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Philosophy, Psychiatry, & Psychology, Volume 12, Number 4, December 2005, pp. 315-324 (Article)

Published by The Johns Hopkins University Press
DOI: 10.1353/ppp.2006.0023



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FREUD AS AN 'EVOLUTIONARY PSYCHIATRIST' AND THE FOUNDATIONS OF A FREUDIAN PHILOSOPHY

ANDREAS DE BLOCK



ABSTRACT: Freud's philosophical anthropology is in fact little more than an amplified psychiatry. For Freud, the human being is in essence a sick animal. In this paper, I discuss the possibility of founding this "anthropological turn" on evolutionary biology. On the one hand, it is shown that Freud's own attempted "evolutionary psychiatry" failed because of his very limited knowledge of Darwinism and his awe for Haeckel and Lamarck. On the other hand, I argue that more recent attempts to reconcile psychoanalysis and evolutionary biology do not always provide a solid biological foundation for the Freudian philosophical project, despite the fact that they are—from a Darwinian point of view—tenable. This is so because, generally speaking, these theories consider psychopathologies either as adaptations or as accidental disorders, and not as inevitable but dysfunctional parts of human nature, like Freud did.

KEYWORDS: psychoanalysis, philosophical anthropology, Darwinism, mental health

IN A RECENT ARTICLE on applied psychoanalysis published in the *International Journal of Psychoanalysis*, Aaron Esman writes that the crisis of American psychoanalysis is largely due to the fact that psychoanalysis is primarily considered as a clinical instrument, "rather than as a

basic discipline for the human sciences, an essential component of the study of mankind" (1998, 749). This seems a very provocative statement to make in a psychoanalytic journal, but it is in fact little more than a repetition of what Freud had already written in 1933 in his *New Introductory Lectures on Psycho-Analysis*. In that book, Freud claimed that psychoanalysis offered a reasonably good therapy, but that it certainly had the best prospects as a theory of human nature (Freud 1933, 156–57). At the same time, Freud remained unclear on what this psychoanalytic theory of human nature exactly is. What, in other words, does Freud have to offer philosophy and, more precisely, philosophical anthropology?

This question is difficult to answer; Freud's "discoveries" cover a wide range, from infantile sexuality and the unconscious, to repression and the psychic processes of condensation and displacement. Despite this variety, we think that there is only one underlying motive of Freud's research, which could also function as the cornerstone of a "Freudian" philosophy. This underlying motive is the intuition that there is no substantial difference between the so-called normal human being and the mentally insane. In his

first *Introductory Lectures on Psycho-Analysis* of 1917, Freud formulates this intuition very clearly by stating that neurosis is one of the most important “privileges” of human beings over other animals (Freud 1917, 414). On several occasions, but most profoundly in his long-lost paper on human phylogenesis, Freud also speculates on how *Homo sapiens* acquired this “privilege.” By doing so, Freud is clearly a predecessor of the current evolutionary psychiatry. In this article I evaluate Freud’s own evolutionary foundation for his philosophy, and I examine the effect on the core of this philosophy of more recent attempts to reconcile psychoanalysis with Darwinism. First, however, I sketch the outlines of Freud’s philosophical project.

THE SYNTHESIS OF PSYCHIATRY AND ANTHROPOLOGY

According to Freud, clinical psychopathology shows not only how an individual becomes mentally ill and functions as an ill individual, but also how a human being “becomes” a human being and functions as a human being. This means that psychiatric categories are to a large extent anthropological categories. In his opinion, all constitutive elements of psychopathology can be found in “healthy” individuals. But what are these “pathogenic” elements, and to what degree can they be found in every member of the human population? It is this issue that I will try to solve first.

