Sartre and humanistic psychotherapy

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In an interview that with Michel Rybalka, Oreste Pucciani and Susan Gruenheck in 1975, Jean-Paul Sartre said:

> "There is philosophy, but there is no psychology. Psychology does not exist; either it is idle talk or it is an effort to establish what man is, starting from philosophical notions. […] psychology does not exist except in the sense of empirical psychology."[2]

For Sartre, psychology—at least most of it—was philosophy. In the frame of this concept, psychotherapy is to be regarded as some kind of applied philosophy. Sartre's statement about psychology immediately raises the question whether philosophy is psychology. For Sartre, this equation seemed indeed to be true to a large extent in both directions. Sartre was of the opinion that it is the question "What is man?" that is the major focus of philosophy.[3] Whereas ordinary human sciences—from medicine to experimental psychology and sociology—treat man as an object[4], philosophy is the science of man as a subject.

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[1] This is an extended version of a presentation give at the NASS conference 2017 at the University of La Verne (Cal./USA).

[2] Jean-Paul Sartre: "The Interview". In: Paul Arthur Schilpp (ed.): *The Philosophy of Jean-Paul Sartre*. The Library of Living Philosophers. Vol. XVI. Open Court: La Salle (Ill.) 1991 (1. Ed. 1981), pp. 5-51, here pp. 8, 38.

[3] The focus on man was the major difference with Martin Heidegger, for whom the central question was not "what is man?", but "what is being?". As Heidegger made it clear in his *Letter on Humanism*, he was against discussing the question of man, as he thought that this would lead again to the issue of the essence of man. Heidegger stuck to this position until 1959 when Medard Boss could convince him to participate in his *Zollikon Seminars*, which Heidegger did until 1969. As the German political philosopher Hans-Martin Schönherr-Mann who introduced the distinction between metaphysical-religious existentialism (Karl Jaspers, Gabriel Marcel etc.) and emancipatory existentialism (Sartre, Beauvoir, Camus, Merleau-Ponty) remarked, it is doubtful whether Heidegger with his focus on being instead of man can be regarded as existentialist at all.

[4] Sartre was not against including the sciences of man as an object into his theory. Already in his article *Denis de Rougement: L'Amour et l'Occident*, published in 1939, Sartre spoke about combining psychoanalysis, Marxism (i.e. historical materialism) and sociology for analytic purposes. He confirmed this idea again in *Search for a Method* (1957), *A Plea for Intellectuals* (1965) and *Itinerary of a Thought* (1969).

Sartre and psychology

To achieve a better understanding of the relationship between philosophy and psychology in Sartre's thinking, it is recommended to have a closer look at the role psychology played in Sartre's life. Already in the first year of his studies at the ENS (École Normale Supérieure), Sartre started to explore psychology. He not only read Sigmund Freud (*Psychopathology of Everyday Life*; before leaving the ENS he also read *The Interpretation of Dreams*), but, more importantly, he went together with his friends Daniel Lagache, Georges Canguilhem[5], Raymond Aron and Paul Nizan to listen to Georges Dumas, a leading French psychologist, at Sorbonne. Additionally, they watched his presentations of cases at the psychiatric hospital Sainte-Anne, the same hospital where Jacques Lacan became an assistant doctor a few years later.

Sartre not only passed two exams in psychology at the ENS, but he also wrote his master thesis on a psychological theme: "*L'Image dans la vie psychologique*" (*The Image in Psychological Life*). And two years later his oral presentation for the *agrégation* treated again a psychological subject: "*Psychologie et logique*" (*Psychology and Logic*). The professor to whom he had to give his oral presentation was Henri Delacroix. Delacroix, both philosopher and psychologist, pupil of Henri Bergson and William James, became Sartre's academic mentor. It was he who helped Sartre to get the grant for his stay in Berlin 1933/34. And it was Delacroix again who encouraged Sartre to write *Imagination*. Unfortunately for Sartre, Delacroix died in 1937—and fortunately for posterity, because otherwise most probably Sartre would have become professor of psychology at Sorbonne and not the philosopher and intellectual we still appreciate now.

Obviously, Sartre became very well versed in psychology during his time at the ENS. The best proof of it is that he and Nizan were chosen as correctors of the French translation of Karl Jaspers's book *General Psychopathology*, a book that became the standard of psychiatry in the German-speaking countries until the 1960s/70s.[6] Sartre's work as a corrector of Jaspers's book actually had a long-term effect on Sartre's philosophy of science. It was Jaspers from whom Sartre adopted the notion of understanding, which is so central to Sartre's philosophy of human sciences.

After ENS and *agrégation* Sartre continued studying psychology. In 1930, he acquainted himself with Gestalt psychology. Sartre's concept of totalization, which

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[5] Lagache would later became together with Sacha Nacht and Lacan the most important French psychoanalyst. Canguilhem in turn became very famous for his work on the notion of the normal and the pathological (*Le Normal et le pathologique*, 1943) where he put the validity of the notions "normal" and "pathological" in question. Later, Canguilhem had a big influence on Michel Foucault as the later's mentor.

[6] The translator was Alfred Kastler, who studied physics and later won the Nobel Prize in physics. Kastler as Alsatian was perfectly bilingual, but obviously had no great understanding of psychology. To assure that the correct lingo of psychology and psychiatry was used in this important book, the publishers made use of Sartre's and Nizan's services.

became so important in his philosophy of science and particularly in his philosophical work at the time of the *Critique of Dialectical Reason*, has its roots in the theory of Gestalt psychology. In 1937/38, Sartre read Wilhelm Stekel's work *Frigidity in women*, which significantly contributed to Sartre's view that there is no unconscious.

An even more significant impact on Sartre's psychology had his reading of Alfred Adler in 1932. Generally and unlike Freud, Adler was more a practitioner than a theoretician. However, in the few works about general theory, which he wrote around 1914, he introduced two concepts that find their parallels in Sartre's *Being and Nothingness*: the concept of life-plan or lifestyle and the concept of life-lie.[7] With Sartre, the analogous concepts are called fundamental choice and bad faith. Adler's individual psychology and Sartre's existential psychoanalysis are so close to each other that Simone de Beauvoir wrote in a letter to Sartre on March 31st, 1940, that an Adlerian could pass as an existential psychoanalyst. This was in itself an act of bad faith by Beauvoir because the sentence should of course read as: "our existential psychoanalysis could pass as Adlerian". Not astonishingly Sartre continued to develop his knowledge of psychology and psychotherapy throughout the 9130s, not only by reading books, but e.g. also by visiting psychiatric clinics, so in 1936 in Rouen where Beauvoir was a teacher.

