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Ten theses about the person

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Whenever we speak of the person, we involuntarily associate this concept with an overlapping one, that of the “individual”. In fact—and this is the first thesis we put forward here—

1. The person is an *individuum*: the person is indivisible—it cannot be further subdivided or split, because it is a unity. Even in the so-called “split-personality disorder” of schizophrenia, no splitting of the person really occurs. With regard to certain other pathological states, clinical psychiatry does not speak of a splitting of the personality, indeed, nowadays not even of “double consciousness,” but only of alternating consciousness. Even when Bleuler coined the term “schizophrenia”, what he had in mind was not so much a true splitting of the person as the splitting-off of certain associative complexes—a possibility believed in at the time under the influence of the then-current associationist psychology.

2. The person is not only *in-dividuum* but also *in-summabile*; that is to say, it is not only indivisible but cannot be fused, because it is not only a unity but also a whole. As such, the person cannot be completely merged into collective orders—mass, class or race. All these “units” or “wholes” superordinate to the person are not personal entities, but at most pseudo-personal ones. The human being who believes they can be merged into these collective orders is in reality merely sub-merged in them; in being “taken up” into them, they actually give themselves up as a person. Unlike the person, however, the organic is indeed divisible and fusible. This much was demonstrated by Driesch’s well-known experiments with sea-urchin eggs. Divisibility and fusibility are in fact the very condition and prerequisite for reproduction. The consequence is simply this: the person as such cannot be reproduced. Only the organism is reproduced—created by the parental organisms. The person, the personal spirit and spiritual existence cannot be passed on by the human being.

3. Every person is an absolute *novum*. Consider this: after intercourse the father weighs a few grams less, and after childbirth the mother a few kilograms less; yet the spirit cannot be weighed. Are parents in any way poorer in spirit when a new spirit comes into being in their child? When a new *thou* comes into being with their child—a new being that can say “I” to itself—are the parents thereby any less able to call themselves “I”? We see that with every human being who comes into the world, an absolute *novum* is set into being, brought into reality; for spiritual existence is non-transferable—it cannot be passed on from parents to child. The building blocks can be passed on—but not the master builder.

4. The person is spiritual. Accordingly, the spiritual person stands in heuristic and facultative opposition to the psychophysical organism. The latter—the organism—is the totality of organs, that is, of tools. The function of the organism—the task it has to fulfil for the person who carries it (and is carried by it)—is, in the first instance, instrumental, and beyond that expressive: the person needs the organism as a means of action and self-expression. As a tool in this sense, the organism is a means to an end, and as such it has utility value. The counter-concept to utility value is dignity; dignity, however, belongs to the person alone and

is, by its very nature, independent of all vital and social utility.
Only those who overlook or forget this can consider euthanasia to be justifiable. Anyone, on the other hand, who recognises the unconditional dignity of every single person will also have unconditional reverence for the human person—for the sick, for the incurable, and even for those with incurable "mental illnesses." In truth, there are no "mental" illnesses in the sense of illnesses of the spirit. For the "spirit", the spiritual person itself, cannot become ill, and remains present behind the psychosis, even if hardly visible to the psychiatrist. I have called this the psychiatric credo: the belief in the continued existence of the spiritual person even behind the outward symptoms of psychotic illness; for if this were not so, I said, it would no longer be worthwhile for a doctor to put the psychophysical organism back in order, to "repair" it. Anyone who has only this organism in view and fails to see the person behind it must, once the organism has become irreparable, be prepared to euthanise it for lack of utility value: such a person knows nothing of the dignity of the person, which is independent of utility. A doctor who thinks in this way embodies the *médecin technicien*; such thinking merely reveals that, for this kind of doctor, the sick human being is an *homme machine*.
Just as illness affects the psychophysical organism but not the spiritual person, the same is true of treatment. This is particularly relevant to the question of leucotomy. Even the knife of the neurosurgeon—or, in modern terminology, the psychosurgeon—cannot touch the spiritual person. All that leucotomy can achieve—or inflict—is to alter the psychophysical conditions to which the spiritual person is subject; and if the operation is genuinely indicated, those conditions will in the long run be improved. Whether the intervention is indicated therefore ultimately comes down to weighing up the lesser against the greater evil in each case: whether the impairment that might result from the operation is less serious than that imposed by the illness. Only then is the intervention justified. Ultimately, all medical action entails an unavoidable sacrifice: paying the price of a lesser evil in order to secure conditions under which the person, no longer confined and restricted by the psychosis, can find fulfilment and self-realisation.
One of my patients, who suffered from a severe compulsive disorder, had been treated for many years not only with psychoanalysis and in the manner of individual psychology, but also with insulin, cardiazol, and electroshock therapies—all without effect.[1] After my own psychotherapeutic attempts had likewise proved fruitless, I arranged for a lobotomy, which produced a striking result.
Let the patient speak for herself:

"I am doing much, much better. I can work again the way I used to when I was well; the compulsive thoughts are still there, but I can fend them off. Before, for example, I was completely unable to read because of them—I had to read everything ten times. Now I don't have to repeat anything."

I asked her how matters stood with her aesthetic interests—interests which some authors claim are lost:

"I am finally very interested in music again."

And what of her ethical interests? She now showed vivid empathy and expressed this empathy in a single wish: that others who suffer as she once did might be helped in the same way she was helped.

I then asked her whether she felt changed in any way.

[1] "These shocks made me forget everything—even my address—but not the compulsive thoughts."

“I live in a different world now. I really can’t express it fully in words. What I had before wasn’t a world for me at all; I was only vegetating in a world, not living—I was so tormented. Now all that is gone; I can quickly overcome the small compulsions I still feel.”

“Do you feel you are still ‘yourself’?”

“No, I’ve become different.”

“In what way?”

“Now I have a life again.”

“When were you more truly ‘yourself’—before or after the operation?”

“Now, after the operation. Everything is much more natural than it was then; before everything was compulsion; all that existed for me was compulsion. Now everything is more as it ought to be; I am finding my way back. Before the operation I was not a human being at all, only a burden to humanity and to myself. Now other people are already telling me that I am completely different.”

When asked directly whether she had lost her self, she replied:

“I had lost it; the operation has brought me back to myself, to my own person.” (This term had deliberately been avoided in all previous questions.)

The operation had thus made this woman more human—she had, in fact, become more “herself”.[2]

But as we have seen, it is not only physiology that cannot reach the person; psychology cannot do so either—at least not when it has succumbed to psychologism. To apprehend the person, or at least to do justice to it categorially, would require a noology instead. It is well known that there was once a “psychology without a soul.” That has long since been overcome; but present-day psychology cannot escape the reproach that it is often a psychology without spirit. This spiritless psychology is not only blind to the dignity of the person and to the person itself, but also value-blind— blind to the values that are the correlate of personal being on the side of the world: to the world of meaning and values as a cosmos—to the *logos*.

Psychologism projects values from the space of the spiritual onto the plane of the psychic, where they become ambiguous. On this plane—whether that of psychology or pathology—it is no longer possible to distinguish the visions of a Bernadette from the hallucinations of any hysterical patient. I usually make this clear to my students by pointing out that the same two-dimensional circular projection may be produced by a three-dimensional sphere, cone or cylinder, so that the projection itself no longer reveals which of the three is represented. In psychological projection, conscience becomes a superego, or the “introjection” of the “father

[2] Cf. Beringer: “Under certain circumstances, precisely through the alleviation or elimination of symptoms of illness, original aspects of the personality may unfold again, so that responsibility and conscience can once more become effective where this was no longer possible under the domination of the psychosis. In my experience, personal decision-making after leucotomy may be not diminished but enhanced…. The overarching, self-aware ego-instance, which under the influence of the psychosis or the incessant compulsions had been fettered and rendered incapable of action, is, as it were, released through the alleviation of the symptoms…. That part of the human being which remains healthy is once again able to attain a self-realisation that was impossible under the sway of the illness.” (Kurt Beringer, “Zur Frage der Leukotomie,” *Medizinische Klinik* 44, no. 27 (1949): 853–857, quotations at 854 and 856.)

imago," and God becomes the "projection" of this imago—whereas in truth this psychoanalytic interpretation is itself a projection, namely a psychologistic one.