Freud repeatedly mentions the remarkable similarity of the normal and the pathological. In “Creative Writers and Day-Dreaming,” he writes that the things his patients tell him are not different from what he hears from healthy people (Freud 1908, 146). In “Five Lectures on Psychoanalysis,” Freud even calls it the most important result of psychoanalytic research, to have discovered that psychopathology is caused by the same “complexes” with which healthy persons have to contend (Freud 1910, 50). This seems to imply that the common denominator of normality and psychopathology has to do with the content of representations. Both normal and insane people deal with the same problems. It is no objection at

all that these problems are much enlarged in the case of insanity. On the contrary, according to Freud it is exactly this enlargement that makes perverts, neurotics, and psychotics the ideal study-objects for any (philosophical) psychology or anthropology. In his *New Introductory Lectures on Psycho-Analysis* he uses the metaphor of the crystal to clarify this point:

we are familiar with the notion that pathology, by making things larger and coarser, can draw our attention to normal conditions which would otherwise have escaped us. Where it points to a breach or a rent, there may normally be an articulation present. If we throw a crystal to the floor, it breaks; but not into haphazard pieces. It comes apart along its lines of cleavage into fragments whose boundaries, though they were invisible, were predetermined by the crystal’s structure. Mental patients are split and broken structures of the same kind. . . . They have turned away from external reality, but for that very reason they know more about internal, psychical reality and can reveal a number of things to us that would otherwise be inaccessible to us. (Freud 1933, 58–59)

Freud is very clear about the exact nature of the pathogenic (and existential) problems: they are all sexual, or at least rooted in infantile sexuality. He even went so far as to reduce the fear of death to “a more fundamental” fear of castration (Freud 1926, 129; Klein 1948/1997, 28). Nevertheless, there is some variation in the pathogenic problems because of the fact—or psychoanalytic proposition—that sexuality is very heterogeneous. It even seems possible to ground a nosological tripartition on this variation. The tripartition implies a strong connection (1) between neurosis and the Oedipal instincts, (2) between perversion and the pain of the castration or the sight of the female genitals that can be found in masochism and voyeurism, and (3) between psychosis and autoeroticism or narcissism. Of course, it can seem strange that Freud connected these perverse tendencies with both pathologies and universal existential problems. But probably, he only meant that in neurosis, people wrestle first and foremost with love, in perversion with sex and violence, and in psychosis with identity and issues related to identity, such as death and “the meaning of life.” At least, such an interpretation can explain why Freud—in some of his works—rec-

ognized the importance of problems like aggression, love, and death for the human psyche and human psychopathology (Freud 1919, 1927). He nevertheless refused to modify the primacy of sexuality in psychopathology.

However, Freud's writings do not allow an absolute tripartition, precisely because he "anthropologized" all these perversions. According to Freud, (1) the Oedipal complex is the central feature of infantile sexuality, (2) narcissism is constitutive of every individual's self-esteem, and (3) a desire to see the female genitals is something (almost) every man experiences. Nevertheless, Freud sometimes holds to a fairly strict causal relation between particular forms of psychopathology and particular perverse impulses. What joins both together is the infantile fixation, because the fixation to a specific perverse instinct predisposes to the pathogenic regression. In this view, different pathologies correspond to different points of fixation (Freud 1911b).

Of course, this presentation of the Freudian nosology is highly incomplete. After all, the neuroses and neurotic symptoms are clearly more than a reactivation of Oedipal wishes, just as paranoia is not the same as manifest homosexuality. The specific form of psychopathology is—according to Freud—also the result of the answer the individual gives to the return of the infantile sexual instincts in puberty or adulthood. These answers are called *defense mechanisms*, some of which are usually considered to be pathology specific. There seems to be, for example, a close connection between obsessional neurosis and isolation and between paranoia and projection. One may even suspect that the defense mechanism is far more decisive for the specific form of psychopathology than the infantile instinct against which the defense mechanism is acting. This is revealed, for instance, by the fact that Freud attributes a central role to the homosexual instinct in very different pathologies. Whether an individual becomes paranoid, hysterical, compulsive, or simply homosexual, depends then ultimately on the manner in which he defends himself against the threatening return of the homosexual impulses in puberty.

