idiocy, Imbecillitas, Debilitas<br>Psychopathy |
| <b>Character</b>                      | Works 'on' human beings from outside ('against us')  | Provides possibilities/heals/connects ('for us')                           | Cinematographic, fixating ('against us')   | Creates possibilities, connects ('for us')                                   |
| Matter/Space                          |  |  | Spirit   |  |

Figure 10. Hugenholtz's theory schematical.

### 1.3 Influences on Hugenholtz's time

In the conclusion of *On time and time-forms*, Hugenholtz wrote that he views his work as one from 'antroposophical origin'.<sup>34</sup> Since the Dutch psychiatric context could not enhance understanding of Hugenholtz's focus on time, the following part will discuss in how far Rudolf Steiner (1861-1925), the founder of antroposophy, influenced Hugenholtz's ideas concerning time. It will explain why his time-theory came from psychiatry and not from antroposophy, contrary to contemporary reception of his time-forms as antroposophical<sup>35</sup>

Hugenholtz wrote that some of the points of departure of his dissertation are also to be found in the work of Steiner. These are: his division of time in *four* forms, his ideas on the interaction between

<sup>34</sup> Hugenholtz, *Over tijd en tijdsvormen*, 271.

<sup>35</sup> For this thesis an extensive comparison between Steiners *Philosophie der Freiheit* (1894) reprinted in (1915) and *On time and time-forms* has been undertaken. *Philosophy of Freedom* is a more thorough working out of Steiner's dissertation *Truth and Science*. The work is viewed as the soil on which Steiner's thought developed further. Only the main results of that comparison are taken into this thesis. R. Steiner, *De filosofie der vrijheid: grondtrekken van een modern wereldbeschouwing: resultaat van observaties op zielsgebied volgens natuurwetenschappelijke methode*, (Den Haag 1915).

inner- and outer world, his interpretation of the 'I' as a spiritual reality, and his epistemology.<sup>36</sup> However, an analysis of the references in his dissertation shows that the influence of Steiner's thought is debatable.<sup>37</sup> Hugenholtz mentioned Steiner in the whole book a total of only eight times. Of those eight times, there are only three statements that discussed the dependence on Steiner's work of concepts used in *On time and time-forms*. References that Hugenholtz made to Steiner take up only three percent of the total of his references.

Hugenholtz's epistemological dependence on Steiner is also debatable, since Hugenholtz did not refer to Steiner once when he treats his epistemology. On the contrary, he based his epistemology on Heidegger's *Sein und Zeit* and on St. Augustine's *Confessions*. At the heart of his epistemological considerations, Hugenholtz turned to St. Augustin to show how the act of knowing and the act of loving are according to him the same.<sup>38</sup> Moreover, Steiner's influence on Hugenholtz's interpretation of 'time' and the individual time-forms was practically nihil, since Steiner never wrote about time.<sup>39</sup>

In the light of this analysis it seems harsh that Hugenholtz himself wrote that, due to its anthroposophical background, his dissertation probably will be met with objections.<sup>40</sup> Hugenholtz's prediction came true. A reviewer of his dissertation, Theodor Schlichting (1894 – 1957) uttered criticism on this point precisely. The main objection of the reviewer, also a former student of Carp who promoted in 1935, was that Hugenholtz's conceptions of the time-forms were too much based upon an anthroposophical cosmogony. 'De lezing van dit boek bevreesde mij, totdat ik bemerkte, dat de fundamenteele denkbeelden van den schrijver met die van Steiner's anthroposophie overeenkomen. Deze heeft nu een eigen cosmogenie; en die ideeën over den tijd moeten daarvan uiteraard sterk den invloed ondervinden.'<sup>41</sup> However, this criticism contrasts to the fact that, despite the possibility of Steiner's influence on global viewpoints in the book, Hugenholtz only appropriated

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<sup>36</sup> Hugenholtz, *Over tijd en tijdsvormen*, 271.

<sup>37</sup> Hugenholtz wrote his dissertation in a scientific culture where less need for accountability existed. This culture caused interwar psychiatrists to not have the custom to pay much attention to annotation; Wilschut, *Tussen psychiatrie en filosofie*. 295. Due to this culture, the list of literature in *On time and time-forms* is not as representative for references as it would be today. Moreover, the footnotes in *On time and timeforms* contain commentaries on and additions to the text. The actual referring takes place inside the text itself. Those references inside the text were listed both by name of the referee and the content or thought Hugenholtz referred to. When Hugenholtz occasionally mentions the source that he used that source was also listed.

<sup>38</sup> On the whole, it is remarkable that St. Augustine becomes in interwar Psychiatry an often referenced thinker to treat epistemological issues. Both Binswanger, and the Dutch psychologist Buytendijk, who was of the same generation as Hugenholtz, use St. Augustine's *Confessions* to treat epistemological issues. It is an open question why St. Augustine's *Confessions* entered the stage of Psychiatric epistemology.

<sup>39</sup> It is unclear in how far Hugenholtz envisioned a 'cosmic world soul' or 'world spirit' as Steiner did, Steiner's influence on Hugenholtz's thinking could be more than this analysis shows, as will be discussed in chapter five. Nevertheless it is clear that Hugenholtz's time-forms are not based on anthroposophical ideas concerning time, but on phenomenological psychiatric ideas on time.

<sup>40</sup> Hugenholtz, *Over tijd en tijdsvormen*, 2.

<sup>41</sup> Th. H. Schlichting, 'Boekrecensie Dr. P. Th. Hugenholtz Over tijd en tijdsvormen' *Nederlands Tijdschrift voor Geneeskunde* 83 II 19 (1939) 2248.



*non*-antroposophical works to construct his time-forms. So, Hugenholtz's ideas on time were *not* as influenced by anthroposophy as the reviewer wrote. Paradoxically, the same reviewer recognized a large contribution of Hugenholtz's psychiatric part to the understanding of diseases. 'In het psychiatrische deel gaat de schrijver na, hoe de verschillende patiënten den tijd beleven; dit is zonder twijfel een zeer belangrijk gezichtspunt en kan veel tot het begrip dier ziekten bijdragen.'<sup>42</sup>

Hugenholtz distanced himself radically from anthroposophy after the Second World War.<sup>43</sup> Which could have led to a radical distancing from his own work due to its anthroposophical influence. But it didn't. On the contrary, Hugenholtz continued to perform time-research in the Netherlands throughout his career. In *Time and Creativity*, his last main work from 1959, he still directed readers to *On time and time-forms* to become acquainted with the philosophical and theoretical foundations of his work on time.<sup>44</sup> Apparently, that foundation of 'time' could still hold up after Hugenholtz took distance from anthroposophy and Steiner. The main reason for the resilience of Hugenholtz's theory of time, at least in his own academic career, was probably that he viewed his main theoretical concerns not as dependent upon anthroposophical cosmogony as they were received. Instead Hugenholtz's theory depended upon more broadly conceived philosophical and psychopathological ideas of time. This can be seen in the fact that besides Steiner, every thinker Hugenholtz referred to was someone who had published about time.

So the previous chapter has shown that Hugenholtz's theory of time cannot be enlightened by 'Dutch psychological psychiatry' and 'antroposophy'. Hence, although Hugenholtz's broad approach to psychiatry fitted in the Dutch psychiatric context: he had anthropological aspirations, worked phenomenologically, and emphasised on viewing 'persons as a totality', his psychopathological concerns about time were unique in Dutch psychiatry. Moreover, despite the fact that Hugenholtz's anthropology in may have been broadly influenced by an anthroposophical cosmogony, his specific ideas on time certainly were not.

Thus, to gain insight in Hugenholtz's theory of time, its history has to be found somewhere else. The main philosophical influences on Hugenholtz came from Heidegger, Bergson, and Husserl.<sup>45</sup>

Hugenholtz wrote that the main psychopathological influences were works by Minkowski, Straus,

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<sup>42</sup> Ibidem.

<sup>43</sup> Maya Hugenholtz, Confirmed interview, 13-6-2013.

<sup>44</sup> P. Th. Hugenholtz, *Tijd en creativiteit. Ontwerp van een structurele antropologie*, (Amsterdam 1959) 2.

<sup>45</sup> Hugenholtz's 'top five' of references are: the philosopher Bergson, the psychologist Klages, the philosopher Heidegger, the philosopher and mathematician Palagyi, and the psychiatrist Minkowski. Klages was often referred to by Hugenholtz because he wanted to show the flaws in Klages's thought. Klages wrote an work 'Der Geist als Widersacher der Seele' and in it advocated 'spirit' (Geist) as a hostile feature of human being. Hugenholtz did not agree with 'spirit' as something hostile to human being. Palagyi is mentioned in this context a lot, because Hugenholtz wanted to show that Klages copied thoughts from Palagyi, but interpreted them wrongly.

and Von Gebsattel.<sup>46</sup> So, in order to enhance understanding of Hugenholtz's time-theory, these philosophers and psychiatrists should be investigated. Therefore, the following chapter will discuss the broader philosophical and psychiatric background. The third chapter will discuss an in-depth research of time that these three psychiatrists together with Binswanger undertook between 1928 and 1939.

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<sup>46</sup> Hugenholtz, *Over tijd en tijdsvormen*, 274.

## 2 Phenomenological psychiatry and time philosophy

The previous chapter has shown that Hugenholtz's theoretical ideas on 'time' should be interpreted in a broader European context. Thus, this chapter will discuss the relevant philosophical and psychiatric context to *On time and time-forms*. It will treat 'hermeneutics' and 'phenomenology' as two types of epistemological criticism on the 'old' science. These two movements had their equivalent in the 'new' psychiatry, each resulting in a different approach. Of these approaches, the anthropological one focused on structural analysis, and was undertaken by Minkowski, Binswanger, Straus, and Von Gebattel. Secondly, this chapter will show that, due to the anthropological psychiatrists' orientation upon philosophy, they started to appropriate new approaches to 'time' coming from philosophy, into a psychiatric debate concerning time and time-experiences.

### 2.1 Hermeneutics

The hermeneutical method as developed by Wilhelm Dilthey (1833-1911) had a far going influence on psychiatry.<sup>47</sup> Dilthey was first and foremost a historian. He had a problem with naturalism, the effect of modern science, that according to him, resulted in a crisis of European culture. Dilthey saw here a task for the humanities, which should get an equal place *next* to the natural sciences. In his view, there were almost fundamental differences between the sciences and the humanities. Those differences started with their objects. Where the sciences investigated nature, the humanities investigated texts. Measuring, weighing, counting and other methods used by the natural sciences, would not gain much useful knowledge of or insight from an ancient text. Hermeneutics, the main method of the humanities, did not seek answers to the questions that were asked by the natural sciences. In order to let the text speak, its language and *meaning* should be understood. The writer and his or her audience should be *interpreted* in the light of their (historical) context.<sup>48</sup>

According to Dilthey, hermeneutical interpretation, as a typical method of the humanities, would lead to a different kind of understanding (*Verstehen*) than the explanations (*Erklären*) that the natural sciences provided did. Thus Dilthey's answer to the epistemology of the 'old' science, which was in his view to explain situations quantitatively, was to emphasise that the humanities had a fundamentally different methodology, namely a qualitative way of knowing: to empathize and interpret. This way, the meaning of human expressions could be understood. Dilthey's influence on

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<sup>47</sup> Hermeneutics comes from the Greek verb *hermeneuo*, which means to 'lay out' or to 'translate'. Originally the hermeneutical method was only used to clarify texts (*exegese*), but later all expressions of human life, like art or behaviour, could be subjected to hermeneutics. Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, 58.

<sup>48</sup> Ibidem 56.

psychology and psychiatry started with himself. Based upon his interpretation of *Wissenschaft* as providing either 'understandable' knowledge or 'explaining' knowledge he made a division between an 'understanding' psychology, which he differentiated from 'experimental' psychology, for example Wilhelm Wundt's laboratory psychology, that came up during and prior to his age.<sup>49</sup>

As such Dilthey's thinking influenced the psychiatrist Karl Jaspers (1883-1969). Jaspers was one of the first psychiatrists to ask attention for the subjective experience of the patient in psychiatry. His work *Allgemeine Psychopathologie* (1913) emphasized the importance of subjective psychiatric symptoms – phenomena – to psychiatry. Jaspers made a distinction between 'understanding' (*Verstehen*) and 'explaining' (*Begreifen*). The first was 'understanding individual phenomena that individual patients described', the second was putting those phenomena in a larger framework. According to Jaspers, the main job of a (phenomenological) psychiatrist was to 'understand individual phenomena'. This meant to interpret them by themselves and in detail (preferably without judgement). Jaspers had reservations towards a psychiatrist's ability to interpret those individually understood phenomena in a larger framework or ideal type of a disease.<sup>50</sup> As such, Jaspers' phenomenological psychiatry was much more influenced by Dilthey's hermeneutics than it was based on Husserl's phenomenology. Nevertheless, his phenomenological psychiatry preceded the anthropological movement in psychiatry.

## 2.2 Phenomenology

With Edmund Husserl (1859-1938), the godfather of phenomenological thought, European philosophy underwent a shift towards the study of experience.<sup>51</sup> Husserl's motto was 'back to the things' (*zurück zu den Sachen*), and in order to do that he wanted to 'genetically reconstruct' the layers of our experience of phenomena.<sup>52</sup> 'To go back to the things' should not be confused by what we think to know, and to show them meant to describe them, not to explain.<sup>53</sup>

Phenomenology in its Husserlian form was a method, that should prevent both science and philosophy to stay stuck in theories. Modern Science, in Husserl's view, was not any stricter than the phenomenological method, but it was naïve in its philosophical pretensions of scientism and could not 'ground' itself. Husserl made a distinction between 'factual sciences' and 'essential sciences', a distinction that did not coincide with Dilthey's distinction between the natural sciences and the

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<sup>49</sup> Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, 56.

<sup>50</sup> Mooij, *Psychiatry as a Human Science*, 26-27.

<sup>51</sup> Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, 59.

<sup>52</sup> H.J. Störig, *Geschiedenis van de filosofie*, (Houten 2000), 633.

<sup>53</sup> Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, 61.

humanities.<sup>54</sup> Essential sciences looked for the essences that shaped phenomena. Phenomenology was such an essential science, its core was to get those essences into sight, an activity that Husserl called '*Wesensschau*'.<sup>55</sup> On the contrary, factual sciences like biology, psychology and history mainly based themselves on empirical data, or data that experience provides.<sup>56</sup> For example, biology as a science had its own 'regional ontology' of eidetically conceived 'essences' and its empirical projects could only be grounded in this ontology. According to Husserl, the phenomenological method should be a principal reformation of philosophy, and it should become the fundament for science.<sup>57</sup>

One major difference between phenomenology and hermeneutics is the way they approach 'science'. Where 'hermeneutics' was designed to give the humanities a place *next* to the natural sciences, phenomenology in Husserl's view, made philosophy *itself* a rigorous science. Secondly, hermeneutics was designed to understand texts and later on human cultural expressions in their individual contexts. This led hermeneutics to focus on description. Phenomenology as practiced in Husserl's eidetic science, was not only designed to properly describe individual phenomena, but to interpret them in internal and structural respect. Thus, it focused on experience and meaning in a structural intentionality sense. For example, a hermeneutic did not ask how we can see a glass of wine, but what the meaning of a glass of wine is in a literary (con)text. A phenomenologist asked how we constitute a glass of wine as an object, and as an object of a certain kind that has *meaning* or a certain purpose which forms a coherence to *do* something with.

This difference between phenomenology and hermeneutics worked through in phenomenological psychiatry. Jaspers thought that Husserl's search for essences of phenomena was overambitious. And he had reservations toward Binswanger, since to put individual phenomena in a larger framework was a way of *Begreifen* and not *Verstehen*. According to Binswanger, however, psychiatrists just as much had to interpret phenomena in a larger whole as they had to approach individual phenomena experienced by patients with 'understanding'. He disagreed with Jaspers' focus on individual phenomena, instead he wanted to probe down to 'a person' that stood in an intentional relationship toward his experienced world. In Binswanger's view, 'understandable' and 'explainable' connections between psychiatric phenomena could not be distinguished.<sup>58</sup> Although Binswanger appreciated Jaspers work in phenomenological psychiatry highly, since he had put empathy and sympathy on the

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<sup>54</sup> The word Science here is used as a translation for the German word *Wissenschaft*, which refers to 'knowledge'. Throughout this investigation science does only refer to the Natural sciences when it is written so.

<sup>55</sup> The German word for essence, *Wesen*, referred to the Greek word *eidos*, which means idea. *Eidos*, is that what shows itself or is seen by intuition. Intuition is the Greek word for that what is immediately seen. Immediately not in the sense of 'in the shortest possible amount of time' but in the sense of 'without mediation'. Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, 62.

<sup>56</sup> Ibidem 62-63.

<sup>57</sup> Ibidem 61.

<sup>58</sup> Mooij, *Psychiatry as a Human Science*, 27-29.

psychiatric agenda again, according to him Jaspers failed to see that psychiatry had the task to view the *structures* in human's experience, and as such view human being in its totality.<sup>59</sup> Binswanger's aim to view those structures provoked an anthropological turn in phenomenological psychiatry. His thoughts developed mainly against the background of Husserl's phenomenology, and were not so much inspired by Dilthey's hermeneutics. So, in order to understand Binswanger's anthropological psychiatry it has to be viewed against the background of the search for *intentional* structures in experience.

Despite the differences between 'hermeneutics' and 'phenomenology' also important communalities can be found. Both movements viewed the center of experience as constituted, they both valued meaning over truth, and both laid emphasis on the possibility for human beings to freely self-develop.

### 2.3 Anthropological-phenomenological psychiatry: an introduction

The search for structures played a leading role in anthropological-phenomenological psychiatry, of which Binswanger, Straus, Minkowski, and Von Gebsattel were the originators. They have worked on the foundations of an anthropological phenomenological psychiatry since the beginning of the twentieth century. These foundations would in the fifties and sixties grow to be the dominating perspectives on psychiatry.<sup>60</sup> Binswanger's, Minkowski's, Straus's, and Von Gebsattel's thoughts should be viewed as a collective endeavor. They did not only discuss each-others works but also regularly built further upon psychiatric work of one another, and besides that were friends for forty years. Despite individual differences mainly in their philosophical preferences, their effort for an 'anthropological psychiatry' should be viewed as a congenial enterprise.<sup>61</sup> They shared a 'body of common concerns'.<sup>62</sup>

To Binswanger, psychiatry was not merely a matter of treating the insane, but a personal encounter between physician and patient as human beings.<sup>63</sup> So, to Binswanger, psychiatry required

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<sup>59</sup> L. Binswanger, 'Lebensfunktion und innere Lebensgeschichte', in: *Ausgewählte Vorträge und Aufsätze, von Ludwig Binswanger Bd. I, Zur phänomenologischen Anthropologie* (Bern 1961) 56.

<sup>60</sup> Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*, 11.

<sup>61</sup> Straus, Von Gebsattel, and Minkowski based themselves much on work of Scheler. Binswanger mainly based himself on Husserl, (although in his article on 'inner life history' Binswanger views Scheler as the best eidetic hermeneutic). Scheler wrote an article 'Idealismus und Realismus' (1928) in which he made a case for Realism against Husserl's growing Idealism. Spiegelberg, *Phenomenology in Psychology and Psychiatry* 17. The influence of this tension between Husserl and Scheler on the time-debate has yet to be determined.

<sup>62</sup> Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*, 17.

<sup>63</sup> Binswanger came from a family of psychiatrists. He spent his youth in his elderly home that stood on the land of a private sanatorium 'für Nerven- und Gemütskrankheiten'. This sanatorium, 'the Bellevue' in Switzerland, was founded by his grandfather Ludwig senior. During his medicine studies in Zürich, Binswanger got to know Minkowski. Binswanger received his 'Approbation' in 1906. In 1908 he returned to 'Bellevue' as a psychiatrist, to take over the work from his father. From 1925 until 1928 Binswanger was the president of the 'Schweizerischen Gesellschaft für Psychiatrie', and since 1928 co-publisher of the journal 'Der Nervenarzt'. Between the two world wars, the Bellevue clinic hosted a lot of meetings of

understanding of man in his entirety, with normal as well as abnormal variations. He thought that the typical 'naturalistic' psychology of his age knew little of man in his concrete existence. Binswanger hoped to find such insights in philosophy. He wanted to convert psychiatry into a more rigorous science congenial to Husserl's enterprise.<sup>64</sup> Minkowski envisioned a psychopathology that seeks to approach more and more human being.<sup>65</sup> His final goal was a new anthropology, but he was not interested in developing a system of anthropology. Minkowski's concerns were mostly what is human rather than what is man.<sup>66</sup> To Von Gebsattel, psychiatric conditions were essentially a blocking of becoming (*Werdenshemmung*).<sup>67</sup> This means that he viewed man as a being primarily in the process of self-realisation (*Selbstverwirklichung*). What was to be realized is 'the persona'. Becoming, in this sense should be distinguished phenomenologically from evolution.<sup>68</sup> It was in trying to understand the abnormal that Straus discovered increasingly that it was necessary to first understand the norm.<sup>69</sup> A task that required more knowledge than ordinary science could supply.<sup>70</sup>

Their shared anthropological 'project' had, roughly put, two goals. Firstly: to deliver a methodological and epistemological(re)grounding of psychiatry as a 'rigorous science'.<sup>71</sup> The background to this project were hermeneutics and phenomenology. And secondly: to work out the structures of ways of being in their application on concrete and pathologically aberrant lifeworlds and lifehistories.<sup>72</sup> Their research of aberrant time-experience should be understood against the background of this twofold

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philosophers, writers, artists and psychiatrists. Husserl visited in 1923, and Scheler in 1925. Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*, 236-237.