There was a short interlude during his stay in Berlin 1933/34, when Sartre focused more on philosophy than on psychology. The result of this stay were his two publications *The Transcendence of the Ego* and *Intentionality: A Fundamental Idea of Husserl's Phenomenology de Husserl*, which he wrote in 1934 (however published several years later). Back in Paris, Sartre shifted again his attention from philosophy to psychology. In the years 1935–39, he wrote the texts for *Imagination*, *Sketch for a Theory of the Emotions* and *The Imaginary*. Very revealing in regard of the importance of psychology to Sartre is the subtitle of *The Imaginary*: <u>A Phenomenological Psychology</u> and not "a phenomenological philosophy".

From an exchange of letters between Sartre and Beauvoir in spring 1940[8], we know that *The Imaginary* was written as a doctoral thesis to allow Sartre to start an academic career. Beauvoir saw him already as professor of phenomenology at Sorbonne (cf. letter dated March 11th, 1940). The question is what Beauvoir meant by phenomenology, phenomenological psychology or phenomenological philosophy.

A closer analysis of the list of authors Sartre referred to in his work renders us a clearer picture. Its results are presented in table 1. In the first column, the number of pages are given in which Sartre referred to a specific person[9]. In the following

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[7] For more about the relationship between Sartre and Adler read my paper <u>Sartre and Adler - existential psychoanalysis and individual psychology</u>. Adler gave a conference at Sorbonne in 1926. However, most probably Sartre did not hear him. In 1932 Sartre and Beauvoir read Adler's *The Neurotic Character*. Unknown is when and whether Sartre read at all those theoretical works in which Adler published his concepts of life-plan and life-lie around 1914 or whether Sartre got these ideas by reading secondary literature.

[8] Letters dated March 9th, 10th, 11th, 14th and 24th, 1940.

[9] The figures refer to the German translation of *The Imaginary*: Jean-Paul Sartre: *Das Imaginäre*. Rowohlt: Reinbeck 1971.

columns, the persons are grouped in three categories: psychologists, philosopher–psychologists and philosophers.

Table 1: psychologists and persons referred to in *The Imaginary*

no.	psychologists	philosopher–psychologists	philosophers
20	*Flach*		
17	*Leroy*		
10			*Bergson*
6–8	*Dwelshauvers*, Janet, *Messer*, *Binet*, Franconnay	Husserl	*Descartes*, *Alain*
3–5	*Bühler*, Dumas, Lagache, Burloud, Köhler, Lhermitte, *Piéron*, *Watt*	James, *Abramowski*	Hume, *Kant*, *Spaier*, *Taine*, Berkeley, Heidegger
1–2	*Claparède*, *Freud*, Gellé, *Meyerson*, *Moutier*, *Ribot*, *Titchener*, Wertheimer, Baillarger, van Bogaert, *Borel*, Clérambault, *Dauber*, Delage, *Flournoy*, *Galton*, *Gorphe*, *Guillaume*, Halbwachs, *Hesnard*, Jaensch, Jouve, Koffka, Lewin, Morgue, Müller-Lyer, Nahlowsky, Philippe, Revault d'Allonnes, Reverchon-Jouve, Robin, Schraub, *Schwiete*, *Silberer*, Wallon, Wolff	Sartre, Brentano, *Delacroix*, Scheler	Brunschvicg, Schopenhauer, *Spinoza*, Fichte, La Rochefoucauld, Pascal, Sokrates.

From the results, it is obvious that the vast majority of authors Sartre referred to are psychologists and not philosophers. Apart from some references to local philosophers such as Alain, Albert Spaier and Léon Brunschvicg, the pure philosophers cited are common knowledge: Descartes, Hume, Kant, Sokrates. The list of psychologists is far more comprehensive. Sartre must have been a real specialist in the psychology of his time. Several of the persons he mentioned are virtually unknown today, e.g. Eugène Bernard Leroy or Georges Dwelshauvers. Sartre seemed to know not only the French psychologists very well, but also the German ones. He was particularly familiar with the representatives of Gestalt psychology (Wolfgang Köhler, Kurt Koffka, Max Wertheimer, Kurt Lewin), but knew others as well, such as Karl Bühler, August Messer. Auguste Flach, the person Sartre referred to most often, was a collaborator of the Würzburg school of cognitive psychology headed by Bühler. Remarkable is also Sartre's reference to the Polish philosopher–psychologist Edward Ambrowski.[10]

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[10] In 2019, Sartre's thesis for the DES (*diplôme d'études supérieures*) was published in *Études Sartriennes*, no. 22, pp. 43-246. It is interesting to see that he was familiar with

The majority of the psychologists listed in *The Imaginary* belong to the scientific approach, among them Alfred Binet, Jean Lhermitte, Henri Piéron and Henry J. Watt. Astonishingly, only few can be counted as representatives of humanistic psychotherapy[11]. The most prominent case of absence is the one of the Husserlian psychotherapist Eugène Minkowski. Minkowski published several articles in the journal *Recherches Philosophiques*, which Sartre avidly read. Minkowski, whom Sartre never mentioned in his work, had actually published an article in the same number of *Recherches Philosophiques* that contained also Sartre's *The Transcendence of the Ego*.

From the analysis of the persons referred to in *The Imaginary*, it is obvious that Sartre's primary intention to get the necessary qualification for an academic career was not in the field of philosophy, but rather psychology.[12] Fortunately, Sartre blundered his endeavor to start an academic career by having his book published before having submitted it as a doctoral thesis. By this mistake, the intellectual world lost a professor in psychology and got a world-famous philosopher and intellectual. That Sartre—who was in practical matters not a genius—blamed Jean Wahl and Léon Brunschvicg for his own failure represents an act of bad faith by Sartre.

After this disaster, Sartre shifted again from psychology back to philosophy. *Being and Nothingness* bears the subtitle: *A Phenomenological Essay on* <u>*Ontology*</u>. However, the ratio between ontology and psychology in this book is about 20:80 in favor of psychology. *Being and Nothingness* is rather a book about psychology than ontology. My unproven hypothesis is that Sartre integrated large parts of his lost book *La Psyché* into *Being and Nothingness*.[13]

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quite a number of the psychologists and philosophers mentioned in *The Imaginary*. All the names written in italics can be found already in his thesis. There he additionally mentioned Aristoteles, Borel, Ebbinghaus, Gilson, Höffding, Jaspers, Leibniz, Piaget, Poincaré, Russell, Stern, Ward, and Watson among others. Among the names newly mentioned in The Imaginary are philosophers like Husserl, Brentano, and Heidegger and particularly representatives of Gestalt psychology (Koffka, Köhler, Lewin, Wertheimer).

[11] Apart from the representatives of Gestalt psychology and Freud, Pierre Janet, who had influenced Freud, Adler and Jung, was maybe the person who was closest to humanistic psychotherapy among the prominent psychiatrists and psychologists listed.

[12] In 1935, Sartre had his friend Lagache injecting him a dose of mescaline. Mostly this is just presented as an act of curiosity by Sartre. Bearing in mind his seriousness about becoming an established theoretical psychologist, this injection has to be regarded rather as a scientific self-experiment in understanding the psychological phenomena of mental images.