Nevertheless, even on this point, Freud takes what one may call an "anthropological turn".

Projection is not the "exclusive right" of the paranoid schizophrenic, just like the hysteric is not the only one repressing. Freud connects so-called normal human phenomena—like the religious belief in a supreme being and slips of the tongue—with these pathogenic mechanisms. In this way, the "psychopathology of everyday life" does not differ structurally from the psychopathology of the psychiatric hospital. Both are the results of attempts to ward off a sexual instinct or a sexual problem. Moreover, the fact that everyone recognizes these phenomena, shows—at least according to Freud—that the defense mechanisms are not exclusive: we all feel ashamed sometimes (reaction formation); we all make Freudian slips (repression); from time to time, we all blame others for things we are responsible for ourselves (projection); and so on. Even within the domain of psychiatric psychopathology there is no one to one relationship of defense mechanisms and psychopathology. In Freud's description and explanation of Schreber's paranoia one can find such different mechanisms as elimination, repression, projection, rationalization, and sublimation (Freud 1911a).

All this goes to show that the Freudian philosophy of man presumes primarily that every human being has to react in some way or another to sexual problems. In certain people, this leads to severe psychopathology, whereas others are still able to function more or less normally despite the problems they are confronted with. That means that the difference between normality and psychopathology is only gradual, a conclusion Freud arrived at in his "Five Lectures on Psycho-Analysis" (Freud 1910, 50).

Now one may be tempted to see in this conclusion a complex reformulation—*drain* in academic jargon—of everyday truisms like "life is hard" and "we are not born for happiness." Some could even underline the striking resemblance between Freud's position and some theological doctrines, such as the doctrine of original sin. And indeed, a religious inspiration may have played an important role in the genesis of psychoanalytic theory (Webster 1995). This does not mean, however, that Freud's claim is just the expression of a vague "existentialist" or "religious" feeling. At least, he does not deal with

psychic illness and unhappiness in the same way. According to him, illness is an inadequate reaction to a problem that engenders in the body (endocrinologically?), and that has something to do with love, sex, violence, and death. Real normality would be an adequate reaction to such a problem. Such normality is, of course, conceivable, but unfortunately enough it is not within reach of human beings. In short, when Freud writes that there is only a gradual difference between neurotics and normals, he does not mean that normal people are non-neurotic, but only that they suffer less under their neurosis.

Of course, this conclusion leaves several questions unanswered. One of the most fundamental questions is certainly why human beings are so extremely vulnerable to psychopathology. Or, when formulated in a more Freudian terminology: how did mankind acquire the instincts and defense mechanisms, which cause so much seemingly unnecessary suffering?

FOUNDING THE FREUDIAN PROJECT

Since Freud's time, different psychoanalytic schools have emerged. Not all of these schools adopted Freud's project of a psychiatric anthropology. Certain ego psychologists, for instance, tend to concentrate on normality and sanity. This does not immediately imply a betrayal of the Freudian legacy, for a rather limited number of Freudian notions—such as sublimation, the genital instinct, and the destruction (or resolution) of the Oedipal complex—can certainly be used to make a qualitative difference between the normal and the pathological.¹

Nevertheless, the majority of psychoanalysts did—and still do—consider the whole of mankind as a psychiatric population. In Melanie Klein's work, this tendency is patently obvious. She even pathologized the different infantile stages by naming them after psychiatric taxa. In *The Psycho-Analysis of Children*, she claims that this intervention is based on the observation of children and especially of infantile sexual activities. However, there can be no doubt that this observation is extremely theory laden. An equally im-

portant objection is that Klein never addressed the question why the baby—or toddler—brain would be tormented by gruesome fantasies or—in more Kleinian terms—by “the inner working of the death instinct” (Klein 1948/1997, 29).