<sup>64</sup> Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 195.

<sup>65</sup> Minkowski was born in Poland in 1885, where he studied medicine in Warschau since 1904. He left Poland in 1905 because of the riots that were part of the Russian revolution and the closing of the University of Warschau. Minkowski continued his medicine studies in München and other German Universities. In 1909 he received his approbation in München, and after passing his Russian medical state exam he went back to study philosophy. Here Minkowski came into contact with the phenomenological circle around Scheler. At the outbreak of the first world war, Minkowski fled to Switzerland and worked there from 1914 to 1915. There he met Binswanger for the first time. In 1916 Minkowski emigrated to France. After his military service Minkowski became a psychiatrist in Paris, became a medical advisor in the Paris hospital 'Henri Rouselle', and medical director of 'Foyer de Soullins', an institute for children with character disturbances. Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*, 238-239.

<sup>66</sup> Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 234.

<sup>67</sup> Von Gebsattel studied law in München since 1900, but shortly after its start, quit to study philosophy and psychology. After his promotion he continued to occupy himself with philosophy (with Bergson amongst others) and next to that art history in Paris. At the end of 1909 he went back to München to study medicine again. He received his approbation in medicine in 1915, and became assistant physician in the München Psychiatric clinic. From 1920 until 1924 he had a private practice and in 1926 founded the private sanatorium 'Schloß Fürstenberg' in Mecklenburg near Berlin. In the meantime he got acquainted with the Münchener Scheler circle. Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*, 239-240.

<sup>68</sup> Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 253.

<sup>69</sup> Straus studied medicine in Berlin from 1909 until 1911, and in München from 1911 until 1914. When he studied in Göttingen for a year, he followed Husserl's classes. In 1924 he first met Binswanger at a scientific congress in Innsbruck. During the twenties he had a private practice in Berlin, and gave lectures at several universities in Europe. In 1928 he became co-publisher of 'Der Nervenarzt' and got assigned as professor in Psychology at the university of Berlin. After the National socialist party gained power, Straus emigrated to America in 1938. Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*, 241-242.

<sup>70</sup> Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 262.

<sup>71</sup> Ibidem 195.

<sup>72</sup> Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*, 17.

project. As written above, the four psychiatrists relatively often based themselves on contemporary philosophy, and relatively scarcely on other psychologists and psychiatrists.<sup>73</sup> Therefore a boundary between anthropological psychiatry (in the making) and interwar philosophy, is very hard to maintain and not desirable if one wants to make anthropological psychiatry understandable and comprehensible.

Binswanger was one of the first psychiatrists to seriously involve current developments in philosophy into psychiatry. This was no wonder, since in his view, nineteenth century 'brain-based' psychiatry could no longer live up to the expectations it once had set itself. In the second half of the nineteenth century, the view that psychiatric symptoms were side-effects to, and could be reduced to, deviations in the brain, did not result in producing a comprehensive body of knowledge in which brain-functions could be detected and influenced in order for the patient to be mentally healthy again. Since reductionist, 'brain based' psychiatry left open important scientific questions, anthropological psychiatry was viewed as the answer. The four psychiatrists had to develop a rigorous scientific psychiatry (that viewed itself no less scientific than the brain-psychiatry) with a more human-based perspective of the psychiatric ill.<sup>74</sup>

Binswanger and consorts wanted to approach the sick person as a 'totality' of body-soul-(and spirit). This was mainly important because the 'brain-based-psychiatry' had turned patients into powerless victims of their own bodily malfunctioning. Such a dualistic image, of the self as victim of the body, was what these psychiatrists tried to overcome. On the contrary, they thought that psychiatric phenomena came into being as result of a complex intermingling of surrounding, character, personal history, toward which the individual patient had an active relationship. Thus psychiatric phenomena that came to the fore were viewed as a result of the 'I' (of a person) that stood in an active relationship to his or her disease and symptoms. Patients were seen as generating meaning (*Sinnstiftung*) The interaction between an active 'I' and symptoms gave way to mental phenomena.<sup>75</sup> So, symptoms could not be viewed in isolation from the person who had to deal with them.

Therefore the four psychiatrists devoted their studies to the phenomena that were 'unmediated' (*unmittelbar*) present in the consciousness of patients. On this basis they wanted to give an account of the psychotic 'inner' life which was as theory free as possible. '*Zu den Sachen selbst*' in anthropological psychiatry meant that only an as less prejudiced as possible attitude would uncover psychotic 'phenomena'. Not in the last place was their emphasis on theoryfreeness and 'totality'

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<sup>73</sup> Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*, 19.

<sup>74</sup> *Ibidem* 12-13.

<sup>75</sup> *Ibidem* 14.



inspired by the idea that the experiential world of a patient, just as that of every other person, constituted a meaningful world in which the patient acted and felt. Or, shortly put, patients after all 'were' not a substrate of psychiatric diseases, but first and foremost human beings, and the essence of human being was the constitution of meaning. Psychiatric meaningful worlds were seen as different, and worth investigating.

Next to 'the patient as a totality' the four psychiatrists focused on inter-humanness (*Zwischenmenschlichkeit*) or being-with (*Mitwelt, mitmenschliche Kommunikation*). Probably this was mainly inspired by their lives in sanatoria. Their focus on 'interhumanity' stood in the service of three different goals. Firstly, an interhuman epistemology would enhance 'understanding' of patients. In other words: in order to be understood, there needs to be someone that understands sympathetically or empathetically. How that works had to be thematized. Secondly, interhumanity played an important role in the 'Genese' (process) of the psychiatric disease. In other words, no man is an island, the phenomena that constituted their disease could not be isolated from social relations. And thirdly, interhumanity played a role in the genesis and backfire of the concepts of mental diseases on healthy human beings. To be mad, or to become mad, was by no means an issue confined to 'psychiatric patients', but was a possibility to every human being.

Following from these perspectives, mental diseases were understood as regular (in the sense of 'regulated') processes, which should be understood out of human being itself. The anthropological focus on 'interhumanness' led to an interpretation of mental diseases that could be the result of biographical crises and of reactions on drastic restructurings of the environment of the patient. So mental illness could just as much be 'biological' or 'genetic' as it could be a failed or distorted way of dealing with social, life-historical, or familiar realities.

## 2.4 Time in philosophy

Anthropological psychiatry took the 'new' ideas concerning 'time' at heart. So, what were those 'new' ideas? Nineteenth century dealings with time were mostly pre-occupied with the role history (and historical awareness) played in a culture or society. Especially during the first half of the century History became one of the most important disciplines in science. Herder, Hegel, and Marx had put history at the center of '*Wissenschaft*'. So 'history' was viewed as the main and most meaningful feature 'time' had to offer. 'Time' in this respect was mainly important as the basis on which 'history' and 'Zeitgeist' could come into being, so 'time' was mostly viewed as a characteristic of the 'external' world. From 1900 onwards this changed. Philosophy shifted its focus from 'history' and 'culture' as products of time, to 'time' and 'the individual' (and history) as constituted. So, in a way 'time' existed partly because 'history' constituted it, 'history' did not anymore exist because of 'time'. This

viewpoint led to new questions like: How does time play a role in the way individuals constitute their experienced world as real, as imagined, or as objective? and, How does time play a role in the way an individual life can become meaningful, and more important: How can that life be lived in freedom? These new questions caused the character of time to be viewed differently and approached from another angle than during the nineteenth century. Time was now investigated in its relation to human being and his or her meaningful, complete, unique life. If history played a role, it was viewed as an inner innately human constituting element of time, not only as an external event. History played a part in the present interaction of an individual to his experienced world, and was not something that only played a part in a distant past.

Thus Hugenholtz's focus on time was not undertaken in isolation from contemporary philosophical trends, of which some highlights will be treated below. Since this thesis tries to clarify and interpret Hugenholtz's focus on time, only the thoughts concerning time of Husserl, Bergson, Heidegger and Scheler that are relevant to psychiatric thinking will be treated. The philosophers treated below disagreed with each other explicitly (also in their thoughts concerning time). What this thesis emphasizes is that the psychiatric focus on the role of time coexisted with a movement in philosophy to investigate the relation between 'time' and the role it played in the 'inner-world' and a human being's life.

#### 2.4.1 Husserl: time and consciousness

The main influence of Husserl on the psychiatry treated in this thesis, is that he asked the question how time-consciousness constitutes experienced 'objects'. He thought time-consciousness behaved intentional, it constituted, and therefore it unveiled meaning. Since 1901, Husserl undertook phenomenological analysis of consciousness. He thought it had an '*intentional*' character.<sup>76</sup> So, consciousness had the property that it was never locked inside itself. Instead Husserl thought that people are always conscious *of* or *about* some 'object' or state of affairs. Therefore consciousness always is *with* the things or 'objects' in the world.<sup>77</sup>

One of Husserl's main questions was how consciousness was able to '*constitute*' the 'objects' it experienced. This means that Husserl was not interested in investigating the 'objects' in the 'external' world *as such*, but how people came to experience them *as* objects. In Husserl's view people experienced 'objects' because consciousness was *constituting* them. He viewed constitution as a dynamic process by which an object is built up as an object with a static constitution of its own.

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<sup>76</sup> Intentionality comes from the Latin word 'intendere' and means to aim.: R. McIntyre and D. Woodruff Smith, 'Theory of Intentionality' in: J.N. Mohanty and William R. McKenna, eds., *Husserl's Phenomenology: A textbook* (Washington 1989), pp. 147-79, 148.

<sup>77</sup> *Ibidem* 148.

<sup>78</sup> Thus he tried to find his answers in the structures of experience, that had an *intentional* character.<sup>79</sup> Moreover, consciousness constituted the objects in experience as 'meaningful', it constituted a world of *Sinn* and meaning.<sup>80</sup>

The major field of his investigation into the way consciousness 'constituted' objects, were Husserl's efforts to investigate the consciousness of time. Husserl thought that experiences (*Erlebnisse*) always have a timely structure.<sup>81</sup> This works as follows: people have a primal impression (*Urimpression*) of a streaming present. That experience of the present, is always surrounded by a horizon of immediate (unmediated) '*Retention*' of the past and of immediate *Protention* of the future. *Retention* is not active or 'conscious' recollection, but should be seen as a passive presence of the past. *Protention* should not be mistaken for active (concrete) expectation. In *Protention* the past is being held and incorporated. For example, according to Husserl, *Retention* (immediate past) and *Protention* (immediate future) are the reason that a melody, which is a sequence of tones, can be experienced as a unified piece of music.<sup>82</sup> Husserl hoped to demonstrate the primal constitution (*Urkonstitution*) of the stream of time by the hidden active achievements of consciousness. This process he calls *Zeitigung*. Husserl used this word not only as the genesis of events in time, but extended it to the production of time itself.<sup>83</sup> So, to Husserl time 'exists', because consciousness constitutes it.

To the psychiatrists Husserl's work meant that 'states of affairs' and their timely character, as they were experienced by their patients, could be interpreted in relation to structures of consciousness. Those structures could be normal, or deviated. Since time-consciousness, just as 'ordinary' consciousness behaved 'intentional', it did not only point to the possibility that human beings had an 'inner consciousness of time' that fundamentally contributed to the way people constituted 'objects' in the external world. The intentional character of time-consciousness also pointed to the possibility that the constitution of 'meaning' was connected to the constitution of time. So, the sometimes completely aberrant meanings that patients experienced, could be caused by their altered consciousness of time.

The main difference between Husserl and anthropological psychiatry is that to Husserl's analysis of time was transcendental and not existential. His analysis was not about specific existential structures

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<sup>78</sup> Spiegelberg, *The Phenomenological Movement*, 146.

<sup>79</sup> McIntyre, Woodruff Smith, 'Theory of Intentionality', 148-153.

<sup>80</sup> Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, 63.

<sup>81</sup> That experiences according to Husserl have a timely structure does not mean that the stream of time is always experienced. For example, the observation of a chair is not very 'flowing', in this case it the 'fixation' of the object is a constitutive achievement of the observing subject.

<sup>82</sup> Compare: Spiegelberg, *The Phenomenological Movement*, 148. To: Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, 64.

<sup>83</sup> Spiegelberg, *The Phenomenological Movement*, 149.

of time, and concrete psychopathological examples of them. Despite Husserl's influence on psychiatry, his own goal was to get to know the 'primal phenomenon' of time, and its relation to consciousness as a formal structure.

#### 2.4.2 Bergson: time and life

Bergson's main influence on the psychiatry treated in this thesis was the fact that he observed a division between a rationalized, scientific, form of time, and a living, dynamic, future oriented form of time, which can only be experienced (lived experience) and contrary to rationalized time provides 'freedom'. In contradiction to Husserl who turned his phenomenological view towards consciousness, Bergson wrote about life, the flux, the flowing. He viewed biology and psychology as a fundament for philosophy.

Bergson thought that consciousness separates itself from being one with lived life and lived time. This means as much as: human beings form conscious images (representations) of their lives, and those images (thoughts) prevent them from 'going with the flow'. The main reason for this was that consciousness approaches reality by counting, measuring, weighing etc. Although Bergson thought that consciousness is everywhere where life is, it only builds on life and should not be confused with it. In 1889 it suddenly dawned on him that the natural sciences had a wrong idea of time, and wrote in a few days his *Essay sur les donnees immediates de la conscience*, of which his later work is a more thorough revision.<sup>84</sup>

Bergson saw a big difference between time and space. Space was homogeneous, people could go randomly from one point to another. The natural sciences occupy themselves mainly with space, so they present movement as a sequence of spatial positions of the body. Thus, when the sciences measure time, they actually measure changes in space.<sup>85</sup> Time, on the contrary to space, is not homogeneous, in time it is impossible to go randomly from one point to another. So, to Bergson real time is not the time of the natural sciences. In human's lived experience, time is duration (*duree*), and it sometimes takes a little longer and sometimes a little shorter. It is an indivisible streaming, becoming, and flowing. Real time is irreversible, and therefore a moment, according to Bergson, is something new and unrepeatable. According to Bergson, space 'is', time 'constantly becomes'.<sup>86</sup>

Due to the scientific approach to time, science has a story to tell which is hostile to human freedom, namely determinism. This meant that science tells us that everything people are is caused by physical

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<sup>84</sup> Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, 65.

<sup>85</sup> Störig, *Geschiedenis van de filosofie*, 603.

<sup>86</sup> Compare: Störig, *Geschiedenis van de filosofie*, 603. To: Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, 65.

and psychological causes, and makes the image people have of 'the present' the result of causes from the past. On the contrary, in reality people are absorbed in the stream of the living life itself with everything they are. Bergson argues that, since time is irreversible, it is also a constant creating (of the new). Freedom should therefore be found in time, but not in the way the natural sciences present time, since they want to explain everything new out of the past. This is a problem for Bergson because the 'now' of the natural sciences actually is compounded of the past. Therefore the sciences can observe evolution, but they cannot see development. The natural sciences are blind to a creative evolution and therefore are blind to what makes human beings free.<sup>87</sup>

Whereas space can be captured with the mind, real time (which is the stream of living) cannot be captured by thinking about it. But, according to Bergson people have more epistemic capacities. It goes wrong when people think about time, because when they do, people project material forms on to time. (which is also what went wrong in the natural sciences) Pure duration can only be understood by intuition (grasping meaning without interference of the mind). Only man has intuition, and intuition is the form by which life knows itself.<sup>88</sup>

Where Husserl systematically investigated consciousness 'from within', Bergson described the flux of time 'intuitively'. Bergson's main influence on the psychiatry treated in this thesis was the fact that he observed a division between a rationalized, scientific, form of time, that is adjacent to space on the one hand, and on the other hand a living, dynamic, future oriented form of time, which is adjacent to *Erlebnisse* and provides 'freedom'. Secondly, his intensive thorough descriptions of lived time, and its relation to human freedom, opened the eyes of the phenomenological psychiatrists (mainly Minkowski) to the importance of time as it is experienced (*Temps vecu*).

#### 2.4.3 Scheler: love as movement

The main influence of Scheler on psychiatry of 'time' was his epistemology. He viewed 'love' and 'knowledge' as transforming the 'lover', therefore being a typically human way of moving toward the future. Of all the philosophers treated in this thesis, Scheler's influence upon phenomenological psychiatry is probably the most direct, and at least temporarily, was the most profound. He already in 1911 and 1913 published in pathopsychological journals, and his name occurs in phenomenological pathopsychological literature more often than Husserl's.<sup>89</sup> The Dutch psychiatrist

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<sup>87</sup> Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, 65.

<sup>88</sup> Störig, *Geschiedenis van de filosofie*, 603.

<sup>89</sup> Schelers influence on Minkowski, Straus, and Von Gebattel is more than Heideggers, and is usually underrated. His influence on the time-debate seems to be more pervasive than Heidegger's (Binswanger excluded). Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*, 232. And: Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 16-18.

Rümke and Von Gebattel both were, again at least temporarily, influenced by Scheler's ideas.<sup>90</sup> Scheler was the founding father of anthropological philosophy, or perhaps better said, philosophical anthropology. As such Scheler's thoughts played a major role in the 'anthropological' dimension of phenomenological psychiatry.<sup>91</sup> Scheler's ideas concerning man and his place in the cosmos, influenced the vision on time during 'the time-debate' consistently.

Scheler viewed philosophy, in contrast to Husserl, not merely as a rigorous science. Phenomenology, in Scheler's view was also a means that would help Europe out of a crisis: it had a moral purpose. Already before the first world war Scheler had written of an acute cultural crisis in Europe, which according to him was mostly a social and economic one.<sup>92</sup> To Scheler, the center of the problem was the development of a new philosophy with a deeper conception of man, hence his occupation with the question: what is man? And what is his place in the universe of Being? Scheler's answer was philosophical anthropology, to determine man's nature and place in the universe as a whole.<sup>93</sup> To Scheler, phenomenology was a great tool which could bring about a decisive reform of our world view (*Weltanschauung*).

Scheler primarily approached man as a 'becoming being', which was reflected in his views on love and knowledge. To Scheler, philosophy was the most autonomous possible form of knowledge, which was as free as possible from presuppositions, more free than historical knowledge (traditionalism), scientific knowledge (scientism) and dogmatic common sense. However, philosophical knowledge has personal prerequisites, which are of a moral nature. Philosophical knowledge, according to Scheler, was 'love of being'. So, according to Scheler, love and humility were the point of departure of all philosophy: 'The wonder at the fact that there is not nothing but something, a fact which only he who has looked into the abyss of nothingness can really appreciate'.<sup>94</sup> Scheler viewed love not as static, but as 'movement'. So love did not mean a creative transformation of the object or person loved, but rather of the lover. Love was oriented toward the possibilities of enhancing value in the loved one for his own sake. Such love is spontaneous, not reactive. Scheler put emphasis on this dynamic tendency of a love which tries to develop, rather than to recognize and to preserve existing values. His way of knowing was a love which loves what is not yet lovable for the sake of what it might become.<sup>95</sup>

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<sup>90</sup> Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 18.

<sup>91</sup> Anthropology contains the Greek word *Anthropos*, which means human, meaning 'knowledge of the human being. Sperna Weiland, *De mens in de filosofie van de twintigste eeuw* 15.

<sup>92</sup> Spiegelberg, *The Phenomenological Movement, a historical introduction* (Den Haag 1965) 231.

<sup>93</sup> *Ibidem* 233-234.

<sup>94</sup> *Ibidem* 250.

<sup>95</sup> *Ibidem* 261.

Scheler also developed a comparable division of 'empires' as Steiner did, but they do not enlighten phenomenological psychiatry's interpretation of time (yet). Scheler gave an anthropological foundation for the psychiatrists to view time-experience in a spiritual manner. He influenced psychiatry of time in the sense that morality, and values constituted a typically human way of development. His emphasis on love and knowledge as 'movement', is an idea that reoccurs in the 'working-out' of a specifically human dimension of time.