[13] The reasons that support this hypothesis are the following. We notice quite a radical change in style from *The Imginary* to *Being and Nothingness*. The quantity of literature cited (with the names of the author and of the work) shrank in *Being and Nothingness* in comparison to *The Imaginary* considerably. Partly Sartre used only collective names such as "the behaviorists" without giving the names of the particular authors. Partly citations are wrong. The question to be asked is why Sartre wrote in such a "lousy" academic style. We concede this to a great author, since great authors always enjoy privileges younger member of academia do not. However, at that time Sartre was still at the beginning of his

It is obvious that when we use today's terms of philosophy and psychology, Sartre was at least as much a psychologist—and when we include the *Critique of Dialectical Reason* a sociologist—as a philosopher, i.e. a specialist in ontology, epistemology, theory of science and ethics (normative ethics as well as meta-ethics). The divergence between the title and the content of Being and Nothingness gains its relevance by the fact that it helps to explain the low degree of reception of Sartre and his work by his colleagues. For most of the philosophers, much of what Sartre wrote about was not philosophy.[14] On the other hand, most of the psychologists did not bother about Sartre, because they considered him as a philosopher and not a psychologist. Some psychologists and psychotherapists may correctly argue that Sartre never worked as a therapist and therefore cannot be considered as a member of their profession. However, Jaspers was a very influential figure in psychiatry although he himself had not treated any patients with mental disorders either. Jaspers's own psychiatrist experience was limited to being present at medical visits when psychiatrists inspected their patients. Additionally, he wrote a biography about Strindberg, van Gogh, Swedenborg and Hölderlin. This is just about what Sartre did, only that Sartre published three major biographies—about Baudelaire, Genet and Flaubert—and a fourth one, the one about Mallarmé, remained unfinished.[15]

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career as a philosopher and for a young philosopher this style was not appropriate. Therefore, my hypothesis is that Sartre did not do intentionally, but his "lousy" style was the result of circumstances. And the circumstances were that he had lost most of his material, when the draft of his book *La Psyché* got lost during the occupation of Paris by the Germans. In my opinion, *Being and Nothingness* contains to a large extent what Sartre still remembered of what he written down in his draft of *La Psyché.* This coincides with the astonishing fact that a book that according to the subtitle should have mainly dealt with ontology primarily focused on psychology.

[14] Another reason why the reception was so low in comparison e.g. to Heidegger can be found in the professional snobbery of academia since Sartre was not an academic philosopher but rather a "café philosopher". A further explanation can be identified in the fact that for many academic philosophers Sartre wrote too much about sex and sexuality and other daily matters in *Being and Nothingness*, which academia did not consider on the level of academic philosophy. His pronounced atheism and his political positions did not help the promotion of his work either.

[15] Sartre's interest in psychology continued after 1945. When he was in the Netherlands in 1946, he visited David J. van Lennep, a phenomenological psychologist. 1958/59 he wrote a scenario for John Huston's project of a film about Freud. Later Sartre had contacts to the anti-psychiatrists. For the book *Reason and violence* (1960) written by the leading anti-psychiatrists David Cooper and Ronald D. Laing he wrote a foreword. He did the same again in 1972 for an antipsychiatric pamphlet of a socialist collective of patients in Heidelberg, Germany. Four years earlier, he had met Franco Basaglia, the leading Italian anti-psychiatrist at the University of Bologna. Finally, one of his longest-serving collaborators at *Les Temps Modernes*, from 1946 to 1970, was one of the leading figures of French psychoanalysis, Jean-Bertrand Pontalis. In 1969, Sartre and Pontalis had a dispute when Sartre insisted on the publication of *A Psychoanalytic Dialogue* in *Les Temps Modernes*, in which the relationship between the psychoanalyst and his patient was heavily criticized from the patient's point of view.

To appreciate fully Sartre as a psychologist, we have to situate him in the wide field of psychotherapy. Only this can show us the real value Sartre's theory can have in the field of psychotherapy and particularly humanistic psychotherapy.

Sartre and the history of psychotherapy

During most of the history of psychotherapy, there were two different approaches to mental disorders. One approach was the scientific one, which sees mental disorders caused by material factors, either outside or inside the human body. The Babylonians said that people with mental disorders were born under an unlucky star. Hippocrates developed his theory of the four humors, black and yellow bile, phlegm and blood, which we can still find today in the four temperaments of melancholic, choleric, phlegmatic and sanguine. And when it comes to psychosurgery, some historians say that already in the Stone Age, human beings tried to mental disorders by trepanations.

The second approach was the spiritual one, which showed also partly religious and partly moral traits. For the exponents of this approach, the causes of mental disorders can be found in the obsession of the patient by evil spirits, demons or devils. And at least partly and to some extent, this was seen in connection with evil, sinful behavior by the patient. To cure such patients was the task of healers, shamans, priests and exorcists.

The scientific approach gained in importance already in Greek antiquity until it became the dominant one in the Roman period. During the Middle Ages, the spiritual approach reigned again and showed its ugliest face in the persecution of persons suspected of witchcraft.

The scientific approach as we know it today started to evolve in the 16th c.. By the 19th c. it had become the dominant one again. This evolution showed several positive effects. Asylums for patients with mental disorders were built, the first one known already in the Middle Ages in Syria. The medical aspect was separated from religious and penal ones. Patients with mental disorders did not become any more victims of priests and criminal prosecutors. However, they became victims of medical doctors. This phase of psychiatry was characterized by what Foucault named the process of Great Confinement. Patients were confined to madhouses, where they were partly just locked up—sometimes in chains and straitjackets—, partly subjected to various treatments with little chance of being cured.

At least partly, it was this unsatisfactory situation that led to a countermovement against the scientific approach in the second half of the 19th and the early 20th c., when the humanistic approach as the heir of the former spiritual approach saw the light of the day. Chart 1 shows the major representatives and ideas associated with the two approaches.

On the left in the blue oval, there are shortly outlined the major ideas and the names of two of the most important representatives of the modern scientific approach are given. The mainstream of the scientific approach follows Wilhelm

Griesinger's *dictum* that mental illnesses are illnesses of nerves and brain. Following Emil Kraepelin and his ideal of psychiatry as a medical science, the diagnostic, etiological and therapeutic principles of somatic diseases were adopted for the use in the field of mental disorders. Correspondingly, an illness is ideally defined by a set of symptoms[16]; it has one cause and one therapy. In many regards, this approach has set standards that are still valid today. Almost worldwide, psychiatrists and psychotherapists take one of the two well-known classifications as a standard to diagnose mental illnesses. One of them is the ICD, the International Classification of Diseases, issued by the World Health Organization; the other one is the DSM, Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association. The increased importance of legal regulations and health insurances has definitely increased the relevance of these classifications. After a period connected with the name of the psychiatrist Adolf Meyer who introduced several elements of psychoanalytic therapy into psychiatry in the United States, the Kraepelinian system has regained much of its importance, which is why our current system occasionally is labelled as Neo-Kraepelinism.