But Klein is no exception. Most psychoanalytic authors do not offer a theory that could found the Freudian philosophical project. One of the few exceptions to this rule is the French psychoanalyst Jean Laplanche. He formulated a generalized theory of seduction. In this theory, he tried to reconcile the traumatic origin of psychopathology with the universality of psychopathology among humans. Laplanche achieved this reconciliation by broadening the meaning of *seduction* (trauma). According to him, it is impossible to escape seduction and the psychopathology it brings about, because every child is inevitably exposed to traumatizing scenes and signs, originating in the world of the grown-ups. These scenes and signs are seducing and traumatizing, because they are all more or less enigmatic for the child. These enigmatic scenes seduce the child into a translation, which necessarily produces symptoms (Laplanche 1994).

Although this generalized seduction theory has undeniable merits, it is in the first place a description of neurotic symptoms and symptom formation and not a complete (integrative) or even plausible etiological theory of a (generalized) psychopathology. This is largely because of Laplanche's untenable emphasis on the role of trauma in pathogenesis and his strong rejection of biology as a fruitful resource of psychoanalytic thinking. Moreover, Laplanche does not seem to realize that the corroboration and foundation of the Freudian philosophical project on nothing but psychoanalytic findings is impracticable. Moreover, as far as this crucial point is concerned, Laplanche is diametrically opposed to Freud himself, who was always eager to integrate neuropsychological, endocrinological, and particularly biological theories or speculations into his own psychoanalytic metapsychology. When it came to founding his psychiatric anthropology, Freud even almost exclusively refers to evolutionary biology. That means that Freud was not only a biologist of the mind (Sulloway 1979)

and as such a precursor of sociobiology and evolutionary psychology, but also a biologist of disease and in fact a pioneer of evolutionary psychiatry.

FREUD'S EVOLUTIONARY PSYCHIATRY

In *An Outline of Psycho-Analysis*, Freud defines pathogenic sexuality as a dangerous mix of infantile sexuality, puberty, lack of sexual periodicity and a prominent role of menstruation in the intersexual relations (Freud 1940, 153n1). In his view, this combination as well as its pathogenic effects are unique to *Homo sapiens* among living species and might be the result of a dramatic change in the environment in which our species evolved. In *An Outline of Psycho-Analysis*, it remains obscure, however, what this dramatic change could have been and how this change could have generated characteristics that were passed on to the next generations. Fortunately, Freud's "A Phylogenetic Phantasy: Overview of the Transference Neuroses," discovered only in 1983, does enable us to make an in-depth investigation of these issues.

Freud begins this article with a survey of those elements he considered constitutive for psychopathology, such as repression, sexuality, and regression. He ends the short survey by examining the importance of disposition in pathogenesis. Freud equates the disposition with fixation, of which he remarks that it has its origin in early infantile impressions as well as in constitution. On the one hand, this is nothing more than a repetition of what he had already written in "The Dynamics of Transference," namely that psychoanalytic theoreticians should accept the principle of complementarity between nature and nurture (Freud 1912, 99n2). Yet on the other hand, there is a crucial difference between these texts. In 1912, Freud ended the discussion by postulating that psychoanalysis had nothing new to say about the role of nature or constitution in pathogenesis, whereas the last pages of "A Phylogenetic Phantasy" are precisely dedicated to what Freud calls "imaginative" and "unverified," but nevertheless "stimulating" thoughts about the evolutionary origins of psychopathology.

The starting point of Freud's phylogenetic fantasies is the environmental catastrophe mentioned above, which Freud now specifies as the Ice Age. During this dramatic epoch, it was necessary for mankind to change its sexuality to such an extent that it now predisposes every member of our species to psychopathology. In more contemporary terms, human sexuality is an adaptation to the environment of evolutionary adaptation (the Ice Age), but for the environment we now live in, it creates more problems than it solves. Freud further applies this general idea to the different transference neuroses. I summarize this application:

1. The various dangers of the Ice Age compelled the early hominids to abstain to a large degree from sexual contact. The unused libido was then transformed into general anxiety, which was a rather helpful emotion in the threatening environment mankind was confronted with. In the *anxiety hysteria* (phobias) of young children, this process is repeated: the child treats his own unsatisfied sexuality as an external danger.
2. As long as the Ice Age endured, there was a chronic food shortage. This forced mankind to decrease procreation. Perverse activities were less problematic. Moreover, they offered a compensation for the missed pleasures of genital sexuality. In that way, a fixation to the pregenital libidinal stages was established. This fixation predisposes to *conversion hysteria*. Women are more prone to this pathology because they are far more threatened by the consequences of genital sexuality, such as procreation and care for children.
3. Whereas conversion hysteria is typical for women, men suffer more from *obsessional neurosis*. The constitutional factor of this pathology developed when men partially replaced their genital interests by more intellectual interests, such as language, magic, and law.

In obsessional neurosis, the shift in libidinal investment was to a large extent the product of the primitive social environment and not only of the Ice Age itself. The role of the sociocultural environment becomes even more prominent in producing the dispositions of the "narcissistic neuroses" (psychoses). Freud connects the major psychotic disorders with the political and intrafamilial position of the father, and its effects on his children:

1. Only one man ruled the small hordes mankind lived in: the father. Other men could only stay in the horde if they were castrated. For the castrated men, the castration implied stagnation in personal development and—of course—decline in libido. This condition is repeated in *dementia praecox* (schizophrenia).
2. Some of the ruler's sons managed to escape and formed small groups of young men. In these groups sociality was based on homosexual bonds (*homosexuality*). *Paranoia* is the effect of a defense against this homosexuality.
3. The members of the small groups sometimes managed to kill the father figure and to become rulers themselves. On the one hand, the takeover of power produced euphoria, which resembles *mania*. On the other hand, the killing of the father also caused mourning, the normal counterpart of *melancholia*.

Freud was aware of the fact that his evolutionary psychiatry was problematic. He explicitly mentioned two problems. First, Freud realized that women suffer from psychoses as well as men. In that way his evolutionary account of this pathology fell short. Second, most of the events that would have led to a psychotic disposition, seem to exclude inheritance. Usually castrated men and homosexuals do not have offspring. However, Freud did not think that these were fundamental objections. First of all, humans are bisexual, which means that women can take over dispositions acquired by men. And second, the castration certainly made a great impression on others who only witnessed it, and could in that manner be passed through to the next generations.

Present-day evolutionary biologists would say that Freud's solutions are no less problematic than the problems they are meant to answer. Moreover, the Lamarckism pervading Freud's evolutionary scenario in "A Phylogenetic Phantasy" is absolutely not a one-shot mistake. Throughout several of his other writings, Freud presupposes the heritability of experiences, too. Although this might have been a common error in Freud's time, even among the best Darwinians (Ritvo 1990), it does not alter the fact that Lamarckism and Lamarckian speculations are untenable nowadays. Furthermore, one may find many other evolutionary fallacies in Freud's essay. Especially the strong emphasis on Haeckel's bioge-

netic law ("ontogeny recapitulates phylogeny") is striking. Freud even went so far as to reconstruct the chronology of the ancient geological and sociocultural events on the basis of the point in time neuroses appear in the life of the individual. According to him, for instance, the fact that phobias manifest themselves very early in childhood implied that the evolutionary origins of this pathology must be traced back to the very beginning of the Ice Age.

These errors led most of the critics to the conclusion that "Freud's hypotheses will never pass from the realm of the fantastic to the realm of the real" (Parisi 1989, 487). "A Phylogenetic Phantasy" was considered to be nothing more than an interesting document for sociologists and historians of science. This judgment is understandable and to a great extent plainly correct, but it may have obscured the seminal core of the essay and the undeniable need for an evolutionary underpinning of the Freudian philosophy. This is the issue I deal with in the following section.

MORE THAN A "PHANTASY"?