#### 2.4.4 Heidegger: time and *Dasein*

Martin Heidegger (1889 – 1976) published in 1927 *Sein und Zeit*, a work that wasn't about man, it was no anthropology, psychology, biology, but about Being as a, according to Heidegger, fundamentally misunderstood notion in Western philosophy. So, where Husserl wanted to do 'Wesensschau' of consciousness, Heidegger wanted to investigate 'Being' which shows itself in different ways in everything that 'is'. One of the ways of Being Heidegger described was 'Dasein'. Dasein can be translated with 'being-there' or 'being-here', and was an exclusively human way of Being.<sup>96</sup> According to Heidegger, 'time' has a crucial meaning to the question of Being, and 'time' is crucial to analyze 'Dasein'. The Being of 'Dasein' finds its 'Sinn' (meaning) in temporality (*Zeitlichkeit*).<sup>97</sup>

So why is 'time' special in comparison to 'space'? According to Heidegger, Dasein lives its life in 'time' in a deeper meaning that it lives its life in space. Dasein is Being thrown (*geworfen*) into a certain time and a certain place. The place where Dasein gets thrown is slightly important, it limits possibilities, but people can study and travel, so the place where Dasein is born is of little intrinsic meaning to its Existence. On the contrary, the time in which Dasein is born has consequences that cannot that easily be overthrown. A date of birth limits Dasein's position in time, and consequently its possibilities, its place does not limit its possibilities in that way. Dasein can lead a satisfying life if it never leaves its hometown, but in order to live a life, an appropriate amount of time is necessary. (Existential) decisions and activities suppose that time is more important than space (although time and space are a two-sided conditioning of one's life), they need time to come into Being.<sup>98</sup>

Because Dasein is temporal (*Zeitlich*) it reveals 'world time', it reveals a world that is maintaining itself. Dasein is not just a meaningless biological species, the meaning that can be given to the universe, comes from Dasein. It is only because of the meaning dependent on Dasein, that people can say that some things are meaningful and others are banal.<sup>99</sup> So, according to Heidegger, there

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<sup>96</sup> Sperna Weiland, *De mens in de filosofie van de twintigste eeuw*, 71-74.

<sup>97</sup> M. Inwood, *Heidegger*, (Rotterdam 2000) 82.

<sup>98</sup> Ibidem 84.

<sup>99</sup> Ibidem 87.

are no timeless statements, meanings, or theories, they are only ways of Dasein's being, historical and temporarily. This means that Dasein's entrance in the world was a moment of considerable importance, since at that time history, meaning, 'world-time', and in a way time itself, took its beginning for me as Dasein. So, in short: Dasein is limited, in the world, and temporal. It is not exalted above time, it stands openly in front of a maintaining world and is revealing it.

'Dasein' according to Heidegger is '*possibility*', which does not mean it *has* possibilities, but Dasein itself *is* the possibility, it can either be authentic (*Eigentlich*) or be inauthentic (*Uneigentlich*). (To be or not to be.) Since *Sein und Zeit* is not ethics, Heidegger makes no statements about what Dasein should or shouldn't do or be. He simply shows that, since there's existence, existential decisions occur. So what's the difference between '*eigentlich*' and '*uneigentlich*' Dasein with respect to 'time'? According to Heidegger, authentic Dasein is not entirely incorporated by the present, a recent past, and the near future. It looks ahead toward its own death and backwards to its own birth and beyond to a historical past.

So, how to get to grips with Dasein as a whole? Its totality is a problem to Heidegger, since it never shows itself actual and complete, but always with not yet realized possibilities. According to Heidegger, the answer to view Dasein as a totality lies in its death. *Death* namely, is not only something that occurs at the *end* of a life, but plays a role *within*. Hence, Dasein is conscious that it will die. The fact that it will die permeates Dasein's total life. A life without death, would be a life of eternal postponement. Death is present in every moment of Dasein's life.

The difference between authentic Dasein and inauthentic Dasein is that the latter hides from the possibility of its own death, actual Dasein is constantly aware of the fact that it can die. In this confrontation he is not fearful, but *cares*. Actual Dasein sees its own situation and the possibilities it gets offered and takes decisions. According to Heidegger, there is no moral reason to be authentic, but the difference between to be authentic and to be inauthentic is that authentic Dasein reveals itself, its possibilities and its own totality. Inauthentic Dasein has the tendency to fall into everyday life (*Men*) and interpret itself wrongly.<sup>100</sup> So in short, only if determined Dasein views itself as limited by his own death it has the ability to view the possibilities in that limitation, and therefore has access to reveal itself as a totality. This idea of Heidegger, that 'totality' of a 'person' can only be revealed in its temporal/limited structure, had a main influence upon discussions concerning time in psychiatric practice.

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<sup>100</sup> Inwood, *Heidegger*, 106.



According to Heidegger, both 'eigentlich' and 'uneigentlich' Dasein cares. He describes care as: being ahead of oneself, already being with (in the world approaching being). Being ahead of oneself has reference to the future, that Dasein has goals and plans. Being already in (the world) has reference to the past, Dasein is thrown into the coincidental characteristics it has and into a situation with a prehistory that did not come forth out of its own actions. Being with has reference to the present, that Dasein is able to let itself be met (by the world).<sup>101</sup>

The difference between care in 'eigentlich' Dasein and 'uneigentlich' Dasein is that the latter has a much lesser extasis. Extasis is a Greek word and means: to stand out, to transform, to be out of oneself. So, according to Heidegger, 'eigentlich' Dasein has a more extended reach in time, therefore its own totality. Dasein's temporality incorporates several extasis. The future is the most important extase, both to 'eigentlich' and 'uneigentlich' Dasein 'time' is primarily there to '*do something*', and therefore has a relation to the future. Heidegger does not interpret the future as 'that what comes to us', but Heidegger views that Dasein walks ahead of itself and comes 'towards itself' out of the future. In short: in Dasein's plans, or dreams, or hopes it meets itself. Another extase is the past. The past on which Dasein jumps back is not dead and over, but is the past that lives through in the present. This actual and relevant past comes out of the future toward Dasein because it expresses its relevance in the actions of Dasein. Those actions (and the incorporation of past and future in them) are the third extasis, Heidegger calls this 'Vergegenwärtigen'. So in short: 'Vergegenwärtigen' is the present, the holding onto is the past, and waiting or expecting is the future.<sup>102</sup> 'Time' in its relation to Dasein, according to Heidegger is extatic temporality (*Zeitigkeit*) and gives Dasein the possibility to be-in-the-world.

Heidegger's *Sein und Zeit* influenced anthropological psychiatry's thinking about time in the sense that: if 'Dasein' is 'eigentlich', it has the ability to view its own 'totality', which was an enterprise the psychiatrists wanted to undertake with their patients. Moreover, Dasein's temporality (*Zeitlichkeit*) according to Heidegger was the clue to uncover a world of meaning. Psychiatrists viewed in their patients that the worlds they experienced had different, mainly time-related, meanings from those of 'normal' people. Thirdly, Heidegger uncovered Dasein as having certain coherent structures (beyond consciousness), that played a role in the way different ways of Dasein uncovered a meaningful world, in which existence could move in free self-design toward the future. The anthropological psychiatrists took it as their task to investigate those different ways of Dasein's Being. Heidegger

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<sup>101</sup> Inwood, *Heidegger*, 116.

<sup>102</sup> *Ibidem* 114.

himself did not mean his philosophy to be anthropological, he explicitly mentioned Binswangers reading of *Sein und Zeit* to be too anthropological.<sup>103</sup>

## 2.5 How philosophy of time and anthropological psychiatry joined

The previous chapter has given insight into Husserl's thoughts concerning the relation between 'time' and consciousness, Bergson's work on the role of 'time' in life, the flowing and movement, Scheler's views on 'time' and 'love' as a human ways of moving toward the future, and Heidegger's work on 'time', Dasein and its meaning. All these philosophers had in common that they started to investigate 'time' as coming from within, in other words 'time' not as neutral feature of the external world, but as a constituting formative influence in the way human beings came to view an external world as meaningful. 'Time' played a role in the way human beings are, and eventually could even be seen as the key to *who* human beings are and what made them uniquely human.

It seems almost inevitable that some anthropological psychiatrists took the new developments in philosophy at heart. They appropriated philosophy's movement towards the investigation of experience, the hermeneutical attitude to 'understand' (via description) instead of explain and the phenomenological search for 'structures of experience' that are changed in the case of psychopathological conditions. Moreover, Binswanger, Minkowski, Straus, and Von Gebsattel joined the movement to focus on the central role time played in a human life. Since, if it was time that constituted the experienced world of the 'normal', also the 'abnormal' world could be constituted by time-experiences. The four psychiatrists studied the concrete consequences of alterations in 'time' structures. This out of the idea that 'the abnormal', if it is viewed and understood phenomenologically, can tell a story about the 'normal' in return.<sup>104</sup> As such, investigating 'time' became a means to anthropologically *reenchant* the psychiatric conception of both 'normal' and 'abnormal' human being.

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<sup>103</sup> Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 204.

<sup>104</sup> Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie* 233.

### 3 A short history of time in psychiatry

The following chapter will analyze the time-research of Binswanger, Minkowski, Straus, and Von Gebsattel between 1928 and 1939.<sup>105</sup> The analysis will focus on central concepts used by the four psychiatrists during their debate. First, this chapter will discuss the main publications of the four psychiatrist that are representative for their theoretical concerns. Secondly, it will distillate the main dimensions of time that the four psychiatrists distinguished. Thirdly, it will show that in relation to each-other these dimensions form a coherent anthropology, that shows similarities to Hugenholtz's anthropology.

#### 3.1 The time debate

The overview below shows the publications on time-experience from the four psychiatrists until 1939.<sup>106</sup> The following chapter will mainly focus on the sources published in 1928, because these articles are representative for the main concepts used. The year 1928 was an important year for the institutionalization of anthropological psychiatry in general.<sup>107</sup> The journal 'der Nervenarzt', founded by Binswanger and Straus, created a platform for anthropological-psychiatric ideas to be formulated and propagated. Following from that, since 1928 'time research' was a shared enterprise for the four psychiatrists. The chosen sources serve as illustration for the broader theoretical concerns about time of Minkowski, Binswanger, Straus, and Von Gebsattel.

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<sup>105</sup> The time-debate still needs a more thorough explication, it has not yet been properly analysed with regard to its influence on anthropological psychiatry in general and its place in philosophical and psychological context of the time. Passie recognized that the research on 'time' distincts the four psychiatrists from other psychopathologists of their age, but also remarks that, as a result of this time-debate, 'time' is a central part of anthropological thinking in psychiatry, and that the four psychiatrists in this respect undertook important pioneering work. Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*, 233.

<sup>106</sup> It is very probable that in the future more publications can be added to this overview, because several publications of the four psychiatrists touch sideways upon the theme of time and time-experiences. Except for the following sources, all sources in the overview have been studied for this thesis. Minkowski's article on Schizophrenia (1923), 'Theorie der Grundstörung' (1928), Binswanger's 'Das Raumproblem in der psychopathologie' (1933), Minkowski's 'Studien zur Zeiterfahrung der Schizophrenen' (1935), Straus's 'Ein Beitrag zur Pathologie der Zwangsercheinungen' (1938), and Von Gebsattel's 'Die Welt des Zwangskranken' (1938) Passie's overview of sources has been used to complete the overview above. Ibidem 203.

<sup>107</sup> In 1928 temporality became a concern also to Straus and Von Gebsattel. Straus and Binswanger met in 1924, but Straus had not read Minkowski's work on time just shortly before he published his article in 1928. Binswanger and Minkowski already knew each-other during their stay in Bleuler's clinic. Von Gebsattel's first article on time-experience was also published in 1928.

|                  | <b>Minkowski</b>  | <b>Binswanger</b>  | <b>Straus</b>  | <b>Von Gebattel</b>   |
|------------------|---|--|--|---|
| <b>1910-1914</b> | 'Lived time' pt. I is written                           |  |  |   |
| <b>1923</b>      | 'Etude..d'un cas de melancholie schizophrenique         |  |  |   |
| <b>1923</b>      | 'Bleulers Schizoidie und Syntonie und das Zeiterlebnis' |  |  |   |
| <b>1928</b>      | 'Theorie der Grundstörung'                              | Innere Lebensfunktion und innere Lebensgeschichte          | Das Zeiterlebnis in der endogenen Depression und in der psychopathischen Verstimmung | Zeitbezogenes Zwangsdanken in der Melancholie                                 |
| <b>1930</b>      |   |  | Formen des Räumlichen  |   |
| <b>1931</b>      | Das Zeit und Raumproblem in der Psychopathologie        |  |  |   |
| <b>1933</b>      |   | Über Ideenflucht & Das Raumproblem in der Psychopathologie | Scham als historiologisches Problem  |   |
| <b>1934</b>      | Le temps vecu   |  |  |   |
| <b>1934</b>      | Het tijdsprobleem in de psychopathologie                |  |  |   |
| <b>1935</b>      | Studien zur Zeiterfahrung der Schizophrenen             |  | Vom Sinn der Sinne   |   |
| <b>1937</b>      |   |  |  | Zur Frage der Depersonalisation   |
| <b>1938</b>      |   |  | Ein Beitrag zur Pathologie der Zwangsercheinungen                                    | Die Welt des Zwangskranken  |
| <b>1939</b>      |   |  |  | Störungen des Werdens und Zeiterlebens im Rahmen psychiatrischer Erkrankungen |

Figure 11. Publications by Minkowski, Binswanger, Straus, and Von Gebattel concerning time and time-experiences between 1910 – 1939.

### 3.1.1 Minkowski: 'Schizoidie' and 'Syntonie' as time-experiences

Minkowski was the first to devote himself to the investigation of time-experiences. 'Time' took up his attention under the influence of Bergson's philosophy and his experience during the 1920's when, as private doctor, he intensively lived together with a melancholic patient. Minkowski found that the most fundamental difference between the melancholic individual and himself was the difference in perception of time.<sup>108</sup>

In 1923 Minkowski published an article to show that two principles of Paul Eugen Bleuler (1857-1939), should be interpreted as two different ways to experience time. He wrote: 'Sie (SB: *Syntonie* und *Schizoidie*) gehören zu der Kategorie von Phänomenen, die das Zeiterlebnis zur Grundlage

<sup>108</sup> Several sources mention this as a very important impetus for Minkowski's research on time. Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 238. And: Passie, *Phänomenologische anthropologische Psychiatrie und Psychologie*, 114.

haben, und erst von diesem Gesichtspunkte aus können sie in ihrem Wesen richtig verstanden und beurteilt werden.<sup>109</sup> These two principles are both phenomena that have time-experience at their basis. Thus, in Minkowski's view *Syntonie* and *Schizoidie* could only be correctly understood in their relation to time.

*Schizoidie* and *Syntonie* showed a difference in the interaction of a person to reality (*Aktualität*). A syntonic person moves with his surroundings (*Umwelt*). They 'go with the flow'. A schizoidic person doesn't move with, but loses contact and goes its own autistic way (Autistic meaning not more than 'by himself', or 'independent/alone').<sup>110</sup> Minkowski viewed *Syntonie* and *Schizoidie* as two principles that play a part in every 'normal' human being. He described how, throughout his career, he tried to find out if an exaltation of *Syntonie* (the ability to 'move with time') would result in manic depression, and how an exaltation of *Schizoidie* (the ability to 'move independent from time') would lead to schizophrenia. The first wasn't the case, the second was.

Nevertheless Minkowski found that Manic-Depression, Schizophrenia, *Syntonie*, and *Schizoidie* show essential differences in their relation to time. He wanted to show: '... das die Begriffe des manisch-depressiven Irreseins und der Schizophrenie (sowie der Syntonie und der Schizoidie) einen wesentlichen Unterschied in Bezug auf die Zeit aufweisen; im Begriffe der Schizophrenen ist die Möglichkeit des Fortschreitens in der Zeit, als wesentliches Merkmal, mitenthaltend, während der Begriff des manisch-depressive Irreseins dieses Merkmal nicht enthält.'<sup>111</sup> Because a schizophrenic can move independent from time, he/she has the ability to move forward through time. A manic depressive person, because he cannot become independent, doesn't have the possibility to move forward. To Minkowski the interaction between the 'I' and the 'world' (*Auseinandersetzung*) was a temporal enterprise, in other words: all (inter)action is temporal.

Thus, according to Minkowski there were two ways people can experience time. They can 'go with the flow', which is a mere going forward (*Syntonie*) or you can 'go your own way' and develop yourself (*Schizoidie*). These two ways are deeply embedded principles in our human lives. They point out to two different dimensions (*Züge*) in human personality. The reason people can make themselves free from everything else that happens is because people pursue goals. What people pursue, and how they act, is on the one hand very intense connected to the 'I' (the person), and on the other hand to the (phenomenal) world that surrounds people. Minkowski's article shows that the

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<sup>109</sup> E. Minkowski, 'Bleuler's Schizoidie und Syntonie und das Zeiterlebnis' *Zeitschrift für die gesamte Neurologie und Psychiatrie LXXXII* (Berlin 1923), 226.

<sup>110</sup> Minkowski is not particularly clear what his demarcation criterion is between a 'normal' way of being namely schizoidic, and its abnormal enhancement namely schizophrenic. However, both principles show an 'autistic' way of relating to the world.

<sup>111</sup> Minkowski, 'Bleuler's Schizoidie und Syntonie und das Zeiterlebnis', 216.

interaction between 'the person' and the (phenomenal) world was seen as an interaction (*Auseinandersetzung*) that takes place in a temporal structure. In the end *Schizoidie* and *Syntonie* could be used to interpret symptoms and give them meaning because they referred to an individual orientation toward time both in normal and abnormal human beings.

What is important about this article is that Minkowski interpreted *interaction* as regulated by time-experience. Thus, to Minkowski, human experience was temporally structured. His article combined with earlier research, forms an important point of departure for time-research. The idea that symptoms could be linked to a meaningful framework (psychopathological syndrome) because they refer to 'attitudes' towards time, was an endeavour that showed great promise to Minkowski.<sup>112</sup>

### 3.1.2 Straus: Time-experience in a depression

Straus wrote an article to show how the experience of time could be used as a way to determine whether his patients suffer from endogene or exogene depression.<sup>113</sup> Endogene in this context means 'coming from within', exogene 'coming from the outside'.<sup>114</sup>

#### 3.1.2.1 'I-time', 'World-time', and 'Science-time'

When you have a lot to do, you don't notice that time goes by. If you have nothing to do, time passes by slowly. But looking back on a period filled with impressions from hindsight it seems to be very long. (A very busy week, from hindsight can feel like a month) Vice versa, looking back on a period with very few impressions, seems to be very short. (A very empty week from hindsight can feel as one day) According to Straus, this observation showed that in human experience there are two different forms of time at stake, the time you experience (while you're in it) and the time you remember (from hindsight). Thus he makes a distinction between the time that's immanently present in people's experience (*Erlebnisimmanente Zeit*), and the time that forms the background to experienced time (*Erlebnistranseunter Zeit*).<sup>115</sup> He also called these forms 'I-time' and 'world-time', terms which will further on be used throughout this thesis. A third form of time, was that what science made out of time (*Objective Naturwissenschaftliche Zeit*). In short 'Science-time'.

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<sup>112</sup> In all the articles treated in this thesis Minkowski, Binswanger, Von Gebsattel, and Straus made remarks that comment on the role of psychopathological research in time-experience for anthropological psychiatry in general. Most of the articles conclude with the importance of time research in connecting phenomena to a meaningful framework.

<sup>113</sup> Straus mentioned that he wrote his article without knowledge of Minkowski's similar work on time-perception. E. Straus, 'Das Zeiterlebnis in der endogenen Depression und in der psychopathischen Verstimmung' *Monatsschrift für Psychiatrie und Neurologie* 68 (1928) 640–656, 656.

<sup>114</sup> Of psychiatric conditions that were labelled 'endogene' most of the time a cause was unknown, also, 'endogene' conditions were mostly considered to be more serious than 'exogene' conditions. On endogeneity read: Mooij, *Psychiatry as a Human Science*, 11, 23, 30-33.

<sup>115</sup> *Erlebnisimmanente Zeit* and *Erlebnistranseunte Zeit* are concepts introduced by Richard Hönlwald (1875-1947). Straus, 'Das Zeiterlebnis in der endogenen Depression und in der psychopathischen Verstimmung' 640.