Chart 1: Modern scientific approach and humanistic approach
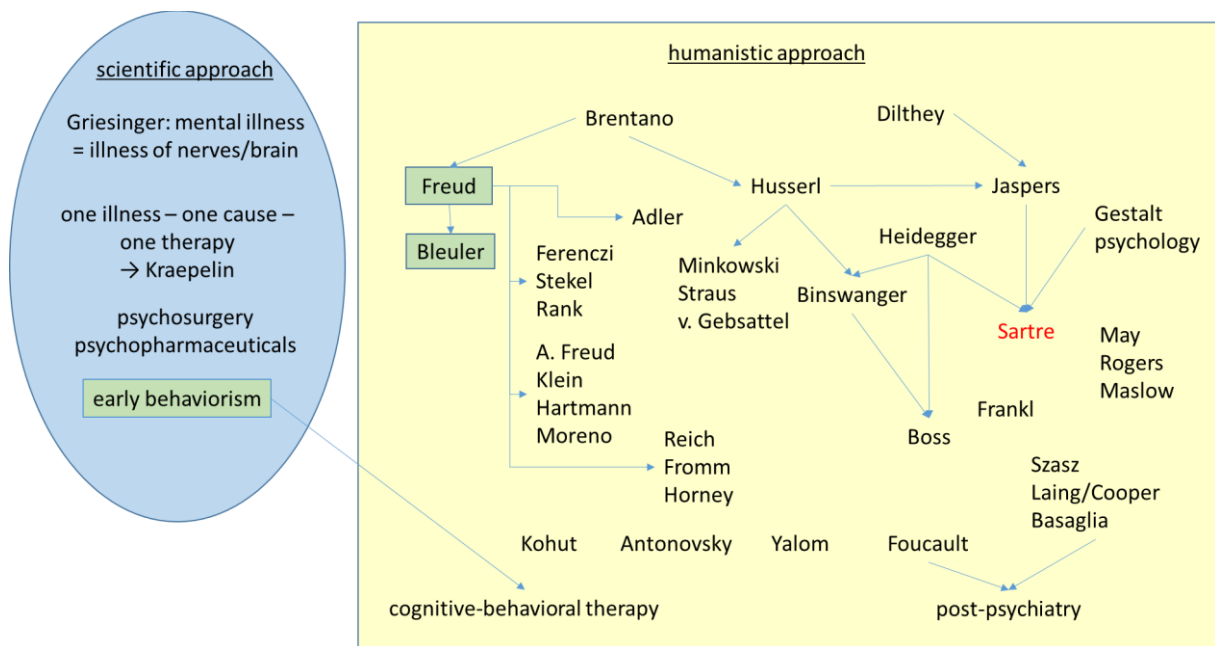
Based on the understanding of mental illnesses as illnesses of the brain and the nerves, the methods preferred by the scientific approach for curing these illnesses were and are psychopharmaceuticals and at least for some time also psychosurgery. Psychosurgery saw its apogee in the time between the 1920s and the 1960s, when lobotomy and electroshock therapy were widely used. Psychopharmaceutical therapies were developed in parallel, e.g. as insulin or cardiazol shock therapies. Psychopharmaceutical treatment became the standard in the scientific approach

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[16] Kraepelin was the major proponent of a concept with classifications of mental illnesses in his time. The concept dominating before was the one of unitary psychosis, which recognized in the various types of psychoses only varieties of a single disease.

and replaced psychosurgery almost completely since the discovery of chlorprom-azine as the first neuroleptic in 1952. Although patients cannot be cured by psy-chopharmaceutical treatment—and therefore the accusation of revolving door psy-chiatry is basically correct—, psychopharmaceutical treatment is still appropriate in cases of heavy attacks.

Early behaviorism evolved towards the end of the 19th c. and in the early 20th c. with Ivan Pavlov and John B. Watson as its founders. Although they did not share Griesinger's understanding of mental disorders, their approach has to ranked un-der the scientific approach due to their mechanic understanding of the human be-ing. The theory of classical conditioning by learning forms the core of their theory. Accordingly, the human being is not treated as a subject, but rather as an object. It is a black box, which just requires the right stimuli to react with the desired responses. Therefore, B. F. Skinner, the most prominent representative of classical behaviorism, could postulate that it just needs the right conditioning of human beings to achieve an ideal society. However, behaviorism shares certain general assumptions with humanistic psychotherapy such as that the patient is an individ-ual, that mental disorders are individual disorders and that the patient can be cured only by interaction with others. This is the reason why early behaviorism is set in a green box.

The most prominent representatives of humanistic psychotherapy are mentioned on the right side in the yellow box, including Sartre. The most important direct forerunners were Franz Brentano and Wilhelm Dilthey. As indirect forerunners we could also mention Friedrich Schleiermacher, Arthur Schopenhauer, Søren Kierke-gaard and Friedrich Nietzsche. Brentano opposed his act psychology to the domi-nant association psychology, in which the human being was conceived in a more passive role. Based on the concept of intentionality, act psychology granted the human being a much more active part. Dilthey introduced the distinction between explanatory and descriptive psychology with their two different methods of causal explanation and teleological understanding.

The three founding fathers of humanistic psychotherapy were Freud, Edmund Hus-serl and Jaspers. Freud, originally a neurologist and a student of Brentano, intro-duced several new concepts in psychotherapy such as the importance of the un-conscious, the childhood and the drives. His talk therapy was a significant progress in comparison to other methods such as hypnosis that were investigated in his time. His most important finding was that mental disorders "make sense", i.e. they can be understood and be cured after they have been understood. However, I put Freud in a green box, since he adhered in his theoretical models very much to the mechanical assumptions of the scientific approach. Even in his later his structural model of id–ego–super-ego, the psyche was still assumed to work like some kind of pressure cooker.

In the history of humanistic psychotherapy, Freud was the most influential person. He had many prominent followers, although he fell out with most of his contem-poraries. Among Freud's early collaborators were Adler, who developed his own individual psychology, Sándor Ferenczi, Stekel and Otto Rank. Others who followed later were Freud's daughter Anna, Melanie Klein, Heinz Hartmann and Jacob L. Moreno. A special role can be attributed to Wilhelm Reich, Erich Fromm and Karen

Horney who partly anticipated, partly followed the traces Freud laid with *Civilization and Its Discontents* (1930) and extended the use of psychoanalytic concepts into the realms of society, culture and politics.[17]

The second founding father is Husserl whom we know mainly from his philosophical theory of phenomenology. Already in 1891 Husserl, who had studied with Brentano in Vienna, had published his book *Philosophy of Arithmetic. Psychological and Logical Investigations*. In the years from 1920 to 1933 Husserl frequently lectured about psychology. Minkowski, Erwin Straus and Victor-Emil von Gebsattel founded a school of Husserlian psychotherapy with a major focus on the phenomenological description of mental disorders.