5. The person is existential; this means that it is not factual, does not belong to facticity. The human being, as a person, is not a factual being but a facultative one; it exists as its own possibility, for or against which it can decide. Human being, as Jaspers characterised it, is "deciding being": in every moment, it has yet to decide what it will be in the next. As deciding being, it stands in diametrical opposition to what psychoanalysis presents it as: being driven. Being human is, as I myself repeatedly describe it, in the deepest and ultimate sense being responsible. This also means that it is more than merely being free: responsibility includes the "what for" of human freedom—what the human being is free for, what they decide for or against.
   Thus, contrary to the psychoanalytic view, the person, as understood by the existential analysis I have attempted to outline, is not drive-determined but meaning-oriented; from the point of view of existential analysis, the person does not strive for pleasure but for value. I see both the psychoanalytic conception of sexual drive (libido) and the conception of social constraint in Individual Psychology (sense of community) as nothing but deficient modes of a more primordial phenomenon: love. Love is always the relation between an "I" and a "you"; in the psychoanalytic view, all that remains of this relation is the "it"—sexuality—while from the perspective of Individual Psychology, all that remains a ubiquitous sociality—I mean, *das Man* (one/they).
   Where psychoanalysis sees human existence as governed by a will to pleasure, and Individual Psychology sees it as determined by the "will to power," existential analysis sees it as permeated by a will to meaning. It recognises not only a "struggle for existence" and, beyond that, at most "mutual aid" (Peter Kropotkin), but also the struggle for the meaning of existence—and mutual assistance in this struggle. Such assistance is the essence of what we call psychotherapy: psychotherapy is essentially *médecine de la personne* (Paul Tournier). It follows that psychotherapy is ultimately concerned not with affect-dynamic and drive-energetic transformations, but with an existential reorientation.

6. The person is ego-like, not id-like: it is not subject to the dictates of the id—a dictatorship Freud may have had in mind when he claimed that the ego is not master in its own house. The person, the ego, can in no way be derived from the id, from the domain of the drives, either dynamically or genetically: the concept of "ego drives" must be rejected outright as self-contradictory. Yet the person itself is also unconscious: precisely where the spiritual has its roots—at its very source—the person is not merely facultatively but necessarily unconscious. At its origin, at its ground, spirit is pure act, unreflected and therefore unconscious. We must therefore distinguish very carefully between the libidinal unconscious, with which alone psychoanalysis was concerned, and the spiritual unconscious. The latter—unconscious spirituality—also includes unconscious faith, unconscious religiosity: an unconscious and indeed not infrequently repressed innate relation of the human being to transcendence. It was C. G. Jung's achievement to bring this to light; his error, however, was to locate this unconscious religiosity where unconscious sexuality is located: among the unconscious drives, in the id. Yet I am not driven to faith in God or to God himself; I must decide for or against him. Religiosity is ego-like, or it is nothing at all.

7. The person is not only a unity and a whole (see 1 and 2), but also establishes unity and wholeness: it establishes the bodily-psychic-spiritual unity and wholeness that constitutes the human being. This unity and wholeness is established and secured only by the person—it is constituted, founded and guaranteed only through the person. We human beings know

the spiritual person only in coexistence with its psychophysical organism. The human being is thus the point at which three layers of being meet: the bodily, the psychic and the spiritual.[3] These layers of being cannot be distinguished clearly enough from one another (cf. Jaspers, Hartmann). Nevertheless, it would be wrong to say that the human being is "composed" of the bodily, the psychic and the spiritual: the human being is, after all, a unity and a whole. But within this unity and wholeness, the spiritual in the human being confronts the bodily and the psychic in it. This is what I have called the noo-psychic antagonism.
Whereas psychophysical parallelism is obligatory, noo-psychic antagonism is facultative: it is always only a possibility, a mere potentiality—though a potentiality to which appeal can repeatedly be made, and to which the physician in particular must appeal. Again and again, the "defiant power of the human spirit," as I have called it, must be invoked against the psychophysis, which only appears so powerful. Psychotherapy in particular cannot dispense with this appeal, which I have described as the second, psychotherapeutic credo: belief in this capacity of the human spirit, under all conditions and circumstances, somehow to step back from the psychophysicum and place itself at a fruitful distance from it. Just as, according to the first, psychiatric credo, there would be no point in "repairing" the psychophysical organism unless an intact spiritual person, despite all illness, were awaiting this restoration, so, according to the second credo, we would be unable to call upon the spiritual in the human being to exercise its defiant power against the bodily and psychic in it if the noo-psychic antagonism did not exist.