Science-time is what people know as 'clock-time', and is homogeneous. Straus thought that 'science-time' was a methodical construction to make measurement and mathematical manipulation of natural events possible. Since Science-time is measured time, it is a form of rational representation of world-time. It is unsuited to describe lived experiences (*Erlebnisse*), since it registers them only external, but does not register them in their essential uniqueness. 'Science-time' can never become the content of lived experience (*das Erleben*). But this does not mean that science-time is not real, it constitutes a very concrete reality to which people relate and adjust their conduct.

The difference between world-time and science-time is that the latter performs a rational act on the first. So, 'Science-time' is the result of measuring time, 'World-time' makes measurement possible, therefore they seem alike, but they aren't. According to Straus, 'World-time' was the form of time that lies beneath all time-sensation. This form of time makes people get older and causes things to change. So, 'World-time' is the time human beings have in common with the outside world. Contrary to science-time, world time is accessible to lived experiences.

Straus remarked that only recently 'I-time' was discovered. I-time can be both historical, because in I-time a personal history unfolds, and it can be biological. Contrary to 'science-time' and 'world-time', 'I-time can be fulfilled or not-fulfilled (*Erfüllt- oder Unerfülltsein*), shaped or not-being-shaped (*Gestaltet oder Ungestaltet*), and quickly or slowly flowing. Straus wrote on I-time: ,Und auch jetzt ist diese Erkenntnis [SB: der Eigenart der biologischen, historischen und erlebnisimmanenten Zeit] noch in der Hauptsache auf die theoretischen Disziplinen, die Philosophie, Geschichtsphilosophie, Denkpsychologie und theoretische Physik beschränkt geblieben. Auf die empirische Psychologie, Pathopsychologie und die Biologie hat sie noch kaum eingewirkt, obwohl die Mannigfaltigkeit der Erscheinungen, das bloße Nebeneinander der Symptome im pathologischen Fall z.B., gerade durch die Zeitstruktur sich erst zu einer auch begrifflich faßbaren Einheit zusammenschließt.<sup>116</sup> Straus observed that the insight of 'I-time' is already known in the more theoretical disciplines of; philosophy, philosophy of history, philosophy of thinking, and theoretical physics. Now, as he saw it, it should also be known, applied as a way of research, in the empirical disciplines; psychology, psychopathology and biology. To Straus it was important that the empirical disciplines learn to recognize several aspects of time, because the time-structures of human being make it possible to capture the plurality of phenomena, and the 'next-to-each-other' of psychopathological symptoms in a conceptual and meaningful unity.

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<sup>116</sup> Straus, 'Das Zeiterlebnis in der endogenen Depression und in der psychopathischen Verstimmung', 641.

Straus's conception of time in an healthy human being looked, if envisioned schematically, like the picture below.

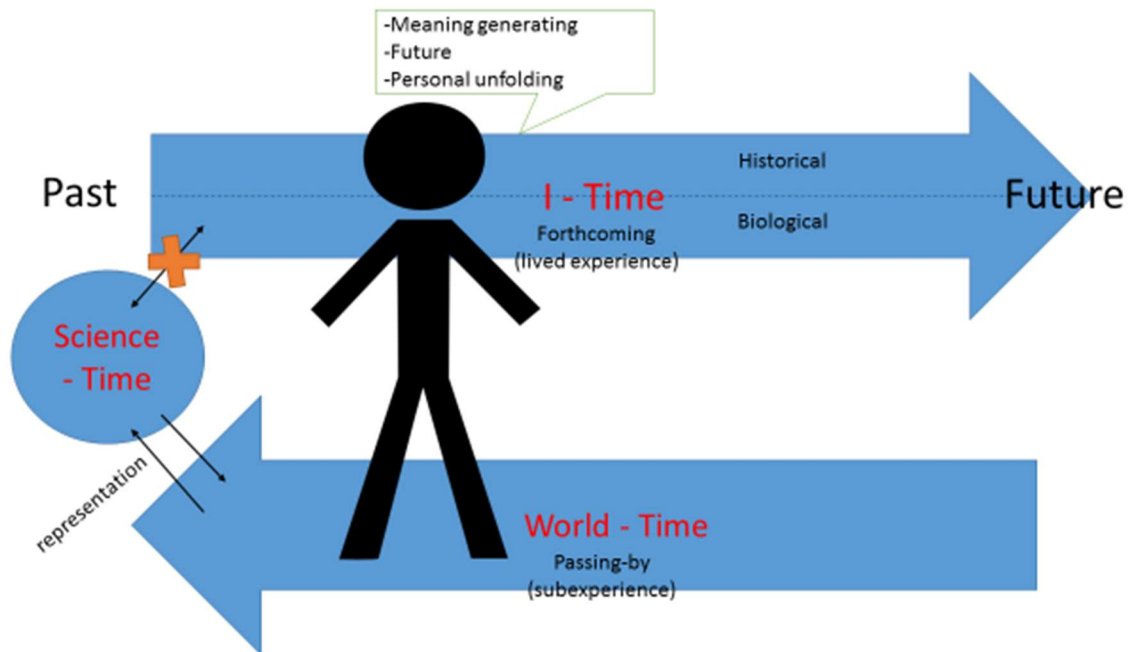


Figure 12. Straus's different dimensions of time as they are normally experienced.

### 3.1.2.2 'I-time' and 'World-time' in a depression

Straus thought that human beings belong to 'I-time' and 'world-time', because they are psychophysical persons. But in order to be able to understand depression, the distinction between I-time and world-time is crucial. Straus wrote that I-time can be stagnated. Which means that it can be ahead of, or stay behind of world-time. When people are ahead of world-time, they feel euphoric, when people stay behind, they feel depressed. So, to Straus the core element of an endogene depression was a disturbance in 'I-time' that he called endogene or vital stagnation. Since Straus viewed both lived time experience and vital moods as rooted in human beings vital layer, vital stagnation should be viewed as a biological event. This meant that the vital sphere could be stagnated (endogene stagnation), and when it happened it was a biological event that had psychic consequences.

The main psychic consequence is a change in the experience of the future. A healthy person has a time-experience that is directed towards the future. This doesn't mean that healthy persons are always consciously thinking about the future, but that at the background of all experiences, the future is always present. However, in the case of depression, the *unfolding* of 'I-time' is disturbed. But the *organisation* of time (world-time) is intact. Straus described the changed perception of the future as follows: „Jede Veränderung, die das Zukunfterlebnis von außen oder innen erleidet, wirkt



sogleich auf die Vergangenheit ein, die in keinem Fall als erstarrtes Gebilde hinter uns liegt. Auch vergangene Erlebnisse empfangen ihr Licht erst vom zukünftigen Geschehen. Die Vergangenheit trägt und stützt uns nur, wenn der Weg in die Zukunft offen steht.<sup>117</sup> Every change in the sensation of the future, has direct consequences for how people sense the present and how they sense the past. The past is never a fixated image behind persons, but it gets its meaning because of the light of the future that shines on it. The past carries and supports a person, only if his or her path into the future lies open. The past, by itself, doesn't have the ability to give comfort, it only comforts when the future is not cut off.

So what happens in a vital stagnation? Firstly, it causes the future not-being-able-to-work. This means that inner time, 'I-time', cannot grow and develop. When that happens the 'inner life history' of a person cannot develop anymore, it gets stagnated. This is a problem, because it is the development of 'inner life history' that gives meaning to the events on the path of human life. Therefore, the structure of the patient's past gets changed. Without the future, a person's past is meaningless. Therefore a melancholic patient starts to feel determined by the past and cannot have closure from it. Every event in the past starts to relate to the present person, resulting in the fact that even a person's memories get forged. Which means that factual memories (representations of the past) get a totally different meaning than before.

### 3.1.2.3 Closure

According to Straus, normal people could have closure (*Erledigen*) from the past by progressing into the future. He described closure as follows: ‚Wir wenden uns ja normalerweise nicht erst dem Neuen zu, wenn die früheren Erlebnisse in ihren sachlichen Forderungen und ihren systematischen Zusammenhängen restlos erledigt sind, sondern wir erledigen das Vergangene, (...) indem wir uns der Zukunft zuwenden.<sup>118</sup> People do not wait to undertake new actions, until earlier experiences are definitely closed. On the contrary, people close past experiences *by* turning toward the future. Straus describes this as follows: ‚Diese Form des Erledigens durch weiterschreiten in die Zukunft hat nun die weitere Folge, daß wir uns im gesunden Erleben durch die Vergangenheit nicht vollständig, nicht unbedingt determiniert erleben.<sup>119</sup> Because healthy persons have the possibility have closure by moving forward, they do not feel completely determined by the past. On the contrary, an endogenously depressed person often feels determined by the past. This feeling plays a big role in

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<sup>117</sup> Straus, 'Das Zeiterlebnis in der endogenen Depression und in der psychopathischen Verstimmung' 646.

<sup>118</sup> Ibidem 647.

<sup>119</sup> Ibidem 648.

endogenous depressed delusions (*Wahn*) and causes compulsive behaviour and thought.

Compulsions (*Zwang*) should be interpreted as attempts of the patient to move his time forward.<sup>120</sup>

The stronger vital stagnation gets, the stronger determination by the past becomes. Straus described this as follows: „Je mehr sich die Hemmung verstärkt, das Tempo der inneren Zeit verlangsamt, um so deutlicher wird die determinierende Gewalt der Vergangenheit erlebt. Je fester dem Depressiven die Zukunft verschlossen ist, desto stärker fühlt er sich durch das Vergangene überwältigt und gebunden. Das Üble das er erlebt, ist durch die Vergangenheit entschieden und zwar unwiderruflich und unabänderlich bestimmt.“<sup>121</sup> The melancholic patient becomes overwhelmed by the past and bound to it, therefore his terrible present experience is seen as decided by the past. Healthy human beings have access to that same kind of experience since the rules of a depressive delusion are already present in healthy human being, in this case in *boredom*. Straus interpreted boredom as the lack of ability to shape one's world-time to one's own liking to one's own future, which means a lack of ability to make events in world-time into meaningful events in I-time.

According to Straus, depressive and euphoric moods lay deeper in the layers of human emotional life than joy and sadness. Therefore, vital mood disturbances can be so intensive that feelings cannot come to the foreground. People can only experience joy and sadness with a certain time-sensation. Mourning and loss refer to the moment the mourning starts, and have the future (with the loss inside of it) as an object. A precondition for joy is the enrichment of the future. Because in vital stagnation the sensation of the future is impossible, a temporary vacuum comes into being, that prevents the realisation of joy and sadness.

Exogene (psychogene) depression (*Verstimmtheit*) lacks the change of time-sensation that is characteristic of an endogene depression. Patients who suffer from exogene depression are not cut off from the future, but feel threatened by it. It has an external cause, that intervenes between the 'I' and its fate. Lived experiences however, stay filled with content, the patient can feel powerless and apathic, but when the external cause of the illness is taken away the condition of the patient is influenced. Therefore a psychogene-exogene depression constitutes no change that is caused by vital stagnation. The future is dark and threatening, but it is accessible, only its form is rejected.

Psychogene depression is a reaction to the outside world, not a pathological variation of psychophysical functions.

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<sup>120</sup> Von Gebattel elaborates further on *Wahn* and *Zwang* in the article treated below: V. E. Freiherr von Gebattel, 'Zeitbezogenes Zwangsgedanken in der Melancholie: Versuche einer konstruktiv-genetischen Betrachtung der Melancholiesymptome' *Der Nervenarzt*, I (1928) 275-287.

<sup>121</sup> Straus, 'Das Zeiterlebnis in der endogenen Depression und in der psychopathischen Verstimmung' 652-653.

If envisioned schematically, Straus conception of the role of time in an endogene depression looked as follows:

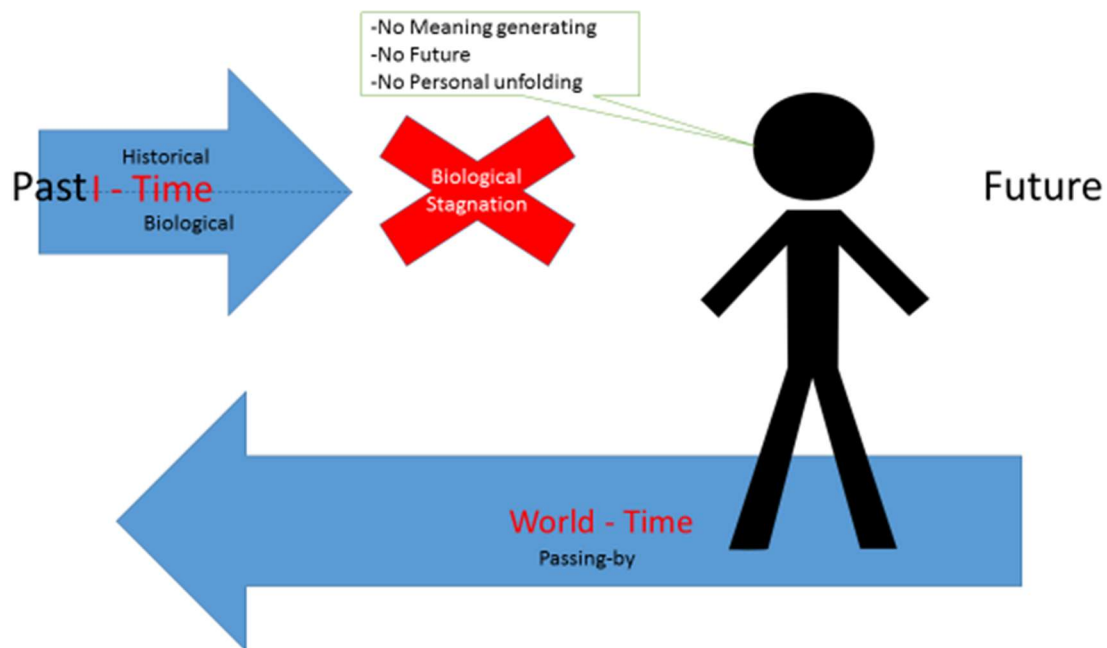


Figure 13. Straus's dimensions of time as they are experienced in an endogene depression.

So in short, Straus wrote that there are two forms of time that play a role in human being 'World-time' (Erlebnistranscendente Zeit) and 'I-time' (Erlebnisimmanente Zeit). This idea of different time-forms is rather new, and it should, according to Straus be spread to psychopathology (amongst others), because it gives the psychiatrist the ability to interpret symptoms in a meaningful, temporal framework. In the case of endogene depression this works as follows: In 'I-time', people give external happenings meaning as internal contributions to their personal development (inner life history). So 'I-time' provides meaning, and the ability to develop. This is the case, because in 'I-time' people experience the future as *possibility*. According to Straus, when patients were depressed, they were cut off from this experience of the future. This is caused by what he calls 'vital stagnation' (*vitale Hemmung*). This stagnation causes a change in the total experience of the past, present, and the future, leaving the patient unable to develop. The patient cannot develop, because he cannot progress through time, (having no closure by progression). This disturbance in time, the stagnation of the vital sphere, can become so intense that a patient cannot experience joy and sadness anymore. Vital stagnation can be used to differentiate between endogene and exogene depression. In the case of an endogene depression, vital stagnation causes the future to be absent from experience. In an exogene depression the future is, though dark, present in experience, and therefore is caused by external factors not by the biological stagnation of 'I-time'.

### 3.1.3 Von Gebsattel: Time-related compulsions in Melancholia

Von Gebsattel built further upon Straus's concept of endogene stagnation.<sup>122</sup> He wanted to continue Straus's research by understanding the nature of compulsion (*Zwang*) in its timely context. According to Von Gebsattel, compulsive disorders develop at the bottom of manic depressive disorders. He asked why the same biological disturbance, which is endogene stagnation, sometimes expresses itself in delusion (*Wahn*) and sometimes in compulsion (*Zwang*).

Von Gebsattel's point of departure was the variety of symptoms he encountered in the treatment of his patient, a twenty year old girl. She showed the clinical picture of a mixed condition of manic depression. The most prevalent symptom was her unique disturbance in time-sensation: she described that she had a fear for time, because every event emphasized that time goes by, and she had a constant fear of death. Von Gebsattel investigated her case in a way that demonstrates the relation between biological and mental (*geistlich seelisch*) symptoms in a disease. He wanted to show why his patient's material interest in time resulted in compulsive thinking. This can only be explained taking the life-history of the personality into account.

Von Gebsattel's patient suffered from the fact that time goes by. She noticed that she experienced the *passing by* of time much more prevalent than a normal person would. This meant to Von Gebsattel that *thinking* about time is not the initial attitude people normally have. If someone focusses strongly on the fact that time goes by, it points out to *life-problems*, not *thinking-problems*. Von Gebsattel's patient evaded (*Entzieht*) herself from the immediacy of the fully naïve, unreflected feeling of Being-there (*Dasein*). This means that 'time' to Von Gebsattel's patient was not the time in which people normally live, but a unique objectivised form of it. The coming into being of this specific time-form needed its own explanation.

According to Von Gebsattel, normally time is not experienced as passing by (*vergehend*), but as forthcoming (*bevorstehend*).<sup>123</sup> This means that 'world time' normally does not enter experience. Only when a person's ability to unfold is stagnated the perishing of time (*das Vergehen der Zeit*) is experienced. Moreover, time is normally not experienced as a medium in which people experience *themselves* as becoming less (*vergehen*) but in which people experience themselves as becoming more. This means that healthy persons are primarily oriented towards the future, and the future expands itself in them. This is self-realization. When the direction of lived experience changes from

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<sup>122</sup> Straus and Von Gebsattel use different terms to refer to stagnation, sometimes they refer to it as vital stagnation (*vitale Hemmung*), sometimes endogene stagnation (*endogene Stagnation*).

<sup>123</sup> Von Gebsattel refers to Scheler's remark that 'basic time-experience goes to that what is called future': Von Gebsattel, 'Zeitbezogenes Zwangsdenken in der Melancholie' 278.

the future toward the past, that enters a person's consciousness. Von Gebsattel's patient had such a changed consciousness of time, causing her representations to have a changed meaning.

The altered consciousness of time of the patient manifested itself in a compulsive registration of the timely character (*Inhalte*) of events she observed. For example, when she sat in a moving train it did not 'take her somewhere', but 'left an irreversible road behind'. Moreover, she put emphasis on timely related events that for a normal person would be coincidental and irrelevant, like the ticking of a clock. Von Gebsattel described this as follows: ‚Die Kranke bildet inmitten der allgemeinen zeitlichen Veränderungen des Weltgeschehens eine Insel der Unveränderlichkeit, und auf diesem Hintergrund von gehemmter Selbstveränderung wird alle objektive Veränderung: das Piepsen eines Vogels, das Ticken einer Uhr, Bewegungen usw. peinlich erlebt.<sup>124</sup> Von Gebsattel's patient became an isle of unchangeability in the middle of changeability (*Veränderlichkeit*). A normal person could experience the patient's state of mind in *tiredness*, when suddenly very irrelevant situations from the phenomenal world can take up one's attention. His patients attention for the irrelevant is a reaction against her inner stagnation. Because: ‚Wo wir behindert sind, die Welt aktiv zu ergreifen und zu gestalten, drängt sie sich uns auf, und zwar in der atomistischen Ungestalt vereinzelter Inhalte.<sup>125</sup> His patient has a handicap in her ability to *actively understand* and form her world, therefore her world presses itself upon her in atomistic, unformed, singular contents. Von Gebsattel's patient registered individual events and viewed activity in them, but she only registered what is forced upon her. She did not view the *qualitative* content of things. So, to her things had a (specific world-) timely form. The patient registered the passing by of things (the moving train), and they indicated to her that the timely orientation of her own life was not toward the future.

All of this showed Von Gebsattel that the basic experience of patients who suffer from melancholia is *the experience that time goes by*. It causes an inner halt to personal development. If a person does not develop, the person perishes, moreover, ceases to exist. To Von Gebsattel, to exist meant to develop, so patients experienced the stagnation of a growing time-form not as halt but as perishing of time.

Despite the stagnation of development, the personality itself was not destroyed (as Von Gebsattel wrote would be the case in Schizophrenia), because there was still something in the patient that experienced the perishing of time. She therefore still formed a 'totality' that is experiencing. Von Gebsattel's patient wanted to live, act, and develop. This was the reason why her disability to

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<sup>124</sup> Von Gebsattel, 'Zeitbezogenes Zwangsdanken in der Melancholie' 281.

<sup>125</sup> Ibidem 279.

develop was so prominently present in her experience. She tried to defend herself against her own stagnation without result, this causes her condition of compulsion.