Husserl directly influenced the third founding father of humanistic psychotherapy, Jaspers. Jaspers's book *General Psychopathology* proved to be very influential with psychiatrists in the German-speaking countries. Jaspers not only introduced phenomenological description, but also the concept of understanding that Jaspers adopted from Dilthey via Max Weber.

Ludwig Binswanger was another psychiatrist who originally had been influenced by Husserl. However like in Sartre's case, Heidegger's *Being and Time* (1927) and particularly *The Essence of Reasons* (1929) became more important to him than Husserl. He adopted Heidegger's concept of projection as world-design. Since Heidegger opposed the conversion of his philosophy into a psychology because ordinary psychology is based on a subject–object-dichotomy (cf. Heidegger's *Letter on Humanism*, 1947), Binswanger and Heidegger parted. However, shortly thereafter Heidegger joined Medard Boss in his Zollikon seminars from 1959 to 1969. Boss tried to develop a psychotherapy beyond the subject–object-dichotomy. His successors were Alice Holzhey-Kunz and Gion Condrau.

Many of Freud's contemporaries taught and practiced in Northern America: Ernest Jones, Abraham Brill, Adler, Rank, later Fromm, Horney and Reich. Not astonishingly, humanistic psychotherapy gained ground in the United States where Carl Rogers, Abraham Maslow and Rollo May founded the school of humanistic psychology.

Another representative of humanistic psychotherapy who spent most of his time in the United States was Viktor Frankl, who developed a special psychoanalysis called logotherapy. A holocaust survivor, he was convinced that 20% of all neuroses were noogenic neuroses, neuroses that had their reason in existential frustration, in a missing meaning of life.

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[17] C. G. Jung with his analytical psychology could be considered as a precursor of Fromm and Horney with his concepts of the collective unconscious and the archetypes. However, due to his propensity to favor more the collective than the individual aspects, I do not consider him as a true representative of a humanistic psychotherapy. His relationship with the Nazi movement confirms my reservation.

A particular inclination to become engaged in politics characterized Reich and Fromm, Fromm as a libertarian socialist, Reich as a communist. An early "Freudian" who favored political engagement (including anti-psychiatry and sexual liberation) and this against Freud's will was the anarchist psychiatrist Otto Gross.

Whereas humanistic psychotherapy gained significant ground in the treatment of neuroses in the time after the Second World War, the treatment of psychoses remained for a long time almost exclusively the domain of the scientific approach. This started to change around 1960 when Thomas Szasz, Cooper/Laing and Basaglia founded the antipsychiatric movement. They demanded to shut down closed mental hospitals and to allow their patients to live as free human beings, a demand that Basaglia successfully pushed through Italian parliament in 1978. At about the same time the Soteria project started in the United States. Foucault started criticizing the treatment of people with mental illnesses (e.g. in *History of Madness*, 1961). Although the antipsychiatric movement reached his apogee in the 1970s, the postpsychiatric movement, which considers Foucault as one of its forerunners, is still alive.

The time around the 1970s saw further innovations in the field of humanistic psychotherapy. Heinz Kohut promoted his self psychology in whose focus were not any more disorders rooted in the repression of the sexual or a similar drive, but narcissistic disorders. Irvin D. Yalom developed his existential psychotherapy, which is close to the therapies of Binswanger, Frankl and Sartre. Finally, Aaron Antonovsky started to promote his salutogenesis, which focuses more on health and the ability of man to cope with stress than on mental disorders.

The most important development of that time was however the cognitive turn of behaviorism in the 1960s/70s. This new cognitive behavioral therapy has much more in common with humanistic psychotherapy than with the old scientific behaviorism. Today, cognitive behavioral therapy is absolutely dominating the field of psychotherapy and its development in the direction of humanistic psychotherapy is continuing.

When we ask ourselves what remains of Sartre and his existential psychoanalysis, we have to concede that Sartre's existential psychoanalysis was stillborn. There is no doubt that Sartre's existential psychoanalysis cannot be revived. However, Sartre's theory could perfectly serve as a general theory to all different strands of humanistic psychotherapy. This is its great potential.

Sartre and the theory of psychotherapy

Sartre and his existential psychoanalysis share a common pool of basic assumptions with all other strands of humanistic psychotherapy, assumptions that distinguish them from scientific psychotherapy. The first of these basic assumptions is that the patient is an individual, a contingent subject in his own right. The individual is not to be treated as an object, but rather as a subject. This was one the most basic innovations Freud made. This change in the psychotherapist's and psychiatrist's attitude had a tremendous impact of the way how were patients were treated. Rather than treating them by psychosurgery and psychopharmaceuticals talk therapy was the focus of humanistic psychotherapy. The foundation of anti-

psychiatry is the view that patients are individuals with their own rights, which should be treated rather as subjects than objects.

Since the patients are individuals, mental disorders are always individual disorders. The most appropriate first step in the treatment of mental disorders is phenomenological description. Already Jaspers and Binswanger insisted on the individual character of each mental disorder. Adler even named his psychotherapy "Individual Psychology". As an individual, the patient has to be considered in his totality. For Sartre, who had studied Gestalt psychology in 1930, it is an absolute requirement that any human being is considered as a totality with his past and the social and cultural environment he is living in. Due to cost constraints, the current practice in psychiatry and psychotherapy frequently cannot live up to this request. One of the major issues is the existing manuals for classification. That there is indeed a problem in defining mental disorders is shown by the ever-increasing numbers of mental disorders in ICD and DSM: DSM-I in 1952 listed 94 mental disorders, in the current DSM-5 the number of disorders has already reached 374. Not astonishingly, the reliability in classifying disorders according to the schemes of ICD and DSM is unsatisfactory. Obviously, all these classifications serve rather administrative purposes than therapeutic ones.

Another element that is shared by all the proponents of humanistic psychotherapy including Sartre is that a person with mental disorders can only be cured be interacting with other human beings. Already Husserl generally spoke about the therapist who appresents the Third. Binswanger saw the therapist in the role of a fellow human being. Of course, the role of this Other varies in the different strands of humanistic psychotherapy. In Freud's long-term talk therapy, the therapist assumes a largely passive role. With Ferenczi, the therapist understands himself in the role of a catalyzer. Stekel and Rogers with his client-centered therapy promoted a more active role of the therapist, too. Moreno as one of the very early representatives of group therapy opened the gate to new dimensions by going beyond the original 1:1 relationship between analysand and therapist. With his therapy of psychodrama, Moreno additionally opened a new way to therapies that are less rational than Freud's and involve body and emotions. Daniel Casriel's body psychotherapy in form of bonding and Arthur Janov's primal therapy were other therapies quite far away from Freud's original one. Nevertheless, they shared with Freud the need for the Other as the medium through which the patient can cure himself.