In *Totem and Taboo* (1913), Freud developed an evolutionary account of religion that bears strong resemblances to "A Phylogenetic Phantasy." There, he described the killing of the father by the sons as the origin of social cohesion and religious practice. In keeping with the idea that human beings are "ill to the core," this means that both "normal" phenomena (religion and social cohesion) should be seen as pathological mixtures of obsessional neurosis, mania, and homosexuality. In fact, this idea returns in "Group Psychology and the Analysis of the Ego" (1921), where he repeats the evolutionary argument from *Totem and Taboo*. Apparently, Freud thought that Darwinian thinking could safeguard the intrinsic relation between his clinical and his cultural theories:

To be sure, this [the primal horde] is only a hypothesis, like so many others with which archaeologists endeavour to lighten the darkness of prehistoric times—a 'Just-So Story', as it was amusingly called by a not unkind English critic; but I think it is creditable to such a hypothesis if it proves able to bring coher-

ence and understanding into more and more new regions. (Freud 1921, 122)

Today, many evolutionary psychiatrists emphasize the integrative power of Darwinism as one of its most important strengths, just like Freud did (Stevens and Price 1996; McGuire and Troisi 1998). And there are more points of contact. After all, some of the evolutionary hypotheses in "A Phylogenetic Phantasy" can be maintained without much adjustment. For instance, Freud's suspicion that the sexuality of women differs substantially from male sexuality because of the higher costs she has to pay for genital activities is not different from the underlying idea in the work of Thornhill and Palmer (2000) on rape or from the results of Buss's (1989) study on sex differences. Furthermore, the evolutionary link that Freud postulates between homosexuality and social behavior is echoed in the heterozygote-hypothesis of Sommer (Sommer 1990; De Block and Adriaens 2004). Nevertheless, it is clear that if psychoanalysis depended completely on the evolutionary theory Freud defended in "A Phylogenetic Phantasy," psychoanalytic thinking would be even more out of the scientific mainstream than it already is.

Fortunately for psychoanalysis, several theoreticians such as John Bowlby, Christopher Badcock, and Randolph Nesse, have shown that a more reliable evolutionary foundation for psychoanalytic metapsychology is possible. Apart from establishing a plausible account of the evolutionary origins of several psychoanalytic key concepts (defense mechanisms, infantile sexuality, the intense relation between the mother and child), these authors also address the crucial issue of "why we get sick" (Nesse and Williams 1995). In doing so, they have been paving the way for a psychoanalytic psychiatry grounded in evolutionary thinking and an evolutionary psychiatry grounded in psychoanalytic thinking. Moreover, one might expect that a welcome side-effect of their approach is the biological foundation of what I have called a "Freudian philosophy." However, this is not the case, because they abstain from transforming the psychiatric question "Why do we get sick?" into the Freudian question "Why do we inevitably get sick?"

In their contribution to *The Adapted Mind*, Lloyd and Nesse (1992, 603), for example, connect repression with the capacity of self-deception, a capacity that "may offer a selective advantage by enhancing the ability to deceive others." Repression might also be adaptive because it suppresses socially unacceptable and atavistic wishes. This means that repression could be a normal process. Repression is not the privilege of psychiatric patients and severe neurotics, although neurotics are of course repressing more than the average person. Such a conclusion seems to go a long way in bridging the gap between traditional psychiatric thinking and the philosophical kernel of Freudian theory. That the gap is not entirely bridged is due to the fact that Lloyd and Nesse focus on the adequacy of repression (and other defense mechanisms), whereas Freud insisted on the inadequacy of the defenses. In Freud's view, every repression produces symptoms, and every defense mechanism produces more suffering than is strictly necessary. In other words, the difference between Nesse's view and the kernel of Freud's philosophical project is that according to Nesse neurotics are people who repress too much or repress inadequately, whereas for Freud we all repress inadequately and too much. For Freud, we are all neurotics. Nearly the same reasons disqualify John Bowlby's Darwinian psychoanalysis as a suitable foundation for Freudian philosophy. In his description and theory of the early relationship between mother and child, Bowlby sets great store by the biological (and evolutionary) aspects of this relationship. He also emphasizes the vulnerable character of the affective bond between the mother and the child. It is, nevertheless, Bowlby's strong conviction that secure mother-child relationships and a healthy development are possible (1990). Freud, on the other hand, saw the relationship between the mother and the child as an impossible relationship (reflected in the impossible relation between the analyst and the patient) in which both were each other's victim as well as the victim of their own instincts.