In Von Gebsattel's view, compulsion and delusions were only symptoms of the central disturbance in melancholia: the stagnation of the person's ability to develop. In other words, the stream of becoming stands still. Von Gebsattel pointed out to Straus's 'I-time' (Erlebnisimmanente Zeit) which stands still. 'World-time' (Erlebnistranseunten Zeit) does not stand still. The time of the world continues to flow, and forms a background to the inner time that does not flow with it.<sup>126</sup>

For the patient, the change of the world had a totally different meaning than it would have to a normal person. To a normal person, changes in the world (world-time), causes collisions with the own developing personality, which on its turn is pulled into a change that is in tune with the outside world (I-time). Change to Von Gebsattel's patient, however, did not mean the *possibility* of personal development, but emphasized the *perishing* of her personality. She was not stagnated in her ability to act, but her actions seemed *meaningless*.

To Von Gebsattel, actions had meaning, because *participation* has the symbolic meaning that it gives the ability to unfold. So, while acting, the developing personality gets immersed into the own action. Thus, normally to act means to actualize potential, to self-realize. Von Gebsattel's patient described how in everything she does, only a small part of her took part. This is an indication that her actions did not carry the symbolic meaning of her own unfolding. On the contrary, her actions should be interpreted as a battle against doing-nothing, and not as carried by inner development. The fact that normal people are carried (by time), makes the lightness of existence and the meaningfulness of actions possible.

Von Gebsattel pointed out that forced thinking should be viewed the same as forced action. He referred to Straus who also pointed out the fact that thinking is active. Compulsive thinking therefore should be seen as compulsive action.<sup>127</sup> Von Gebsattel's patient's vision was directed to the past, she had a disability to bring her actions to closure. This caused a lack in her sense of satisfaction. Von Gebsattel pointed to Straus's article in which he defined closure as progression into the future towards new actions. Von Gebsattel's patient lacked the feeling that her actions are completed, therefore she constantly had to test if everything is really done. She did not inertly act further, and therefore her inability to complete actions caused torment and a lack of freedom. It forced her to repetition, which expressed itself in the compulsion to register.

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<sup>126</sup> Von Gebsattel, 'Zeitbezogenes Zwangsdnken in der Melancholie' 281.

<sup>127</sup> Ibidem 283.

Von Gebattel again referred to Straus, who interpreted compulsion as a powerless attempt to drive 'I-time' forward. This causes the compulsion to constantly observe the going forward of external time progression. According to Von Gebattel in the case of the patient this meant that because 'world-time' progresses, and she was not, external progression of time became meaningless. The patient viewed herself on a timeline which brought her closer to death with every event, causing an intense fear of death. Between her 'now' and her 'death' stood nothing of meaning, which underlined her feeling of meaninglessness of Being.

### 3.1.3.1 *Two types of death*

In order to understand his patients vision on her own death, Von Gebattels distinguished two different types of death. Firstly, he described *death immanent to life*.<sup>128</sup> This type of death is something people do not experience consciously, but is the reason normal people can have closure from past events. People give up parts of life to progress; people's created works are actually closed pieces of life. So this type of death is present in the completion of actions. Von Gebattel viewed this type of death as the fulfilment of life. The second death, is *death transcendent to life*, the exogene death, which is the negation of life (this is common sense death).

Her own exogene death was in the foreground of the patients experience, because she suffered from the disability to unfold, and therefore to unfold herself in life. Because the patient constantly experienced a meaningless passing by of time, she also constantly internalized death that is exogenous to life. Exogene death belongs to 'World-time' (Transeunten Zeit) immanent death to 'I-time'.

Von Gebattel's patient undertook several suicide attempts, this contradicted with her fear of death. Von Gebattel interpreted her suicide attempts out of the stagnated personality and not only as attempts to free herself from her suffering. His patient had the illusion that when she is dead, she has the ability to overlook everything. For a normal person, suicide would bring the inner development to an end, but the patients experienced herself as only physiologically alive, her future was blocked. Suicide had to her the meaning of recovery, because it would free her from the condition of developing 'dying'. Her thoughts (representations) of suicide, were not accompanied with temporal illusions, like her experiences of a ticking clock were. So, the patient's death-wishes were actually a wish to live. She tried to find an external realization of life's immanent death, (that

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<sup>128</sup> This 'death immanent to life' is not actual death in the sense that people die. However, it is also not just a metaphor. To Von Gebattel, Straus and later on also Hugenholtz, this type of 'death', which means a death of experience due to conscious or rational action upon experiences, is a very real concept/phenomenon with existential meaning.

would bring her actions to completion and provide her with closure). Her compulsions were a powerless battle against her inner stagnation.

Von Gebsattel's vision on the role of time in a healthy human being looked schematically as follows:

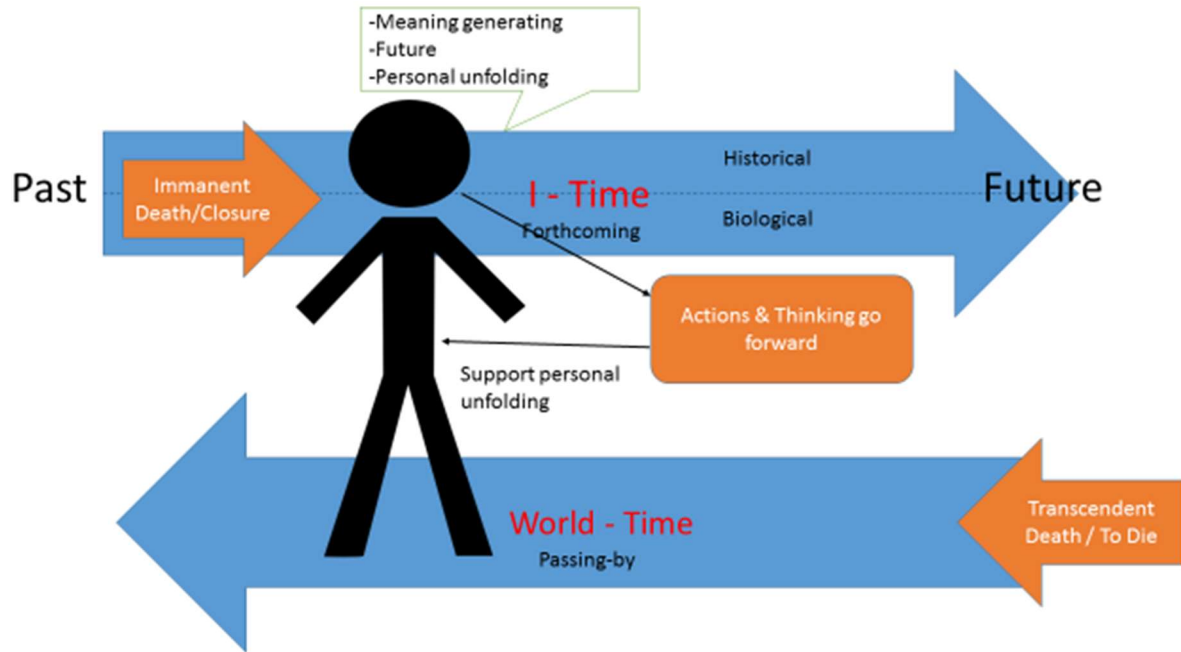


Figure 14. Von Gebsattel's dimensions of time as they are normally experienced.

Von Gebsattel's vision on the role of compulsions and illusions in a depression looked as follows:

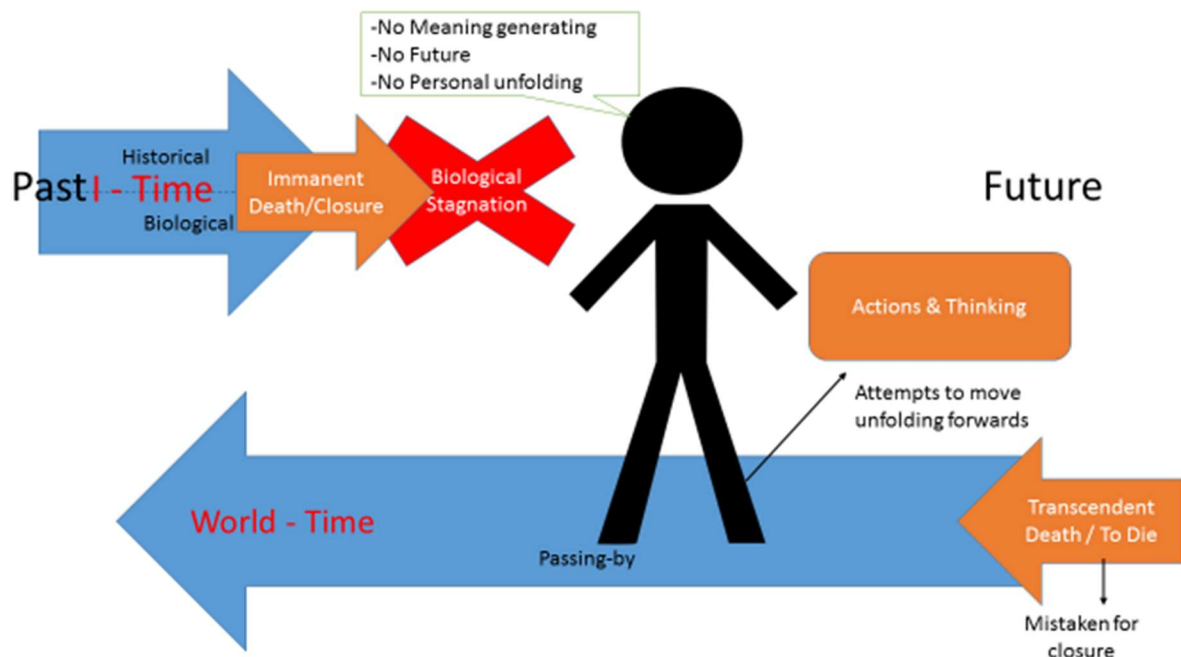


Figure 15. Von Gebsattel's conception of time dimensions in the case of a biological/vital stagnation.



So in short, endogene stagnation (which takes place in vital spheres) lies at the core of manic depression, and sometimes expresses itself in the symptoms of delusion (*Wahn*) or compulsion (*Zwang*). The nature of compulsion can only be correctly understood in its temporal context. In a depression, the basic experience of time is that it passes by, normally, time is experienced as going forward. A melancholic patient registered phenomena as passing by, which underlined her own inability to develop. Her compulsion to register random events like clock ticking, should be interpreted as a battle against the own disability to develop. Since thinking is action, delusions are actually compulsions of the mind. The actions of Von Gebattel's patient seemed meaningless, because they did not underline the own development. She was forced to repetition, because the patient could not have closure towards her actions in the sense that she progressed through time. The patient had the illusion that suicide will cure her. She confused exogene death with immanent death. The latter gives closure, because it gives the ability to complete and take distance to past action, it is immanent to life. The first means a death in opposition to life. All compulsions show a stagnation of development and a struggle of the personality against the own inner stagnation.

#### 3.1.4 Binswanger: Inner life history

Binswanger published an article about 'inner life function' and 'inner life history'. Inner life history should be interpreted as a self-reflective, spiritual, typically human form of time. This 'inner life history' is seen by Binswanger, Straus, and Von Gebattel as a distinct part of 'I-time'

According to Binswanger, the psychiatric clinic was dominated by principles that are used to determine which *functions* are not working in the case of psychiatric symptoms. This was a problem, because some diseases (like hysteria) are not an expression of a *function* disturbance but contain a certain *intentional spiritual* attitude. Binswanger formulated this as follows: „Den Quellpunkt oder das Zentrum solcher Erlebnisse [SB: bestimmte intentionale oder geistige Inhalt oder Gehalt eines seelisches Erlebnisses] nennen wir die individuelle (geistige) Person, den inneren geistigen Zusammenhang ihrer Erlebnisgehalte aber ihre *innere Lebensgeschichte*.<sup>129</sup> The centre of spiritual experiences is always the individual (spiritual) person, but their coherence should be understood out of the life history of a person. According to Binswanger, the 'inner life history of a person' as a concept, transcended individual cases. He wrote: „Hingegen interessiert uns hier weiter eine ganz spezielle Seite dieses Urphänomen selbst, nämlich die einmalige historische Abfolge der Erlebnisinhalte der individuellen geistigen Person als Ursprung oder Zentrum alles Erlebens, kurz: *die innere Lebensgeschichte der Person*.<sup>130</sup> Binswanger interpreted 'inner life history' as the unique

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<sup>129</sup> Binswanger, 'Lebensfunktion und innere Lebensgeschichte' 53.

<sup>130</sup> Ibidem 60.

historical sequence of meaningful experiences of the individual spiritual person. He thought the concept of inner life history, was a basic phenomenon to all human experience.

So, function disorders come into being in the body-soul realm, and life historical (*lebensgeschichtliche*) disorders come into being in the life history of an individual. Binswanger made no distinction between body and soul, but between *life function*: that is, ways of functioning of the soul-like, and bodily organism, and *life history*: that is, the spiritual life of a person. These two are of course carried by one real person, so they are probably connected (Binswanger did not write exactly how). With the concept of life function, psychiatrists can take both the biological organism and the soul as psychiatric objects of investigation. With the concept of life history, psychiatrists can take the human being who expresses himself as spiritual person as object of investigation.

The history of the concept of *inner life history*, had two phases. The first developed through people who tried to deal with the problem of consciousness of lived experience (*Erleben*), in other words, how an *inner historical cohesion* exists between several meaningful experiences (*Inhalte von Erlebnisse*). Binswanger described this first phase as follows: Die erste [SB:Phase] beginnt damit, das innerhalb des Problems des Bewusstseins oder des Erlebens überhaupt das Spezialproblem des inneren historischen Zusammenhangs der Erlebnisinhalte auftaucht... Dieser Zusammenhang wurde Problem erst dann, als der Mensch anfang, sich über seine eigene innere Lebensgeschichte Rechenschaft abzulegen und sich zu diesem Zweck in seine eigene Lebensgeschichte zu vertiefen. Die ersten Anfänge dieser autobiographischen Reflexion finden wir bei den Griechen.<sup>131</sup> This phase started when people began to account themselves for their own inner life history in *autobiography*. The best example is The Confessions of St. Augustin. In them, according to Binswanger can be seen that life history is about searching for an inner spiritual cohesion in the experiences of a person. This unity of inner meaningful moments is not about a series of events occurring in time, but about the *unity of the development of inner moments that have meaning*. So, In a person's biographical development there's unity.

The second phase thought about how inner life history is *formed (Gestaltung)* and how it can be *captured (Erfassung)*. Binswanger described this phase as follows: ,Wir können diese zweite Phase als die Reflexion auf die Prinzipien der Gestaltung und der Erfassung der inneren Lebensgeschichte bezeichnen, mit einem Wort als die Phase der philosophischen und methodologischen *Besinnung* auf das *Wesen* der inneren Lebensgeschichte und das *Wesen* ihrer geistigen Erfassung. Diese Phase ist...gekennzeichnet durch die systematische Beschäftigung mit dem ... Problem des *Verstehens*.<sup>132</sup>

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<sup>131</sup> Binswanger, 'Lebensfunktion und innere Lebensgeschichte' 61.

<sup>132</sup> Ibidem 62.

During this phase a philosophical and methodological contemplation of inner life history took place. This phase started with Humboldt, developed through Schleiermacher, and found its climax in Dilthey. The *method* to capture inner life history with is 'understanding' (*Verstehen*).

The first phase developed further via the Renaissance (Petrarca, Montaigne, Paracelsus) and later on Herder, Goethe, Rousseau, Romanticism and Nietzsche and Freud. These thinkers showed the primal phenomenon that with existence comes the *life historical choice*. According to Binswanger, these thinkers have shown that: „In der Lebensgeschichte entfaltet und gestaltet sich also,..., das innere Wesen des Menschen, seine geistige Person, und umgekehrt lernen wir aus der inneren Lebensgeschichte die geistige Person erst kennen, und nur aus ihr. Der Prozess dieses Kennenlernens ist die historisch-hermeneutische und psychologisch-hermeneutische Auslegung oder Interpretation... Wiederholt sei nur, dass diese psychologische Auslegung der individuellen Person zur Grundlage hat ein ganz bestimmtes Reich geistigen <<Seins>>, eine ganz bestimmte Einheit << innerlich sich fordernder Momente eines Sinns>> oder eine ganz bestimmte Einheit << innerer Motivationsgestaltung>>. They showed that in life history, the inner essence of humans (as spiritual persons) shows itself. The other way around, the spiritual person can only be known, out of his or her personal history. The process that makes it possible to gain knowledge of a person is *historical hermeneutic* and *psychological hermeneutic interpretation*. The psychological development (*Auslegung*) of an individual person has as its basis a certain rich, spiritual way of being.<sup>133</sup> This certain unity can be seen as 'inner moments of meaning that bring themselves forward'. So, the unity that is human brings itself forward by *the life historical choice*, and life history can be known through *hermeneutic interpretation*.<sup>134</sup>

So according to Binswanger, this history showed that psychiatry cannot easily do without 'retrospective psychology', that directs itself towards the 'I' that does things for a certain reason and toward a certain goal. Therefore, psychiatry should not be a place where only purely functional pathology and neuropathology of brain functions is being exercised. Psychiatrists should also search for the inner life historical cohesion, for example in compulsion. This way, both the dynamic meaning in the representational life (*Vorstellungslieben*) of a patient and its biological meaning are captured.

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<sup>133</sup> Binswanger means here both 'unfolding' as a first order process and unfolding (*Auslegung*) as self-interpretation which is the medium for the first order process.

<sup>134</sup> According to Binswanger, Scheler is probably the best eidetic researcher: Diese Spezialprovinz geistigen Seins ist das Gebiet der reinen Wesenszusammenhänge der psychologischen Motivation, der eidetischen Psychologie also, deren Erforschung sich die *rein* phänomenologische Hermeneutik oder *reine* Wesensforschung zur Aufgabe macht. Hier hat Scheler bisher das Beste geleistet, und er ist vielleicht der einzige, der das Gebiet beherrscht. 'Binswanger, 'Lebensfunktion und innere Lebensgeschichte' 65.

The two approaches should not exclude each other, but should both be used. Psychiatry should of course also search for possible relationships between inner life history and inner life function.

Binswanger's conception of 'inner life history' and its interpretation by Straus and Von Gebattel looked schematically as follows:

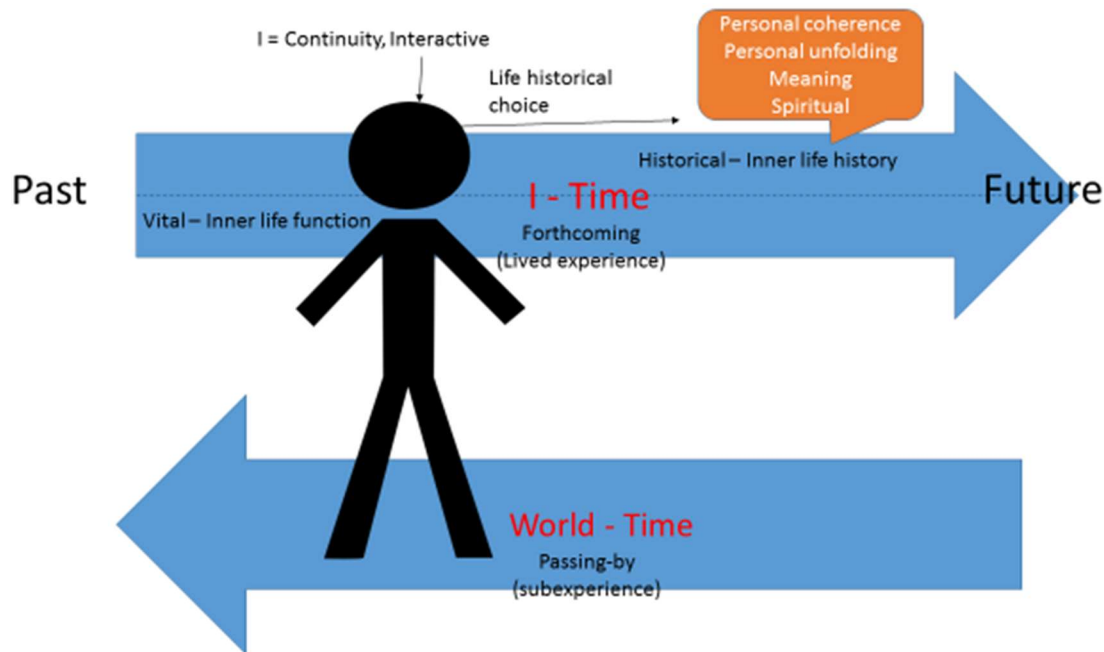


Figure 16. Binswanger's dimensions of time and 'inner life history' as it is normally experienced.