Sartre's theory about the relationship between the individual and the Other is one of the central pillars of his philosophy. This was already the case in *Being and Nothingness*, where he exposed this relationship as a dialectical one between two subjects both trying to subdue the Other as an object or to subdue oneself as an object (cf. Sartre's discussion of sadism and masochism). Sexuality is generally understood by Sartre within the framework of his subject-object-theory[18]. Part of

[18] This maybe explains Sartre's fascination for homosexuality and particular anal intercourse (see e.g. his long discussions with Jean Genet about homosexuality and the homosexual figures in Sartre's novels and short stories at a time when this was completely frowned upon). Sartre thought heterosexual love (in his patriarchal time) mainly in the categories of man as an active subject and woman as a passive object (cf. Jean-Pierre

his subject-object theory is his theses about prejudices and discrimination as exposed in *Reflections on the Jewish Question* and *Black Orpheus*. Freud's categories of transference and countertransference (as well as projection as a defense mechanism) can be understood as special cases of Sartre's general theory of the subject-object relationship. Although Sartre's play *No Exit* may give the impression of the Others' exclusively negative role[19], Sartre always recognized the importance of the Other. Only through him the subject can recognize himself. The importance of the group was one of the central themes of Sartre's second major philosophical work, the *Critique of Dialectical Reason*.

Already Freud made it clear that this Other does not necessarily have to be a medical doctor (cf. Freud's position in *The Question of Lay Analysis*, 1927). Sartre's theory is even more general. The Other can be anybody. It can be a friend of mine or a professional therapist.[20] Who is chosen is more a matter of individual circumstances than of principle. Those who say that going to the therapist is equal to renting a friend are not completely wrong from a Sartrean point of view. As the highly disputed article *A Psychoanalytic Dialogue* in the *Temps Modernes* in 1969 proves, Sartre was completely against the imbalance of power between the psychiatrist and the patient. The patient has the right to criticize the therapist, also by forming a group together with other patients.

The strength of Sartre's general theory is shown by the fact that it can explain why humanistic psychotherapy fails. It is obvious that a patient cannot be cured if he does not want to be cured. Bad faith is one of the major obstacles to be overcome if a patient shall be cured.[21] Therapy will fail as well when the necessary relationship between the patient and the Other cannot be established. This is frequently the case in severe attacks of schizophrenia, depressions and bipolar disorders. The complete breakdown of this relationship renders the use of psychopharmaceuticals frequently as the only means to treat the disorders during the time of the attack.

This common pool of assumptions is shared by almost all representatives of humanistic psychotherapy and differentiates them from the scientific approach. However, there are also significant differences between the various strands of humanistic psychotherapy, particularly between the Freudians and the others—with Sartre counted among the later. Although Freud's opponents were never enjoying the reputation of the Freudians, many of their positions proved to be correct in the

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Boulé's highly interesting article "Érotisme, désir et sadisme chez Sartre" in *Sartre Studies International*, I/2017 pp. 38-59). Homosexual intercourse may have fascinated Sartre due to the fact that man can alternatively be an active subject and a passive object.

[19] Sartre's plays are very important for understanding Sartre's ethics. But frequently the impression readers have are one-sided. Orest in *The Flies* is not a lonely fighter for freedom, but rather an advocate for authenticity even if this means social ostracism. "Hell is other people" in *No Exit* is not a call for shunning society, but rather the proposition that man cannot live without the other and that ethics is always discourse ethics.

[20] Religious proponents of humanistic psychotherapy regularly draw their attention to the fact that the Other could also be a priest (cf. Frankl). And some theologians-philosophers like Martin Buber or Paul Tillich thought that even God could be the therapist … .

[21] Cf. also Eugene Gendlin's thesis that it is the patient who holds to key to the solution of his problems and that the therapist only accompanies him.

long-run. This is valid for Sartre, too, and Sartre advanced these views already before they became commonplace.

The unconscious was a very important concept in the early times of humanistic psychotherapy with Freud and his followers. However, this concept puts the patient into a passive role, which does not correspond to the general concept of an active human being. Soon the concept of the unconscious found its first skeptics, among them Adler and Stekel. In the currently dominant cognitive-behavioral therapy, the unconscious is of close to no importance. Of all the opponents to the unconscious, it was only Sartre who successfully developed a theory that fulfilled both criteria. It could explain the phenomena usually attributed to the unconscious and at the same time it succeeded in preserving the individual's active role. The relevant concept is the one of pre-reflective consciousness. Pre-reflective consciousness acts without reflection about its acting. Therefore, the human being does not remember the action of his pre-reflective consciousness, only the deeds based on the action of his pre-reflective consciousness remain. The concept of pre-reflective consciousness enables Sartre to determine the root behind the subject's defense mechanisms. It is bad faith what is behind all the defense mechanisms from repression, regression, reaction formation, isolation, undoing to projection, introjection and sublimation—just to mention some of Anna Freud's categories.

Freudian theory always suffered from the contradiction between the assumption that every mental disorder is an individual disorder and the explanation of the disorders. Freud obviously noted this problem and revised his drive theory at least three times (1905–14: sexual drive plus eventually instinct of self-preservation; 1914–15: libido; 1920 and later: Eros and Thanatos). Another of Freud's important concepts was the Oedipus complex. Adler promoted the concepts of inferiority complex and birth order. Klein developed her object relations theory, Jacques Lacan his mirror stage theory, Kohut his theory of narcissistic disorders. As general theories, these one-dimensional concepts are nowadays mostly outdated. They cannot reflect the large variety of mental disorders. Cognitive-behavioral therapy, today's dominant psychotherapy, differentiates between various types of treatments. Most of today's psychotherapists and even psychotherapists agree that their foremost duty is to choose the correct therapy to treat a patient out of a wide range of possible treatments. By opposing the importance Freud attributed to the sexual drive, Sartre was definitely on the right side of the development of humanistic psychotherapy. With this attitude, he was in line with Husserl, Jaspers, Heidegger, Binswanger or Boss who considered Freud's initial focus on sexuality as misleading, although they always underlined the significance of the lived body.[22]

Another central pillar of Freud's early theory that did not survive the test of time was the almost exclusive importance Freud and his followers including Lacan and Kohut attached to the patient's early childhood.[23] The early Rank even wanted to

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[22] If it fit the case, Sartre was never afraid of using one of these concepts, as the Flaubert's case shows, where Adler's concept of birth order plays an important role. However, Sartre's use of these concepts was highly selective.