8. The person is dynamic: it is precisely through its capacity to detach itself from the psychophysicum and set itself at a distance from it that the spiritual first manifests itself. Because it is dynamic, we must not hypostatise the spiritual person, and therefore cannot characterise it as a substance—at least not as a substance in the conventional sense. To ex-sist is to step out of oneself and face oneself, and the human being does this insofar as, qua spiritual person, it faces itself qua psychophysical organism. It is this distancing from itself qua psychophysical organism that constitutes the spiritual character of the person. Only when the human being confronts itself does the spiritual differentiate itself from the psychophysical.

9. An animal is not a person because it cannot rise above itself and face itself. It therefore also lacks the correlate corresponding to the person: it has no world, but only an environment. If we try to extrapolate from the relations "animal–human being" and, correspondingly, "environment–world," we arrive at the "transcendent world." To characterise the relation between the animal's (narrower) environment and the human being's (wider) world, and in turn between this world and an (all-encompassing) transcendent world, we can use the golden ratio as an analogy: the smaller part stands to the larger as the larger stands to the whole.
Consider the example of a monkey that is given painful injections in order to obtain a serum. Could the monkey ever understand why it has to suffer? From within its environment, it is incapable of following the reasoning of the human being who harnesses it to their experiments; for the human world, a world of meaning and values, is inaccessible to it. It cannot reach this world or access its dimension. But must we not assume that the human

[3] We could of course equally well speak of "dimensions" here instead of "layers." Insofar as the spiritual dimension belongs to the human being alone, it is the proper dimension of human existence. If the human being is projected from the space of the spiritual, in which they essentially "are," onto the plane of the merely psychic or even the bodily, then it is not merely one dimension that is sacrificed, but the specifically human dimension. Cf. Paracelsus: "Only the height of the human being is the human being."

world is itself, in turn, overarched by a world that is inaccessible to the human being, and whose meaning—whose “transcendent meaning”—could alone give meaning to human suffering? Just as an animal can never understand, from within its environment, the human world that encompasses it, so the human being could never comprehend the super-world, except by reaching out beyond itself toward what it can only dimly apprehend—in faith. A domesticated animal knows nothing of the purposes for which the human being harnesses it. How, then, could the human being know what transcendent meaning is possessed by the world as a whole?

10. The person can understand itself only in relation to transcendence. More than this: the human being is human only to the extent that it understands itself in relation to transcendence; it is a person only to the extent that it is per-sonated by transcendence—resounding through and through with the call of transcendence. The call of transcendence is heard in conscience.
    For logotherapy, religion is—and can only be—an object, not a standpoint. Logotherapy must therefore remain on this side of revealed religion and answer the question of meaning before the path forks into theistic and atheistic worldviews. If it thus understands the phenomenon of faith not as belief in God but as the more comprehensive belief in meaning, it is entirely legitimate for logotherapy to concern itself with the phenomenon of faith. In this it agrees with Albert Einstein, for whom to ask the question of the meaning of life is to be religious.
    Meaning is a wall beyond which we cannot tread further; rather, we must accept it. We must accept this ultimate meaning because we cannot question our way beyond it: any attempt to answer the question of the meaning of existence always already presupposes the existence of meaning. In short, human belief in meaning is, in Kant’s sense, a transcendental category. Just as, since Kant, we have known that it is somehow meaningless to enquire further into categories such as space and time, simply because we cannot think—and therefore cannot ask—without presupposing them. Likewise, human existence is always oriented toward meaning, however little knowledge it may have of that meaning. Human existence thus includes something like a foreknowledge of meaning, and an intimation of meaning also underlies what logotherapy calls the “will to meaning.” Whether one wants to or not, whether one acknowledges it or not, the human being believes in meaning for as long as it breathes. Even someone who takes their own life believes in meaning—if not in the meaning of life, of continuing to live, then at least in the meaning of dying. If they truly believed in no meaning whatsoever, they could not lift a finger, and for that reason alone could not carry out the suicide.