So in short, according to Binswanger the psychiatry of his age had a problem because it distinguished between body and soul, but psychiatric conditions are caused and affected by both dimensions. According to Binswanger, the body and the soul should be viewed as unity. Moreover, there are psychiatric diseases that don't have their root in the body-soul realm, but in the individual spiritual person, these diseases have a certain intentional character. According to Binswanger psychiatrists should distinct between 'inner life function': that shows disturbances in the body-soul realm of an organism, and 'inner life history': that shows disturbances which have their root in the spiritual life of a person. These two are of course carried by one real person, so they are probably connected. 'Inner life function', in the wake of Aristotle, should be viewed as the soul that is the forming principle of the body, not a result of the organism. Past thinkers about 'Inner life history' have shown that a person constitutes a unity of the development of inner moments that have meaning, and that in the life historical choice, this unity brings itself forward. In other words, human beings are just as much spiritual unities as they are biological beings, that move through time, and bring themselves forward by choice. The only way to gain knowledge about the person that acts (in his history) is the phenomenological hermeneutical method.

### *The interhuman realm of development*

The concept of 'inner life history' as it was used by Binswanger, Straus, and Von Gebattel in 1928, was a generalization of *individual* 'biographical time'. However, the psychiatrists thought that personal development did not take place in individual isolation, but in *interaction*. So, the anthropological psychiatric conception of 'unfolding' was not only *individual* but also *interhuman*.

This makes Binswanger publication *Über Ideenflucht* (1933) of importance to the theoretical development of time. Contrary to Heidegger (who's *Sein und Zeit* was mainly directed towards individual Dasein), Binswanger approached 'time' as inter-human.<sup>135</sup> According to Binswanger self-unfolding and inner life history were two different aspects of the historicity of being.<sup>136</sup> He thought that a person's immanent speed had an important place in the interaction between the 'I' and the world. That immanent speed is caused by the phenomenological basic phenomenon (*Urphänomen*) that determines slow and quick. This basic phenomenon, according to Binswanger, is the relation between immanently sensed time (I-time) and the sensation transeunten time (World-time). It constitutes a special case of interaction between the 'I' and the world.

*Ideenflucht* (Mania) causes a very specific type of *pathological interaction*. A manic patient makes life historical-, thinking-, and social jumps. The *jumping* mode of being (Mania) origins from its hasty approach to the *Mitwelt* (the world that is experienced as being-with the patient), and therefore to other people in that *Mitwelt*. A manic person is never really 'with' other people, because he constantly lives in the future. In a depressed person the pathological form of interaction is that, the life history, thoughts and social relations *stand still*. So a depressed person is also never really 'with' people, because he lives in the past. So, to Binswanger a disturbance in development, could lead to both *self-flight* and disturbances in *being-with*. Which were in his view two different sides of the same pathology, flight from the self and flight from others were the same to Binswanger. So, to Binswanger, *development* and *biography* was not something that could be known by isolating the individual but expressed itself in interaction with others. Binswanger brought Idea flight down to a

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<sup>135</sup> Binswanger's publication *Über Ideenflucht* from 1933 is a very influential one within the history of anthropological psychiatry in general. The publication was the first succeeded attempt to describe a psychopathological condition (mania) 'from the inside out'. Binswanger communicated, inspired by his anthropological reading of Heidegger's *Sein und Zeit*, the concept of 'Daseinsanalyse'. Which was a method to analyze several thematical structures in detail that provided human being a world of Sinn and meaning. Completely in line with Heidegger, Binswanger interpreted 'time' as one of the main influences on the way human beings revealed a meaningful word. Passie: *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*, 231. However, Binswanger was also critical about Heidegger's failure to include the social dimension of Dasein in his analytics. Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 206. Unfortunately it is beyond the scope of this thesis to analyze Binswanger's conception of 'time' in *Ideenflucht* in detail. Several questions have yet to be answered, firstly it is important to analyze in how far there is a continuity or discontinuity between Binswanger's idea of 'time' in his concept of *inner life history* from 1928 and his conception of 'time' in *Ideenflucht* from 1933. On the background of this analysis lies the question in how far Heidegger influenced Binswanger's ideas on time and temporality between 1928 and 1933.

<sup>136</sup> L. Binswanger, '*Über Ideenflucht*' (Zurich 1933) 195.

disturbance in the interaction between the 'I' and the (social) world (*Mitwelt*).<sup>137</sup> Nevertheless this interaction, the social dimension of idea flight, he viewed almost completely formed by the temporality of human being. So although the core of the 'disease' was not temporal, the core of the disease, its social dimension, was completely influenced by the changed time-experience of patients.

### 3.2 Three dimensions of time

As mentioned above, in the writings of Straus, Von Gebsattel, Minkowski, and Binswanger, three different aspects of time (forms of time) can be distinguished. Firstly 'science-time' was differentiated from 'world-time'. Science time was the result of a rational act of measurement upon 'world-time'. It is the type of time that is also known as 'clock-time' or the letter *t* in mathematics and physics. Typical for 'science-time' is firstly that it is homogeneous, and secondly that it is not accessible for a human beings sensation.

World-time was described as constituting something different than its measured representation. It was described as the basis on which all human time-sensation built. World-time was described as passing by. Normally, this time-forms does not come to the foreground of people's experience of time, because their initial time-sensation is directed towards the future. Although this time form was experienced as objective, it needed a constituting subject to be experienced.<sup>138</sup>

#### *Vital/biological I-time and historical I-time*

I-time was the explicitly self-declared 'new' discovery of the four psychiatrists. They took the concept from philosophical texts of their time, and applied it in their 'new' anthropological psychiatry and discovered it's character and the role it could have in human beings psychopathology. I-time was described as a human being's inner and personal time, and was constituted by lived experience. It was described as a growing time-form, providing a human being with future, meaning and personal development. This subjective dimension of time, needed a time-line (world-time) to build upon.<sup>139</sup>

According to the four psychiatrists 'I-time' had two dimensions, a vital/biological, and a spiritual. Straus and Von Gebsattel treated the biological/vital aspects of 'I-time'. They both explicitly state that they view endogene stagnation as a biological/vital event with mental consequences. These mental consequences of this time provide the human psyche with a present, a past, and a future. Nevertheless Von Gebsattel and Straus both mention in their articles Binswanger's concept of 'inner

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<sup>137</sup> Ibidem 204-205.

<sup>138</sup> Mooij, *Psychiatry as a Human Science*, 168.

<sup>139</sup> Ibidem 168.

life history', which is the part of 'I-time' that makes personal growth, development and meaning possible.

Binswanger's article on 'inner life history' illustrates that the 'wholeness of a personality that moves through time' was defended by using new conception of 'spirit'. His main concern was how 'inner life history' constituted *continuity* in a human being's life. With 'inner life history', Binswanger interpreted 'biography' as a typically human, therefore spiritual, form of time. He distinguished 'spirit' from human being's vital/biological realm. This distinction resonates in Von Gebattel's and Straus's articles. However, it was only an epistemological distinction, that in their view ontologically did not exist. 'Inner life history' was viewed as the element of time that constituted personal and individual development, and coinciding was the only possible testimony of that development. Thus, Binswanger and consorts distanced themselves from a romantic omnipresent universal concept of spirit. They tried to overcome a distinction between 'spirit' and 'matter' with a 'historical epistemology' of the spirit, 'spirit' to them was 'historical' and concrete. As such this 'inner life history' was a means to overcome a distance between 'objective' world time, and 'subjective' I-time. Inner life historical time functioned as a limitation of infinitely subjective I-time. Binswanger thought that the spiritual persona only existed when it was realized in a human being's life. This means that 'spirit' to him only existed when it was *acted*, and as such did not transcend concrete and individual life. To Binswanger, the spiritual continuity in a person's biography, constituted a typically human dimension of time that was limited to the meaningful history of an individual.<sup>140</sup>

Moreover, the 'I' as a person's most inner spiritual essence, was redefined as *dynamic*, to be was to develop. The 'I' was in constant *interaction*, and was seen as existing due to constituted meaningful lifeworlds, of which the *Mitwelt* was the most important one. To Binswanger, *Being* did not exist without *Being-with*, therefore Being was fundamentally 'social'. Moreover the 'I' was fundamentally *active*, it created a world of Sinn and meaning. As such, the concept of 'inner life history' due to its redefinition of 'spirit' and the idea that development of the 'I' is interactive, active, and constituting meaning, should be viewed as psychiatric attempts to reenchant their rigorously psychiatric science.

### 3.2.1 A coherent time-based anthropology with loose ends

The works on 'time' led to an anthropology that was shared by the four psychiatrists. This was not explicitly described by the four psychiatrists as their 'common image of human being', but the analysis of the sources has shown that that they shared each-others findings and insights. Therefore it is legitimate to view their project as resulting in a coherent but unfinished, not definite

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<sup>140</sup> On the relation between 'subjective', 'objective', and 'inner life historical' time, read: Mooij, *Psychiatry as a Human Science*, 168-169.

anthropology. The articles treated above resulted in an anthropology that can be schematically envisioned as follows:<sup>141</sup>

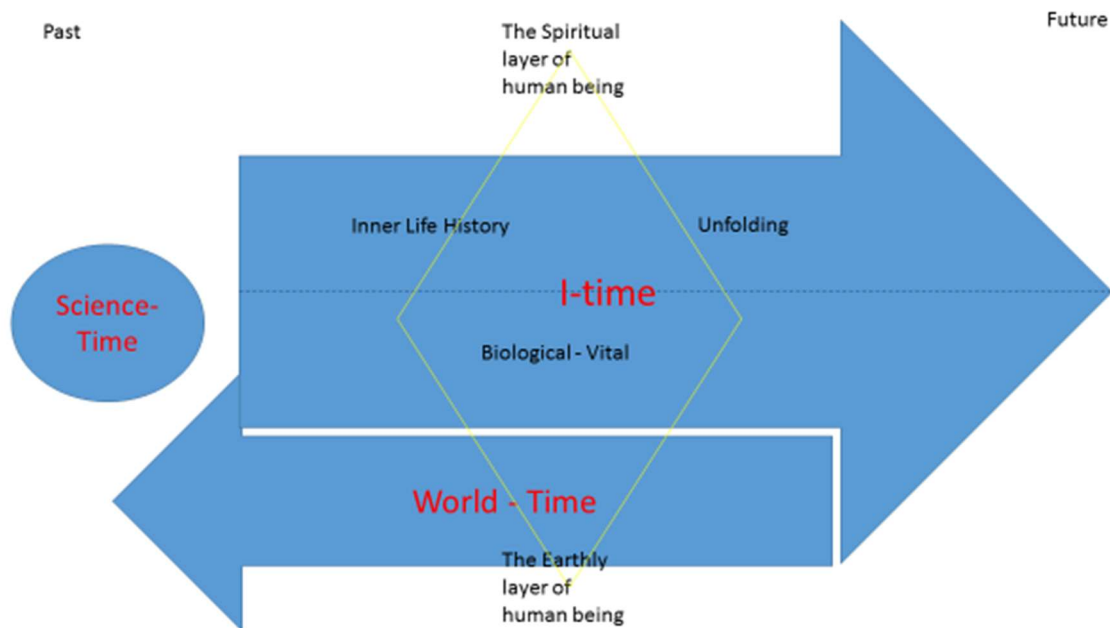


Figure 17. Anthropological conception of time of Minkowski, Binswanger, Straus, and Von Gebsattel together.

Within this timely related anthropology of Binswanger, Minkowski, Straus, and Von Gebsattel, loose ends are left open. Firstly, the role of 'Science-time' in human beings 'inner-world' or, in what way 'science-time' was experienced, was not fully answered. Secondly, the questions concerning the role of the 'social' interactive dimensions of time, and how far 'the other person' influenced an individual's, historical, developing, typically human form of time, would be picked up later. The picture above is of course a simplification of a debate that took place over several decades. The four psychiatrists did not have as their goal to design a system or total anthropology, their main discovery was 'I-time' and their main concern was to investigate how experienced time plays a role in the way normal and abnormal persons constituted their lifeworlds. They tried to lay open how fundamental 'pace' was in human experience.

<sup>141</sup> In this anthropology a certain 'work-division' which developed further over the coming years, can be recognized. Straus focused on the biological-organismic influence temporality had on human being. Von Gebsattel on the spiritual (theological) influence of temporality of human being. Binswanger on the interhuman side of temporality, how time made people be-with. Minkowski on the lived experience of time, the future. Since this thesis does not treat the works of the four psychiatrist by themselves, it is beyond the scope of this thesis to analyse the relation of their work toward one another. This work division in the time debate resembles a work division that Passie has recognized in the complete works of Binswanger, Minkowski, Straus, and Von Gebsattel. Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie* 228.



## 4 A time-based anthropology vs. collecting time-phenomena

The previous chapter has shown the main dimensions of time according to Binswanger, Minkowski, Von Gebsattel, and Straus. These dimensions resemble Hugenholtz's time-forms as discussed in chapter one. This chapter will bring together chapters one and three to show that the main theoretical concerns in *On time and time-forms* were based upon concepts already present in the 'time-debate' of the four psychiatrists. The three main 'new' insights that the four psychiatrists shared with Hugenholtz were: first, the idea that time has different dimensions, which Hugenholtz had made more strict by defining different distinct 'forms' of time. Second, the idea that those dimension differently influence human experience, that Hugenholtz had used to argue that different layers of experience each have a corresponding form of time. And third, the idea that the different dimensions of time, when disturbed, can cause psychopathological disturbances, which Hugenholtz had used to connect his 'time-forms' to corresponding psychopathological conditions.

Despite the common conceptual concerns, Hugenholtz's ideas about time also differed significantly from those of the four psychiatrists. This difference stemmed from the different aims Hugenholtz and the four psychiatrists had. Hugenholtz attempted to build an anthropology, and thus focused on constructing an overarching system. The four psychiatrists, on the other hand, were collecting 'phenomena': they undertook in-depth research of individual phenomena to gain insight into the newly introduced I-time. Therefore Hugenholtz appropriated earlier 'dimensions' of time, as formulated by the psychiatrists, and adapted them to fit into his system. This chapter will analyze how Hugenholtz had appropriated the findings of the four psychiatrists into his anthropology. As such, this chapter will show that Hugenholtz's psychiatric anthropology was, despite its originality, not one in which 'anything goes', but was based on time-research already undertaken. Moreover, this chapter interprets the 'new' ideas concerning time, as a specific psychiatric form of *Reenchantment* of the discipline.

### 4.1 Time dimensions appropriated into forms

Hugenholtz's physical time resembles world-time, vital time resembles I-time, animal time resembles science-time, and human time resembles 'inner life history'. The image below illustrates this schematically. On the left side Hugenholtz's vision on time-forms is illustrated, which was the result of chapter one. On the right side the four psychiatrist's vision on time is illustrated, which was the result of chapter three. The orange arrows reflect which time-forms resemble each-other.

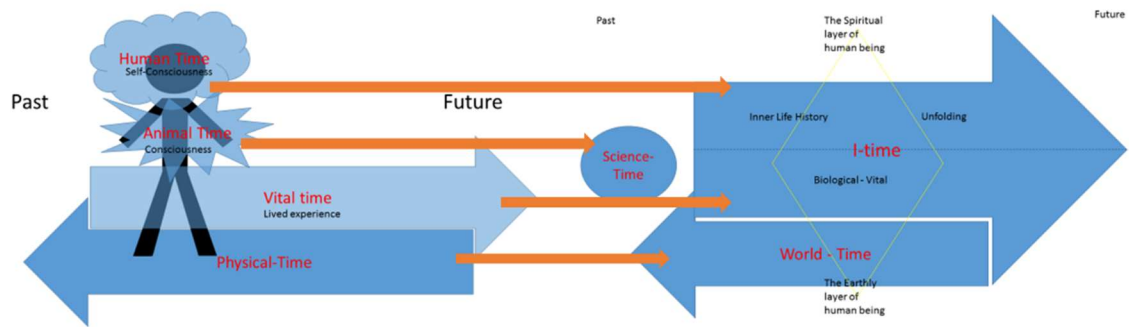


Figure 18. Hugenholtz's time-based anthropology compared to time-anthropology of four psychiatrists.

#### 4.1.1 Physical time: time 'is' or 'is constituted'?

In his discussion of physical time and vital time Hugenholtz referred to Von Gebssattels and Straus's conceptions of world-time. Hugenholtz wrote: 'En zij (SB: Straus & Von Gebssattel) zien daar, dat de wereldtijd vergaat en door ons als uit de toekomst stroomend wordt ondervonden, naar het verleden toe, waarin de tijd verzinkt, de vitale tijd naar de toekomst is gericht. Dit uitgangspunt van hun beschouwingen komt volkomen overeen met wat wij daarover bij de eerste twee tijdsvormen hebben gezegd.'<sup>142</sup> To Hugenholtz, the main similarity between physical time, and Straus' and Von Gebssattel's conceptions of world time, was that it is experienced as flowing from the future to the past.

However, in the way Hugenholtz described physical time, a tension toward the conception of world-time of the four psychiatrists comes to the foreground. In his description of physical time, Hugenholtz gave the impression to handle an 'inner'- 'outer' scheme. This 'inner'-'outer' scheme means an opposition between 'inner world' and 'outside world', or an opposition between an experiencing 'subject' versus an 'objectively maintaining world'. In this scheme physical time functioned as 'time' that 'is' outside of man. As can be seen in the following statement: 'Alle vier de tijdsvormen, die beschreven zijn, grijpen den mensch aan. Hij staat in den fysieken tijd, deze omspoelt hem als alle dingen. (...) Omdat deze tijd langs alle dingen gaat, en aan de dingen is, staat ook de mensch in den fysieken tijd.'<sup>143</sup> Hugenholtz wrote that all four time-forms influence human being. But physical time does this from the outside, human being stands 'in' physical time. Hugenholtz did not make it clear whether he described this time-form as 'external' because it is experienced as such by people, or because he thought that there is a part of time that exists independently from human experience. Especially in the case of physical time and world-time, the question whether time 'is' or 'is constituted' seemed to be a struggle of both philosophy and psychiatry of the age. Contrary to Hugenholtz, Von Gebssattel and Straus did not emphasize on world-

<sup>142</sup> Hugenholtz, *Over tijd en tijdsvormen* 203.

<sup>143</sup> *Ibidem* 15.

time as the time that 'flows around' human beings, instead they emphasized world time as a time-form of which it's experience is influenced by its relation to I-time.

Since Von Gebsattel and Straus approached world-time explicitly as how it is experienced, they leave the question open whether world-time 'is'. Instead they approached the world-timely 'colouring' of experiences of their patients and the effect that had on how they experience themselves. This approach of Von Gebsattel and Straus is illustrative for the broader idea that came up in early twentieth century phenomenology that the question whether an experience is 'subjective' or 'objective' should be put aside. Instead psychiatry (in the wake of philosophy) should focus on how the world, and the self in it, is experienced. For example, the patient of Von Gebsattel had a world-timely coloured experience of a moving train, this emphasized to her that it does not take her anywhere. To Von Gebsattel it was not the central question what this meant to world-time, but the central question is what this meant to the personality of the patient. The 'passing by' of time, to the patient meant that she 'perishes', so, Von Gebsattel emphasized the 'perishment' of time. This shows that the psychiatrists were mainly interested in the question how world-time gets assigned a certain *meaning*.

This difference between physical time and world time shows that Hugenholtz had adopted the idea of 'world time' only partly. He focused on a detail, namely its 'flow direction', but left the idea of world-time as purely constituted aside. Or, may have had trouble describing it as such. This is partly understandable since the four psychiatrists had no need to describe world-time 'as such'. Since they were collecting phenomena, they were more interested in its constitution out of 'I-time'. Hugenholtz, on the contrary was building a system that needed a 'top-down' description of physical time. In that enterprise he struggled with the question in how far 'world-time' is constituted as meaningful by time-experience, and in a way starts with human being itself. Hugenholtz's 'physical-time' gives the impression as if it exists 'independent' from the presence of people to experience it. But he was contradictory, since he also wrote that he wanted to overcome a dualistic world-view. Nevertheless, in his struggle with physical-time, Hugenholtz seemed to fall back more on an 'inner'-'outer' (subject-object) scheme. This was precisely the duality that the four psychiatrists tried to overcome. Binswanger even called the 'subject'-'object' contradiction 'cancer to psychiatry'.<sup>144</sup>

#### 4.1.2 Vital time: 'life' vs. 'spirit'?

Hugenholtz wrote that his idea of vital time resembles what Von Gebsattel and Straus had described as I-time. Especially its orientation upon the future was in Hugenholtz's view similar. Hugenholtz

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<sup>144</sup> Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 205.

wrote that Von Gebsattel and Straus were able to distinguish this time-form, mainly due to their work in the role of time-experience in depression. 'Het is merkwaardig, dat de opvatting, dat de endogene depressie op een vitale stoornis is terug te brengen, vrij algemeen verbreid is; het zijn de diepste lagen van het leven zelf, die bij deze ziekten getroffen zijn. In het werk van Straus en v. Gebsattel krijgt nu deze uitspraak een meer concrete beteekenis, doordat zij nagaan, welke tijdsstructuur nu het leven vertoont. En zij zien daar, dat (...) de vitale tijd naar de toekomst is gericht.' To Hugenholtz Von Gebsattel and Straus investigated which timely structure 'life' has. This remark however differs from the work that Von Gebsattel and Straus undertook. Von Gebsattel and Straus did not investigate 'life' but they investigated the timely structures of an endogene depression. They did call the central disturbance vital stagnation (*vitale Hemmung*) but 'vital' refers to a deep vital layer in human personality, not to 'the vital' in the meaning of 'life in general'.