[23] Freud was aware of actual neuroses which had their origin in current events and not like psychoneuroses in childhood. However, his focus was almost exclusively on psychoneuroses.

go back to what he termed the trauma of birth. Here again Sartre proved to be right when he demonstrated e.g. in the *Flaubert* that the age around seven and later the age of puberty were more important than early childhood and that mental development and mental disorders have to be considered as life-long processes. Sartre shares this position with the later Rank, Jean Piaget, Erik Erikson, the American humanistic psychologists and again the cognitive-behavioral therapy.

Sartre's theory is not only at odds with several major points of Freudian theory, but there were also disputes among the other humanistic psychotherapists. Here again Sartre proved to be on the side of those who won these battles. There was a long fight going on between the representatives of humanistic psychotherapy about the degree to which mental disorders were somatically or mentally conditioned. The question concerned particularly psychoses. Freud as well as Jaspers and Kohut in the second half of the 20th c. believed that psychoses were mainly somatically conditioned and therefore could not be treated by psychotherapy. However, already Eugen Bleuler and Jung opposed this view; Meyer and Harry Stack Sullivan shared their view later. For them, psychoses as well as neuroses had to be considered within the framework of teleological understanding and not (only) causal explanations.

This early antagonism of psychoses and neuroses has been slowly abandoned in the 2nd half of the 20th c., and both types of illnesses are now jointly considered as mental disorders. This is fully in line with Sartre's concept. Man is what he makes of what he has been made to. And this "what he has been made to" can refer to education and social conditioning as well as to biology and genes. In Sartre's theory, there is room for the explanation of acrophobia, which can be easily cured by psychotherapy, as well as of Alzheimer's disease, a clearly neurodegenerative disorder.

The early representatives of humanistic psychotherapy also believed in a clear distinction between what is mentally healthy and what is mentally ill. In this respect, there was no difference between Kraepelin and Jaspers. Only few of them, e.g. Bleuler, expressed doubts about the validity of this distinction.[24] Meanwhile it is common knowledge that there is no clear boundary between the mentally healthy and the mentally ill. For the antipsychiatrists, partly influenced by Sartre, drawing such a line was not only a futile exercise, but also a dangerous one, which leads to the exclusion instead of the inclusion of those with mental disorders from social life. Antonovosky with his salutogenesis even turned the whole concept of psychotherapy around by claiming that it is more important to focus on mental health than mental disorders.

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[24] One of the few exceptions was Freud. Already in his early times, he denied there was a clear distinction between mental health and mental illness by treating dreams and neuroses alike. In his later work *Civilization and Its Discontents*, Freud wrote that neurosis is a technique of living like art or religion. Although Freud is to be blamed for much of the odd ideas with which early humanistic psychotherapy was connected. However, he was a truly innovative person. See e.g. also his treatment of homosexuality as inversion and not perversion.

This futile exercise of distinguishing the statuses of mental health and mental disorder was further eroded by the finding that the definition of mental disorders is socially and culturally conditioned. Glossolalia may be normal behavior in many parts of the United States, but is considered a sign of mental disorder in Europe. Persistent macho behavior may be normal in Latin America, but definitely not in Northern Europe.[25] There are "mental disorders" that are limited to certain geographical areas, so called culture-bound syndromes. Examples are koro, the disappearance of the penis, in China and other East/South East Asian countries, the resignation syndrome ("uppgivenhetssyndrom"), which induces a catatonic state, in Sweden, and "burn-out" in the German-speaking countries[26]. Already Jaspers mentioned some ideas that went into the direction of a social and cultural conditioning of which behavior is to be regarded as a mental disorder. Others followed Jaspers soon. Among them were Sartre's schoolmate Canguilhem in France and Reich, Fromm, Horney and Erving Goffman in the United States. With ethnopsychiatry (e.g. Arthur Kleinman), a completely new field was opened[27]. For Sartre, too, it was clear that psychoanalysis had to take into account the social and cultural conditioning of mental disorders. Most prominently, Sartre did this in his biography of Gustave Flaubert, when he analyzed the "objective mind".

Just to share major elements of a common pool of assumptions and to stand on the right side of development would not be enough to claim that Sartre's theory could form a general theory of humanistic psychotherapy. To justify this claim, special contributions Sartre's theory could make to such a general theory are required.

Such a first contribution can be seen in Sartre's theory of the relationship between mind and body. For the scientific approach, this relationship is not an issue, because everything is body. However, the representatives of humanistic psychotherapy had and still have big difficulties in dealing with this problem. In Freud's concept of id–ego–super-ego, it is not clear at all what is body and what is mind. Frankl on the other hand differentiated between body, mind and spirit, which renders the relationship between the mind–body problem as defined in philosophy even more complicated. For any theory of psychotherapy, it is an absolute must to explain this relationship between body and mind. Otherwise, psychosomatic effects cannot be sufficiently understood. I am of the opinion that Sartre's theory with its concept of the In-itself and the For-itself with an empty For-itself and the

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[25] Another interesting example of social conditioning is the political abuse of psychiatry in the Soviet Union. The motives to put dissidents into a closed psychiatric hospital were clearly political. However, for the psychiatrists who were responsible for the treatment of these prisoners, their strange political *idées fixes* against the general beliefs of the "masses" was a clear sign of a mental disorder.

[26] "Burn-out" is a currently widely diagnosed mental disorder in the German-speaking countries. It corresponds to what the American DSM-5 defines as a workplace-related minor depression. On the insistence of the German-speaking countries, burn-out was included in the international ICD-10, however not as a disorder, but only as a life-management difficulty.

[27] It was new at least for the humanistic approach. Kraepelin travelled to Indonesia for field research already in 1903/04.

differentiation of pre-reflective and reflective consciousness and the interdependence of body and consciousness[28] could serve as a basis for a general theory of humanistic psychotherapy. Although Jaspers, Binswanger and Boss[29] partly came close to what Sartre stipulated, a fully-fledged solution to the mind–body problem that is compatible with humanistic psychotherapy can only be found with Sartre.[30]

A second of Sartre's concepts that could become a central pillar of a general theory is his one of fundamental choice[31]. Actually, several strands of humanistic psychotherapy work with similar concepts. Adler wrote about "life-plan" and "lifestyle", Binswanger about "world-design", Frankl about "meaning of life". Antonovsky developed this further into a "sense of coherence". In transactional analysis, "scripts" are of importance. The 3rd generation of cognitive-behavioral therapy, e.g. Jeffrey E. Young (1990), influenced by Gestalt therapy and Jean Piaget, writes about "schema therapy". And a precursor on a philosophical level was Kant with his concept of the intelligible character. However, it was only Sartre who developed a concept of fundamental choice as a discretionary, non-rational decision into a central pillar of a psychological theory.