Hugenholtz again seemed to struggle with a 'vital time' that 'is' and 'does things' and needs to be described 'top-down'. Exemplar for this struggle is his description of vital time as flowing from the past to the future, and as linear, therefore giving a person 'access to an experience of the future'. On the contrary, Von Gebsattel and Straus (just as Minkowski and Binswanger) approached 'the future' primarily as a structure of experience that enables certain modes of experience as hope, wish, joy, or sadness in *present* experience. This shows that they emphasized on experiences of patients, and not on the description of a vital time-form that 'is' and has certain features like a flow direction.

Besides the 'top-down' description, Hugenholtz strictly distinguished 'life' and 'spirit'. He needed that distinction in order to create a logical and coherent anthropology. Hugenholtz viewed 'life' and 'spirit' as two different layers in human experience that each have their own time-form. On the contrary, I-time (*erlebnisimmanente Zeit*) as the four psychiatrists discussed it, was much more undiscovered and therefore undefined. The four psychiatrists distinguished between *inner life history* and *inner life function* (the vital/biological aspects of 'I-time'), but this distinction was explicitly epistemological and methodological, ontologically they thought that the vital and the spiritual were connected. So, they did not make a distinction between 'spirit' and 'life' as two separate layers of experience.

Hugenholtz, however, considered this distinction between spirit and life very essential. Von Gebsattel, Straus, Binswanger, and Minkowski viewed I-time as the time that constitutes personal development. This was, according to Hugenholtz, a very big mistake. 'life' according to Hugenholtz does not have the ability to develop. In other words, human beings, according to Hugenholtz, do not develop simply because they are living beings, but because they are spiritual (moral) beings. He put

his agitation against this, according to him very serious, problem of the philosophy of the last decades as follows:

‘Het zal duidelijk zijn, dat een dergelijke Darwinistische gedachtengang (SB:dat het leven zich ontwikkelt) volkomen in strijd is met onze opvattingen omtrent het leven. Het is een willekeurige hypothese, die door geen enkel phenomeen gesteund wordt, om het begrip ontwikkeling aan het leven toe te kennen. (...)Het is niet uit het leven, dat de mensch zich ontwikkelt, maar uit den geest, uit het vrije ik.(...) Dit zijn de groote gevaren, waarin een a-spiritueele ontwikkelingsleer vervallen kan, wanneer aan het leven zelf creatief vermogen wordt toegekend.’<sup>145</sup> To Hugenholtz the, in his view, Darwinistic idea that ‘life’ develops, was completely contradictory to his own ideas concerning life. He viewed it as a random hypothesis that development should be seen in life. Human Being does not develop from ‘life’ but from ‘spirit’, from the ‘I’ that is free. To Hugenholtz it was a big danger to develop a theory of development without a conception of ‘spirit’.

This statement shows that Hugenholtz had a different interest than the four psychiatrists. To Hugenholtz it was important to show that there is a distinct ‘spiritual’ and typically human form of time, because he wanted to give human being a unique place and built an anthropology that makes clear how unique human beings position in the world is. That unique position in Hugenholtz’s vision, came from the property of human being to choose. To Hugenholtz human freedom could only be ‘saved’ with a concept of ‘spirit’ when it is clearly demarcated from ‘life’. Again, this difference came forth from the fact that the four psychiatrists had as main goal to investigate their newly discovered I-time from within, with at least conceptual preconceptions as possible about what should and shouldn’t be part of it. As will be discussed below, the work of the four psychiatrists also shows to

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<sup>145</sup>Het zal duidelijk zijn, dat een dergelijke Darwinistische gedachtengang (SB:dat het leven zich ontwikkelt) volkomen in strijd is met onze opvattingen omtrent het leven. Het is een willekeurige hypothese, die door geen enkel phenomeen gesteund wordt, om het begrip ontwikkeling aan het leven toe te kennen. Zeker is het niet gerechtvaardigd, om uit verschijnselen als groei, regeneratie en zelf-instandhouding, die als levenseigenschappen gesteld kunnen worden naast bv. die als ademhaling, voeding, voortplanting, een ontwikkelingstendenz af te leiden. De toekomst van het alleen maar levende, de plant, is vanuit haar wezen en vanuit op haar inwerkende omstandigheden bepaald. De plant groeit, maar ontwikkelt zich niet, haar wezen is in het zaad gegeven. Ook het dier heeft, zooals Scheler het uitdrukt “eine gebundene Marschroute”, kan niet aan zijn aard ontkomen, kan slecht reageren en niet ageeren. Het is alleen de mensch, die de werkzaamheid van een vrij geesteswezen kent, die oordeelen kan en neen zeggen, die een zelfbewustzijn heeft en niet behoeft te reageren uit aard van wezen, maar als eenling in de evolutie, moreel handelen kan; het is alleen de mensch, die zich ontwikkelt. Die zich kan vernieuwen, de krachten kan ontplooiën, die hij voordien niet bezat, die ieder moment, dat hij denkt, zichzelf als gevormdheid hervormt.

Hier zien wij dus, dat Bergson, en na hem Monakow en vele anderen, vitalen en humanen tijd vermengd hebben, deze beide tijdsvormen hebben samengevoegd en daarmee tot een geheel onaanvaardbaar begrip gekomen zijn van het leven en van den mensch. (...) Het is niet uit het leven, dat de mensch zich ontwikkelt, maar uit den geest, uit het vrije ik.(...)

Hoe kan veiligheid, een aan de causale denkwijze van het Darwinisme ontleend begrip, een ontwikkelingsmotief zijn? Hoe kan een nuttigheidsbeginsel, een aan de economische denkwijze van het materialisme ontleende voorstelling, gezien worden als creatieve moraliteit? Dit zijn de groote gevaren, waarin een a-spiritueele ontwikkelingsleer vervallen kan, wanneer aan het leven zelf creatief vermogen wordt toegekend.’ Hugenholtz, *Over tijd en tijdsvormen* 108-109.

advocate a conception of 'spirit' in their interpretation of human being, but their conception of spirit was not necessarily as strictly demarcated from 'life' as in Hugenholtz's theory.

#### 4.1.3 Animal time: time-measurement due to 'old' science or consciousness?

One of the main similarities between Hugenholtz's description of animal time, and the concept of science-time of the four psychiatrists, was the idea that the act of measuring time influences time. So, in Hugenholtz's view, time measurement resulted in an own dimension or form of time, it was viewed as an artificial representation of time. This idea of a separate scientific/measured time Hugenholtz took almost unchanged from the sources of the four psychiatrists. Straus had described this as follows: 'Es besteht kein Zweifel, daß die homogene objektive Zeit (SB: Science-time) eine pure methodische Konstruktion ist, der Messung und mathematischen Bearbeitung der Naturvorgänge zuliebe ersonnen.'<sup>146</sup> An idea that Hugenholtz described as follows: 'Het meten van den tijd is een mikken, zooals de jager mikt op het voortspoedende wild. En hieraan zien wij goed wat meten is. Meten is deelen. (...) Door den tijd te deelen, blijven wij een primairen menschelijken waarnemingsvorm toepassen op iets, dat daaraan van zijn wezen uit tracht te ontsnappen: de gelijkmatige continue voortgang van den tijd-aan-de-dingen kent van zich uit niet het moment.'<sup>147</sup>

However there was a difference between where Hugenholtz thinks time-measurement comes from and what the four psychiatrists idea of the origin of time-measurement were. To Hugenholtz, the fact that people measure time was the consequence of the fact that consciousness works *cinematographic* and *fixating* upon time. So in his view, measurement was a function of consciousness. 'Meten is deelen. Wij kunnen dus heel goed meten, wat deelbaar is, d.i. de ruimte. Deelen is een bewustzijnsfunctie, het is een bewustzijnsdaad aan de dingen.'<sup>148</sup> The other four psychiatrists did not view time-measurement explicitly as related to consciousness as Hugenholtz did.<sup>149</sup> 'Darum ist die physikalische Zeit auch nicht geeignet, oder jedenfalls nicht allein ausreichend, um das Zeitmoment der Erlebnisse zu beschreiben. Durch den Bezug auf die Uhrzeit werden die Erlebnisse nur als äußere Vorgänge registriert, aber nicht in ihrer wesentlichen Eigenart von innen dargestellt.'<sup>150</sup> To the four psychiatrists, the distinguishing of a separate scientific form of time underscored the fact that time-measurement cannot be used to describe experience (*Erlebnisse*), and therefore cannot be used to describe I-time with.

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<sup>146</sup> Straus, 'Das Zeiterlebnis in der endogenen Depression und in der psychopathischen Verstimmung' 640-641.

<sup>147</sup> Hugenholtz, *Over tijd en tijdsvormen* 38-39.

<sup>148</sup> Ibidem 38-39.

<sup>149</sup> Only Minkowski might be an exception and view consciousness as constituting an own time-form due to his dependence upon Bergson. This idea however is not as systematized as Hugenholtz's idea is.

<sup>150</sup> Straus, 'Das Zeiterlebnis in der endogenen Depression und in der psychopathischen Verstimmung' 640-641.

So, where for the four psychiatrists the concept of science-time (and time-measurement) was a point of departure for, and a legitimation of, their research into I-time, to Hugenholtz, animal time took in an important position in his anthropology. To him, animal time was the reason that people experience themselves as an 'inner-world' in opposition to an 'outside-world'. 'De derde tijdsvorm, die de animale genoemd is, grijpt evenzeer in de mensch aan. Hij kent het bewustzijn, ontleent aan het moment. Zijn begeerte (SB: which is rooted in vital time) is evenzeer gericht op een zich verstaan met de buitenwereld, zijn vermogen tot sympathie en antipathie (SB: which are rooted in animal time) doet hem een verhouding opbouwen met de buitenwereld: in hem zijn de krachten aanwezig om door een afbraak van zijn vitaliteit een grens te scheppen tusschen binnen- en buiten, waarop zijn bewustwording ontstaat.'<sup>151</sup> In Hugenholtz's view because people have consciousness they can have some distance toward a continuous time-flow so people are able to form representations (*Vorstellungen*).<sup>152</sup> This means that Hugenholtz, in his construction of 'animal-time' took the idea that measurement alters time as point of departure. However he appropriated the four psychiatrist's ideas about time-measurement, by interpreting it as a result of human being's consciousness. This is understandable since Hugenholtz wanted to give time-measurement a place in his anthropology, and did not want to view it as just a characteristic of the 'old' science, as the psychiatrists did.

#### 4.1.1 Human time: keeping the spirit alive

Hugenholtz's establishment of human time was exemplar for an effort he shared with the other four psychiatrists, that is; to establish the role of 'spirit' in a human being's life and human being's time-experience. These efforts, of which Hugenholtz's human time and Binswangers inner life history are examples, illustrate that these psychiatrists thought that psychiatry needs a conception of 'spirit'. They tried to 'keep the spirit alive' since to them 'spirit' could overcome a dualistic, and deterministic interpretation of human being. Within psychiatry of time, 'spirit' was used to advocate the existence of a typically human time-form. However, their interpretations of 'spirit' differ. 'Inner life history' interpreted 'spirit' as biographical. Human time, though having eye for the role of biography, advocated a universal world spirit.

##### 4.1.1.1 'Spirit': continuity through biography

The four psychiatrists used 'spirit' because it gave psychiatry the ability to view a human beings 'totality' as 'continuity'. Straus explained that I-time is 'historically directed' due to the way 'inner life history' makes external happenings into meaningful events. 'Die äußeren Vorgänge und

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<sup>151</sup> Hugenholtz, *Over tijd en tijdsvormen* 27.

<sup>152</sup> The Dutch psychologist D.J. van Lennep (1896-1982) described in 1958 animal time as Hugenholtz most controversial concept. Hugenholtz, *Tijd en creativiteit*, viii.

Geschehnisse werden erst durch ihre Einordnung in die individuelle Lebensgeschichte zu bedeutungsvollen Ereignissen. Wenn auch die innere Lebensgeschichte an solchen Ereignissen sich weiterentwickelt, so ist es doch in ihrem eigenen Verlauf in der bis zu einem bestimmten objektiven Zeitpunkt eingeschlagenen Entwicklung begründet, was überhaupt zum Ereignis werden kann. Durch diese Einordnung in die Lebensgeschichte kommt ein Wertmoment zu den wertindifferenten äußere Begebenheiten hinzu. Die Ich-Zeit ist also eine historisch gerichtete, während die transeunte Zeit einer solchen Kennzeichnung entbehrt.<sup>153</sup> Only after external events get a place in a person's inner life history, these events become meaningful. In return, inner life history develops due to such event. Because events gets a meaningful place in a person's history, external events get assigned a certain meaning. So when Straus wrote that I-time has a 'historical' dimension, he did not mean history in the sense of 'events in the past', by 'historically directed'. Straus meant that 'I-time' has the property to give a person's life meaning by constituting *continuity*, and *limiting* the endless amount of external events into meaningful inner events, it is 'inner life history' that does this.

The concept of spirit in Binswanger's view had the role to describe and to view the meaningful continuity in which a human being develops, and *chooses* along inner motivational lines. „...handelt es sich bei der Vertiefung in die innere Lebensgeschichte ... um das Aufsuchen des geistigen Zusammenhanges zwischen den *Inhalten* der Erlebnisse einer individuellen Person. Reflexion auf einen *geistigen* Zusammenhang aber heisst nichts anderes als Beschäftigung mit einem *geistigen* <<Sein>>. Hier handelt es sich ... um <<die Einheit innerlich sich fordernder Momente eines Sinnes>> oder <<die Einheit des sich sinngemäss und nach innerer Motivation Gestaltens>><sup>154</sup> To Binswanger 'inner life history' showed human being as a spiritual unity that out of inner motivation *acts* and *forms*.<sup>155</sup>

Hugenholtz also viewed 'the history of a human being' as a unique occurrence that constitutes continuity. So, human time, as a spiritual time-form, functioned to show how persons develop as a unity that move themselves forward by choice. 'Door het element van de vrijheid is de ontwikkelingsweg van den mensch de getuigenis geworden van zijn persoonlijkheid. Het is een eenmalig gebeuren, de mensch schrijft zijn eigen historie.(..) Het kiezen van den mensch is het

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<sup>153</sup> Straus, 'Das Zeiterlebnis in der endogenen Depression und in der psychopathischen Verstimmung', 644

<sup>154</sup> Binswanger 'Lebensfunktion und innere Lebensgeschichte', 61.

<sup>155</sup> It still has be detected in how far the dealings with *Sein und Zeit* altered Binswangers vision on 'inner life history', the following statement shows that in 1933 Binswanger still used the concept of 'inner life history' to emphasize the importance of continuity in a person's life in order to maintain mental health. 'Es will natürlich nicht besagen, dass „die Welt“ sich für den Menschen „nicht ändern“ kann. Ob „die Welt“ für den Menschen gleich bleibt oder plötzlich oder allmählich „ sich völlig verändert“, betrifft empirisch-psychologische Tatsächlichkeiten; jenes Wesensgesetz aber sagt aus, das, gleichgültig ob „die Welt“ für einen Menschen gleich bleibt oder sich verändert, sie immer **als** die Welt dieser bestimmten Individualität bleibt, **als** welche sie war und sein wird („Kontinuität der inneren Lebensgeschichte“). Auch im Anderswerden der Welt bleibt die Welt „als die meine“, und schon der blosse Gedanke, dass hier so etwas wie ein Sprung möglich sein könnte, ist widersinnig.' Binswanger, 'Über Ideenflucht', 202.



opgeven van alle andere ontwikkelingsmogelijkheden, om één te volvoeren. In deze eene zet hij zichzelf voort.<sup>156</sup> However, Hugenholtz viewed a person's biography as a way to give 'spirit' a form. He viewed human beings as originating from 'spirit': 'Daarbij bleek, dat de humane tijd de eerste tijdsvorm is. De humane tijdsvorm, kan men zeggen, is de oudste, is primair. De mens begint zijn leven als een uit-elkaar van de dingen, zichzelf ontvouwend (...)De humane tijd is de eerste tijd die in de schepping van de dingen was, hiervan is op aarde de mensch drager.'<sup>157</sup> To Hugenholtz a human being was only the carrier of a spiritual time form, but not its originator. This shows a fundamental difference in the interpretation of 'spirit' by the four psychiatrists and Hugenholtz.

For the four psychiatrists 'spirit' only exists when it is 'acted'. This means that, prior to human action, no universal or 'external' spirit exists. Therefore, to them 'spirit' and continuity of a person, are the same. They define 'spirit' as biographically and historically, which means that it does not transcend concrete individual life. In their view, 'spirit' is 'action', it is a way of 'spiritual being'. So, 'inner life history' provides meaning because it constitutes limitation of possibilities, but not of an omnipresent 'spirit'. Despite the fact that Hugenholtz shows similar ideas about biography as a human time-forms, 'spirit' is 'acted out'. This means that he views human being as a primarily spiritual being. To Hugenholtz a romantic world spirit exists and it shows itself in individual lives. So 'spirit' to Hugenholtz transcends the individual, it is there before an individual biography starts. A human being comes from 'spirit' and goes back to 'spirit'. Contrary to Hugenholtz, the four psychiatrists were revolutionary in their 'spirit'. The biographical conception of 'spirit', and biography as a human dimension of time, was very 'new'. So, they tried to *Reenchant* their psychiatry through a redefinition of 'spirit' as historically *limiting*, and a definition of wholeness as 'spiritual' continuity, both of these concepts did not transcend a concrete individual life. On the contrary, Hugenholtz seemed to *Reenchant* psychiatry with an early nineteenth century 'romantic' and universal conception of spirit, of which an individual concrete life was an acted out derivation. So, if Hugenholtz's reviewer wrote that his time-forms were influence by anthroposophical cosmology, in the case of human time, he was probably right.

#### 4.1.1.2 *The social realm of interaction – beginnings of a psychiatric epistemology*

Despite the different interpretation of 'spirit', these psychiatrists show to have had the shared aim to interpret 'development' as something that takes place not in isolation, but in *interaction*. This dynamic interpretation of human being is how Hugenholtz, Binswanger, and the other three psychiatrists distinguished themselves as psychiatrists from philosophy in trying to transcend the

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<sup>156</sup> Hugenholtz, *Over tijd en tijdsvormen*, 25.

<sup>157</sup> *Ibidem* 84, 87.

individual. All of these psychiatrists share the aim to interpret the 'I' as fundamentally *interactive* with other people. As Hugenholtz wrote: 'Wij kennen de wereld niet gelijkelijk. Het best kennen wij onze medemenschen, überhaupt den mensch. Wij leven met hem, kennen zijn reacties, kunnen ons in hem indenken en zijn met al onze verbondenheid, die ons met de wereld aangesloten doet zijn, het meest met den mensch verbonden. Door de gemeenschap, door de taal, door ons in alle structuren verwant zijn met elkaar, en in al deze grootheden is het het kennen, dat naar den ander uitgaat. Het kan ons medeleven zijn, het kunnen machtige gevoelsgolven zijn, die ons met den mensch verbinden, het meest is het door het kennen als uitgaan naar, als liefdevolle moraliteit, die ons met de mensch verbindt.'<sup>158</sup> Hugenholtz also viewed development as a *connecting* and interacting *activity*. Hugenholtz addressed here a shared aim that the four psychiatrists had, namely to interpret the timely structure of a human being as means of interaction to the environment (*Mitwelt*). In this respect they clearly demarcated themselves as psychiatrists from the focus on the individual of existential philosophy of their age.

Moreover, the statement above shows that Hugenholtz's epistemology emphasized that knowledge is something moral-loving, fundamental social, and connective. This epistemological considerations he shared with the other four psychiatrists. Following from the 'encounter' the psychiatrists developed an understanding of phenomenological research that was typically for psychiatrists '*as doctors*', and not so much a practical implementation of Husserl's and Heidegger's philosophical ideas.<sup>159</sup> These typically psychiatric epistemological considerations were already very much present in Binswangers article on Inner life history and *Über Ideenflucht*, but found a highpoint in his *Grundformen und Erkenntnis menschlichen Daseins* (1942).<sup>160</sup> In this work, Binswanger developed an epistemology of *Dasein*, which was a 'phenomenology of love'.<sup>161</sup>

'Although Heidegger's *Daseinsanalytik* was useful for Binswanger's new anthropology, it was not adequate. Thus Binswanger's largest and philosophically central work, the *Grundformen und Erkenntnis menschlichen Daseins*, is for all practical purposes an antithesis to Heidegger in the form of a 'phenomenology of love,' a love, which, as Binswanger put it in one place, had been left freezing in the cold outside of Heidegger's picture of human existence. Heidegger's failure to include the social dimension in his analytics except for the brief treatment of coexistence in the preparatory study of everyday existence (where the impersonal 'man' appeared as a major form of inauthentic

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<sup>158</sup> Hugenholtz, *Over tijd en tijdsvormen*, 177-178.

<sup>159</sup> Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*, 232.

<sup>160</sup> Binswanger's epistemology remains to be investigated.

<sup>161</sup> Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 223.

existence) obviously could not satisfy Binswanger, the warm-hearted advocate of a new type of psychiatry based on the loving encounter between doctor and patient.<sup>162</sup>

In his phenomenology of love, Binswanger did not approach love as a one-sided act, but social love as a we-relationship. This relationship incorporated a certain timelessness. He viewed 'I' and 'Thou' as derivatives of 'We' and its characteristic temporal structure was an experienced indifference to the flux of time.<sup>163</sup>

So, in short, Hugenholtz's human time pointed to an important struggle in anthropology in general. It was a way to give a conception of 'spirit' a renewed place in psychiatry and the theory formation of psychic illnesses (psychopathology). His interpretation of this new conception of spirit showed common elements with the conception of spirit of the other four psychiatrists. Firstly, the main communality is that they interpret spirit as causing a human personality to be a unified 'whole' not *despite of* personal change but *because of* a biographical *continual development*. They all made personal development a condition for mental health. Secondly, though all of the psychiatrists considered inner life history an important 'spiritual' element in human time-experience. They differed because Hugenholtz had a cosmic understanding of spirit that *transcends* individual life, the four psychiatrists had a biographical spirit in mind, that *originates* in individual life. Despite the shared aim to *Reenchant* psychiatry by 'keeping the spirit alive', Hugenholtz's human time still gives the impression of a nineteenth century romantic all present cosmic spirit. This is contradictory toward the four psychiatrists, who explicitly tried to overcome such an omnipresent conception of spirit, by defining it historically and biographically. Thirdly, these psychiatrists demarcate themselves from philosophy by approaching the 'I' and its development as fundamentally interactive. Hugenholtz has clearly given this connective element of 'spirit' a place in his anthropology. Moreover he shares with the four psychiatrists interactive epistemological considerations.

#### 4.2 Different phases different aims

It is clear that these four psychiatrists can be viewed as Hugenholtz's intellectual forefathers when it comes to his theoryformation concerning time. Hugenholtz used their 'dimensions' of time and appropriated those into time-forms. He used their work on pathologically aberrant time-experience to construct those time-forms with. Nevertheless, in contradiction to the four psychiatrist, Hugenholtz designed an anthropological system. He developed a *theoretical framework* in which he tried to synthesize all the earlier time-related findings into relation to one another. In this enterprise he seemed to have missed the four psychiatrists revolutionary conception of a purely life historical

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<sup>162</sup> Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 206.

<sup>163</sup> *Ibidem* 223.

dimension of time as typically human, and therefore a revolutionary concept of spirit that exists in human action only.

#### 4.2.1 Collecting phenomena

The four psychiatrists viewed it as their task to introduce the insight of the existence of I-time into psychiatry. From 1928 onwards this was their shared project as was put down in words by Straus: 'Und auch jetzt ist diese Erkenntnis [SB: der Eigenart der biologischen, historischen und erlebnisimmanenten Zeit] noch in der Hauptsache auf die theoretischen Disziplinen, die Philosophie, Geschichtsphilosophie, Denkpsychologie und theoretische Physik beschränkt geblieben. Auf die empirische Psychologie, Pathopsychologie und die Biologie hat sie noch kaum eingewirkt'<sup>164</sup> This investigation of time-experiences in relation to I-time can be viewed as a common research project. In a way Straus defined in the upper statement, a research program for the years to come. The four psychiatrists wanted to discover I-time from within. So their main activity was to collect phenomena and interpret them in the light of 'I-time'. Their emphasis was to discover the concrete meaning of the workings of I-time to individual psychiatric patients.

Nevertheless, the goal of these individual case studies was to gain a new understanding of their general meaning to psychopathological conditions. 'Wir schließen damit unsere Untersuchung über den zeitbezogenen Registrierzwang in der Melancholie ab. Doch würden diese Ausführungen der Vollständigkeit entbehren, ohne Hinweis auf die allgemeine Geltung der hier erarbeiteten Einsichten.'<sup>165</sup> Von Gebattel emphasized that his insights into time are generally valid to Melancholia.

So, the main reason for the psychiatrists to undertake in-depth research of individual patients was that time-related phenomena could gain insight into the way symptoms form a coherent psychopathological condition. As Straus wrote: 'obwohl die Mannigfaltigkeit der Erscheinungen, das bloße Nebeneinander der Symptome im pathologischen Fall z.B., gerade durch die Zeitstruktur sich erst zu einer auch begrifflich faßbaren Einheit zusammenschließt.'<sup>166</sup> Or in Minkowski's words: 'In onze beschouwingen konden wij de volgende richtlijnen voor de structuuranalyse in de psychopathologie naar voren brengen. Ieder psychisch syndroom schijnt te bezitten een bijzondere structuur, alleen aan hem eigen. Deze structuur verbindt op zeer essentiële wijze de verschillende elementen, waaruit het syndroom bestaat en vormt van deze elementen een werkelijke eenheid, een echt syndroom. De bijzondere structuur van elk syndroom betreft in laatste instantie de wijze ,

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<sup>164</sup> Straus, 'Das Zeiterlebnis in der endogenen Depression und in der psychopathischen Verstimmung', 641.

<sup>165</sup> Von Gebattel, 'Zeitbezogenes Zwangsdanken in der Melancholie', 286-287.

<sup>166</sup> Straus, 'Das Zeiterlebnis in der endogenen Depression und in der psychopathischen Verstimmung', 641.

waarop zich het individu verhoudt tot tijd en ruimte.<sup>167</sup> So, these psychiatrists believed that the investigation of individual time-experiences could lead to a whole new perspective on what psychopathological syndromes were, and how they should be viewed by the 'new' psychiatry.<sup>168</sup>

#### 4.2.2 Building an anthropology

Hugenholtz's goal with his dissertation differed from that of the four psychiatrists. He wrote at the beginning of his chapter on psychiatry: 'Wij willen trachten in dit hoofdstuk nog een stap verder te komen (SB: Dan psychiaters die individuele syndromen bestuderen a.d.h.v. tijdsbeleving en tijdsbewustzijn), door de vier beschreven tijdsvormen als uitgangspunt te nemen voor onze beschouwing over de geheele psychopathologie'<sup>169</sup> Hugenholtz wanted to take the step already undertaken by previous psychiatrists, namely to investigate the role of time-perceptions in individual syndromes, a little further by investigating the role that his four time-forms could play in the whole of psychopathology.

This goal made him have a different research topic than the four psychiatrists had. Hugenholtz was not collecting 'examples' of disturbed time-experiences and with them tried to find out what they meant to several dimensions of time. He had developed an entire anthropology based on time, based on his four time-forms. So Hugenholtz was, in contrast to the four psychiatrists, working out an ontological system of human being.

In this effort he viewed his work as part of a newly developing psychiatry. One that was based upon phenomenological epistemological principles. He wanted to contribute to medicine and psychiatry by showing that the investigation of time, as playing part in human beings spiritual dimension, could give new impulses to this relatively young, new phenomenological psychiatry. : 'De tijd grenst enerzijds aan den geest, anderzijds aan de ruimte, dat is de grondgedachte van dit werk.(...) Aan te toonen, dat dit ook voor de geneeskunde van onmiddellijk belang is te achten, en dat vooral de psychiatrie hieraan nieuwe ontwikkelingsimpulsen kan ontleenen, is de doelstelling geweest van dit proefschrift.'<sup>170</sup> Because Hugenholtz was developing such a system, it led to an alteration of previously undertaken research, he fitted time-related psychiatric knowledge into his anthropology.

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<sup>167</sup> E. Minkowski, 'Het tijdsprobleem in de psychopathologie' *Nederlands Tijdschrift voor psychologie I* (1934),511.

<sup>168</sup> I do not want to suggest that the time-debate was the main driving force behind the coming into being of anthropological psychiatry. Although the time debate and the discipline formation developed simultaneously and were undertaken by the same individuals, the relation between the two has yet to be determined.

<sup>169</sup> Hugenholtz, *Over Tijd en Tijdsvormen*, 182.

<sup>170</sup> *Ibidem* 273.

#### 4.2.3 A chronology of the 'time-debate'

Hugenholtz's attempt to build an anthropology based on time might fit partly in the chronology of the time debate. He placed himself in the tradition of structural analysis of time that was started by Minkowski: 'Wanneer wij de beteekenis van het tijdsprobleem willen nagaan voor de psychopathologie, dan denken wij in de eerste plaats aan Minkowski. Want het is deze auteur, die (...) den tijd heeft gezien als een structuur-element van de menschelijke existentie, (...) Hij geeft dan ook zelf aan (...) dat de tijd als zoodanig de mogelijkheid opent, om te komen tot een structuuranalyse van het psychopathologisch syndroom.(...) belangrijker nog (SB: dan desorientatie in den tijd) voor de psychopathologie is die structuuranalyse, waaraan Minkowski is begonnen, (...) waarbij de tijdsstructuur van den mensch zelve naar voren wordt gebracht om van daar uit de verschillende syndromen nader te bezien. (...) Het (SB:is) bij uitstek de tijd (...) in zijn verschillende vormen, die bij de structuur-analyse der syndromen een eerste plaats inneemt.'<sup>171</sup> Hugenholtz described how Minkowski was the first to view time as a structural element of human existence. As such time gave the possibility to come to a structural analysis of the psychopathological syndrome in general. In this enterprise the time-structures of human being itself could be brought to the fore, and lead to insight into the several syndromes. Hugenholtz wanted to continue this research.

Within the development of the time-debate of the four psychiatrists a certain periodization can be seen, which at this point is hypothetical and needs further investigation. This periodization looks as follows: Between 1911 and 1928 Minkowski was the first to study the role of time-perception in human life. This period can be seen as preliminary inquiry. Then between 1928 and 1933 the issue of time became a common concern to the four psychiatrists. During these years the four psychiatrists started to notice, and worked on 'parts of the puzzle'. Simultaneously to these first two phases the demands of a new phenomenological psychiatry were formulated. The connection between on the one hand 'the time-project' and on the other hand 'the new psychiatry' has yet to be established. The sources contain indications that the four psychiatrists thought that the investigation of time had at least partly the potential to answer to phenomenological, anthropological, and existential demands of the new psychiatry.

Now Hugenholtz's dissertation might fit into the last phase of the debate. Between 1933 and 1939 time-related research was interpreted by several psychiatrists in a larger whole. Binswanger published *Über Ideenflucht* in which he introduced the first successful attempts of 'Daseinsanalyse'. Straus developed 'Historiologie' in *Vom Sinn der Sinne*, a way to perform structural analysis on human beings 'biological' realm, the senses, with at the core an image of man as a 'becoming

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<sup>171</sup> Hugenholtz, *Over Tijd en Tijdsvormen*, 180-181.

being'.<sup>172</sup> Minkowski published the book *Le temps vécu* (lived time), an analysis of the role of 'lived experience' on human being. Von Gebsattel was the only psychiatrist who did not publish a book, but in 1939 published an article *Zur depersonalisation* in which he gave his earlier time-research an existential turn. The time-debate of the four psychiatrists suddenly stopped in 1939, probably due to the consequences of the Second World War.

All of these works were elaborations upon the earlier collecting of 'phenomena', they were linked to 'time', how much has yet to be established, and also considered epistemological and methodological questions of anthropological psychiatry. So, during these last phase the four psychiatrists shifted from 'collecting phenomena' of individual time-experiences, to 'epistemological and methodological' considerations that were occupied with earlier time-research and also resonated general 'anthropological psychiatric' concerns. Mainly because of their theory-skepticism, these epistemological concerns were characterized by reflections upon a *scientific attitude*, instead of theory.

These phases show that Hugenholtz in 1938 was not alone in his attempt to systematize earlier psychiatric findings concerning time. However, *On time and time-forms* still differed from the work of the other psychiatrists between 1933 and 1939 in the sense that Hugenholtz very strictly based his anthropology on time, the other psychiatrists only partly took into account their earlier time-research. They were much more occupied with 'modes of experience' in general and the right epistemological attitude to approach them. Hugenholtz was mainly occupied with the description of his 'time-forms' and the way they constituted an evolutionary layered anthropology of human being. So, where the four psychiatrists mainly translated their collected phenomena into an *epistemology*, Hugenholtz translated them into an *ontology*. Besides that, Hugenholtz was the one to bring 'the time debate' to the Netherlands, that he continued to work out with fellow psychiatrists and psychologists. This chronology, despite its hypothetical character, shows that the psychiatry on time did not have a lack of direction; it was not a psychiatry in which 'anything goes'.

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<sup>172</sup> Actually the concept of 'historiology' is already described in Straus' article *Scham als historiologisches Problem*. The last part of *Vom Sinn der Sinne* is a historiological analysis of the senses.

## Conclusion

### Summary

This thesis has analyzed Hugenholtz's dissertation *On time and time-forms* from 1938 and provides an interpretation of the core argument of the author. *On time and time-forms* is shown to present a new theory concerning time, distinguishing several different 'forms' of time. These time-forms are claimed to structure human experience, and to cause psychopathological syndromes if they are disturbed.

Several developments in philosophy and psychiatry at the beginning of the twentieth century were at the basis of this new type of psychiatric thinking about time. Karl Jaspers advocated a more prominent role of phenomenology in psychiatry. His phenomenological psychiatry gave rise to a psychiatric tradition that preferred a more hermeneutic approach. A second tradition within phenomenological psychiatry represented by Binswanger, Minkowski, Straus, and Von Gebsattel was based on the works of Husserl and Scheler. Rather than on 'description' this tradition focused on 'essential structures of experience', having more anthropological-psychiatric aspirations.

In the same period, 'time' became an important theme in philosophy. The time-philosophies of Bergson, Husserl, Scheler, and Heidegger influenced anthropological psychiatry in various ways. The philosophical focus on time and the phenomenological structural approach in psychiatry were brought together in a psychiatric research concerning time and time experiences by Minkowski, Binswanger, Straus, and Von Gebsattel.

Several dimensions of time were worked out by these psychiatrists, of which I-time (Erlebnisimmanente Zeit) was considered by them as their main discovery. Hugenholtz's theory concerning time took this line of work as its starting point.

The differences between Hugenholtz's and the four psychiatrist's ideas concerning time, can be explained by taking their different aims into account. The four psychiatrists were collecting phenomena, Hugenholtz was fitting previous research into an anthropological system. This thesis has suggested that Hugenholtz's aim for an anthropological system based upon time can be fitted in the chronology of the time-debate. Just as Hugenholtz did, the four psychiatrists started to systematize and reflect upon earlier findings from 1933 onward. However, also their later work differs from Hugenholtz's work, since the four psychiatrists mainly developed a psychiatric epistemological and methodological 'attitude', while Hugenholtz instead focused on developing an 'ontology' of human being.



This thesis has rejected the view that the ‘holistic’ psychiatries (anthropological, phenomenological, and existential psychiatry) of the first half of the twentieth century can be characterized as representing a period in which ‘anything goes’.<sup>173</sup> The time-debate is an illustration of more broadly conceived themes that were shared by the various ‘holistic’ movements within psychiatry in the interwar years. A focus on these broader shared themes in holistic psychiatry opens up a window towards new research.

### New research: An epistemology of love

Firstly, holistic psychiatry of the interwar years showed common epistemological points of departure. Together these epistemological considerations formed a unique and typically psychiatric ‘epistemology of love’.<sup>174</sup> This epistemology was influenced by the phenomenological movement in philosophy, but also influenced by psychiatrist’s engagement with psychiatric patients and psychiatric ethics.

The principal psychiatric attitude of the phenomenologists was to keep in mind that a patient should be viewed as a ‘total person’. This did not only have ontological consequences, but should also be understood as an epistemological *moral* stance towards ‘that what is’. The ‘total person’ could only be known in an ‘encounter’ in which the psychiatrist behaved respectfully and humble. The psychiatric ethic of the patient ‘as totality’, combined with the central role attributed to the ‘encounter’ and to ‘humility’, resulted in a distinct hermeneutic psychiatric ‘work ethic’, and at the same time in an ‘epistemology of love’. Knowing a patient was only possible if it was accompanied by a loving attitude towards the ‘unknown’. Of central concern in this psychiatric epistemology were questions such as: How does a human being know? How is a human being able to know another person? How can a psychiatrist claim to know a patient and respect him at the same time?

The psychiatric epistemology of love has, besides its historical relevance, also a philosophical relevance. The psychiatric quest to ‘let the phenomena speak for themselves’ and the quest for the psychiatric attitude that is required to hear those phenomena speak, touch upon epistemological themes that transcend the period of the interwar years, the object of human being, and their scope: psychiatric practices. These epistemological considerations can be of use in today’s science.

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<sup>173</sup> De Waardt, *Mending minds. A cultural history of Dutch academic psychiatry*, 117, 120-121.

<sup>174</sup> Read on Binswanger’s ‘Phenomenology of love’: Spiegelberg, *Phenomenology in Psychology and Psychiatry*, 223-224. And: Passie, *Phänomenologisch-Anthropologische Psychiatrie und Psychologie*. 49-54.

## New research: A history of 'time' in psychiatry

Secondly, the 'holistic psychiatries' have a common history, of which the time-debate can be an illustration or case study. The time-debate is shown to have a certain 'chronology' and developed through a few phases. This 'history of time in psychiatry' has yet to be written and may give insight into the formation of a newly developing discipline. This history should not be written from the viewpoint that 'time' was the most important factor in the discipline formation of anthropological psychiatry, since its four originators did not solely focus on time-experiences. However, the development of the time-debate is illustrative for the development of anthropological psychiatry between 1928 and 1939. Such a history can show that methodology and epistemology developed hand in hand and in coexistence with the 'object' of investigation. This means that, at least in the case of psychiatry, epistemology and methodology did not come first and then led to new insights, but developed alongside 'practical research' and mutually influenced each other.

This thesis shows that a division between 'the sciences' and 'the humanities' as two separate ways of knowledge making does not enhance understanding of the history of phenomenological – anthropological psychiatry. In the historiography of psychiatry, this division has led to a view of psychiatry as undertaking a 'pendulum movement' between a naturalistic approach and a philosophical/humanities-based approach.<sup>175</sup> Researching the 'time-debate' indicates that, for this type of psychiatry, a division between the sciences and the humanities does not apply. After all, all of the psychiatrists treated in this thesis were on the one hand medical professionals who were educated in a 'biological' approach to the body with a keen eye on its 'material' dimension, and on the other hand trained philosophers who approached human beings as meaning-generating, symbolizing, socially connecting, choosing, and free individuals. Also the time-debate was not restricted to a discussion of philosophical ideas; it also stimulated psychological experiments to be undertaken. Thus anthropological-phenomenological psychiatry is an example of the highly integrative ideals and practices of interwar psychiatry, medicine and science in general.<sup>176</sup>

## New research: Psychiatry as criticism on the pace of modern culture

Thirdly, the participants in the time debate show a common tendency to criticize the pace of modern culture from a psychiatric perspective. While the 'purely scientific' aspirations of the psychiatrists should not be lost sight of - hence the initial focus of this thesis - their criticism of the 'old' psychiatry, and of the 'old' scientific approach to time, also incorporates implicit cultural criticism. The 'time

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<sup>175</sup> Vijselaar, J. and R. Abma, 'Psychiatrie in meervoud' 79.

<sup>176</sup> D. Baneke, *Synthetisch denken: Natuurwetenschappers over hun rol in een moderne maatschappij, 1900-1940*, (Hilversum 2008).

debate' is an example of how science in its deepest epistemological values cannot be seen outside of its cultural context. The dynamic understanding of human being, and the criteria for 'normal' and 'abnormal' development that these psychiatrists developed, should be interpreted as dealing with the pace of modern society. Psychiatric work on time-experience should be investigated as a form of what Harrington has called *Reenchanted Science*, and thus as a form of criticism of modernity, modern science, and the role of human beings (and their pace) in modern society.

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