For Sartre, the individual does not have direct knowledge of his fundamental choice. What he actually chose can be learnt only by analyzing his actions. Since fundamental choice is not a rational decision, it is—not surprisingly—not necessarily free from contradictions. One's fundamental choice is not taken once and forever. Sartre completely opposes any assumption of a character behind an individual's actions. Therefore the individual has to confirm or can revoke his fundamental choice with each of his actions. Not surprisingly, the notion of conversion was a very central one in his *Notebooks for an Ethics*, although Sartre gave up this project around 1948 and later called this—his first—ethics, which he developed between 1944 and 1950 as hopelessly idealistic. Sartre continued to believe in the possibility of the change of one's fundamental project at any time. Although the chances of such a change are statistically reduced the older the individual, the opportunity of such a change remains, as psychotherapy and forensic psychiatry prove.

The importance of the concept of choice cannot be overestimated. Freud and all the psychoanalytic theories after him cannot explain why certain individuals choose sublimation while others go for repression or perversion as a mode to deal with the drives in the id. Only a completely deterministic model that does not recognize the individual's freedom can offer an alternative model. However, the implicit assumption of a possible change of an individual's behavior by psychotherapy cries

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[28] Sartre's understanding of body was always one of *lived body* (in French: *corps propre*; in German: *Leib*) and not just *body* (in French: *corps*; in German: *Körper*).

[29] Jaspers and Boss treated body and soul as unity. Binswanger insisted that man does not only have a body, but that he is the body.

[30] Cf. the proximity between Sartre and Gendlin, whose Focusing-oriented psychotherapy emphasized the parallelism between mental processes and body ("felt sense").

[31] Sartre uses different expressions for fundamental choice. Instead of *choice* he may use *project*, instead of *fundamental original* or *initial*. These different words do not reflect differences in meaning, but only the difficulties—not only—Sartre had in translating Heidegger's expression of *Entwurf*.

for an explanation of an individual choice. And the best explanation is the assumption of a fundamental choice.

A further third contribution Sartre's theory could make to a general theory of humanistic psychotherapy concerns ethics. If the individual is actively choosing his mental status, this choice is by its nature subject to moral judgment. This confronts humanistic psychotherapy with a serious problem of ethical theory. The question is the one for a criterion that allows differentiating values leading to healthy behavior from values leading to mental disorders.

Homosexuality is a good example in this regard. If somebody is a homosexual because of his genes, his brain or his hormones, nobody can blame him for being a homosexual. Not astonishingly, many gay liberation movements supported and are still supporting such claims[32]. However, if homosexuality is the result of an individual choice, homosexuality becomes subject to moral judgments. Not surprisingly, many—particularly early—representatives of humanistic psychotherapy, e.g. Jaspers, Adler, von Gebsattel, Boss, considered homosexuality as a mental disorder. The American Psychiatric Association removed homosexuality from their list of mental disorders, the DSM, only in 1973. The range of those who promoted (heterosexual) love as a value against aggression comprises psychotherapists like Binswanger, Frankl, Rogers, Fromm and Boss.

The reasons for the choice of positive values like heterosexual love obviously partly rooted in traditional, religious convictions. Some tried to develop these traditional values into a direction more in line with a modern understanding of the human being. The most important concept is Maslow's hierarchy of needs of physiological needs (including needs for food, clothing and sexuality), safety, love/belonging, esteem and self-actualization[33]. Others followed a more theoretical approach and assumed the existence of a realm of objective values as Max Scheler and Nicolai Hartmann had conceived it. However, all these positions do not really fit with ideas

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[32] Already early proponents of gay liberation such as Karl Heinrich Ulrichs, Karl Maria Kertbeny, Richard von Krafft-Ebing and Magnus Hirschfeld tried to argue in favor of homosexuals by using biological arguments. Among those who opposed Hirschfeld's biological arguments was Freud. Once more Freud's position combined aspects of the scientific and the humanistic approach in this regard. On the one hand, his idea of an originally polymorphous perverse sexuality connected him with the scientific approach. On the other hand, his conception of a mature person who has developed his original sexuality into a heterosexual genital direction proved him to be a true representative of the original humanistic approach. That Freud's position was indeed one of a compromise is best shown by the fact that he classified homosexuality not as a perversion, but as an inversion. However Freud always had difficulty to accept homosexual behavior as normal behavior, not to mention a concept of innate bisexuality like his former collaborator Wilhelm Fliess advocated it.

[33] There exists a parallel between Maslow's highest value of self-actualization and Sartre's ethics of authenticity. Both stand in the old tradition of Greek Γνῶθι σεαυτόν ("Know yourself") and Kant's definition of Enlightenment as "man's emergence from his self-incurred immaturity". However, Sartre gave up his ethics authenticity around 1950 and returned to his original moral relativism according to which the need for self-actualization does not necessarily stands above sexual needs.

of socially and culturally conditioned notions of mental disorders, with the role of the individual and the concept that mental disorders are individual disorders.

Sartre's meta-ethics offers here a way out. Two of the central pillars of his meta-ethics are his anthropological value-ethics and his discourse ethics[34]. With anthropological value-ethics is meant that according to Sartre, all values are invented by human beings. This is not valid only for the values that are currently chosen, but also for values inherited as practico-inert, e.g. the Ten Commandments or the human rights, or as hexis (habitus). There is no criterion to judge whether the choice of a value is right or wrong. Man may choose himself as a schizophrenic, a homosexual, a Nazi or as the normal, average citizen John Doe. To judge form his biographies, Sartre presents the homosexual and thief Genet as "more normal" than Baudelaire or Flaubert. There is no objective criterion to judge the moral correctness of either choice. By discourse ethics is meant that whatever the choice is, man is responsible for his choice and has to account for it in front of the Other. Sartre's relativistic—many, particularly his adversaries, called it nihilistic—concept of the individual free to choose his values (see *The Flies*) is tempered by the duty to assume responsibility for one's choice (see *No Exit*).

Sartre's theory finally solves the last riddle of humanistic psychotherapy: how can we justify treating somebody who is considered to be mentally ill against his will? Holzhey-Kunz refers to this question by differentiating between illness and suffering. Not everybody who is ill suffers and not necessarily everybody who suffers is ill. The relationship between illness and suffering is a protracted one. This Gordian knot can only be untied by using the sword of Sartrean ethics. It is up to the Other to decide whether he wants to be involved in curing the person with mental disorders. And he has to assume responsibility for his choice first in front of the person treated, but also in front of third persons who may and should question him.

With these three elements of Sartre's theory, his solution to the mind–body problem, his concept of fundamental choice and his meta-ethics, Sartre's theory offers solutions to some of the most critical theoretical problems of humanistic psychotherapy. With these three elements, Sartre's theory shows that it has the potential to become if not "the", then at least "a" general theory of humanistic psychotherapy.

Persons

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[34] The third one is that his ethics is a situational ethics.

Abbreviations of countries:

A   Austria
B   Belgium
CAN   Canada
CH   Switzerland
CZ   Czech Republic
D   Germany
DK   Denmark
F   France
GR   Greece
H   Hungary
I   Italy
NL   Netherlands
PL   Poland
UK   United Kingdom

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