In general, the problem seems to be that Bowlby and Nesse usually consider the psychopathologies as disorders, or cases in which something

went wrong. This means that their concept of psychopathology coincides with Wakefield's definition of disorder as "a harmful failure of internal mechanisms to perform their naturally selected functions" (Wakefield 1999, 374). As such, pathologies may still be suitable for understanding normal behavior, but only insofar as they show what happens in the absence of a normal attachment or an adequate defense. Freud, on the contrary, considers the different psychopathologies as unavoidable for the *Homo sapiens*. This means that Freud's theory leaves no room for a specific etiology of psychopathology: human nature "causes" psychopathology (Freud 1940, 195).

Now one may think that such a position is diametrically opposed to the program of Darwinian psychology and philosophy; Freud seems to claim that the human mind is unadapted instead of being highly adapted. And indeed, an evolutionary account of the Freudian philosophy cannot simply employ the usual—and often criticized—method of Darwinian psychology, that is, contemplating a human trait such as a psychic mechanism or a sexual preference, and then making up a reconstruction that suggests the trait is in fact adaptive (Lewontin, Rose, and Kamin 1984). But is there a genuinely Darwinian method that is more promising for a Freudian philosophy? And can the Freudian philosophy inform the research program of evolutionary psychiatry?

Current evolutionary psychiatry connects the different psychopathologies to natural (or sexual) selection and adaptive value. However, the relation between psychopathology and adaptation can be very complex. Recent literature (implicitly) proposes at least five different—but not necessarily exclusive—evolutionary models of this relation (Richters and Hinshaw 1999):

1. Some disorders (e.g., seasonal affective disorder) are themselves adaptations.
2. Some disorders are harmful dysfunctions of an adaptation.
3. Some disorders (e.g., Alzheimer dementia) are the effect of genes that have no effect before or during the reproductive period.
4. Some disorders are little more than extreme adaptations, due to the normal distribution of

adaptive traits and strategies in the human population.

5. Some disorders (e.g., phobia) were adaptive strategies in the "environment of evolutionary adaptiveness," but are highly problematic in our new environment.

This last model, known as the "genome-lag hypothesis" (Stevens and Price 1996), was used by Freud as well. He suggested that the disposition for psychopathology might have originated in the Ice Age, a period that was very different from nineteenth- and twentieth-century Vienna, both in climate and in sociocultural environment.² Second and more important, he connected psychopathology with human traits that have, at first glance, nothing to do with psychopathology. According to Freud, the major psychopathologies were necessary side-effects of adaptive traits, such as puberty and intensive parental care. And as long as the advantages of these traits outweigh the disadvantages of the psychopathologies, humans will remain ill to the core.

This last "Freudian" model is a striking illustration of the Darwinian truism that evolution has fitted our minds and bodies for reproduction and survival, not for happiness and health. As such, it can be called a genuinely Darwinian model. Nevertheless, this model is almost never used in contemporary evolutionary psychiatry. Some researchers do acknowledge the possibility that psychopathology is a side-effect of an adaptive strategy or trait. Crow (1997) and Horrobin (2001), for instance, consider schizophrenia to be a side-effect of those adaptations that made us human: language and creativity. But in the end, it is only a small minority of mankind that is struck by schizophrenia. Freud, on the other hand, held that some psychopathologies (neuroses, psychoses, and perversions) were necessary side-effects of adaptive traits, and as such inevitable for each of us.

Although this "Freudo-Darwinian" explanatory model can certainly not be applied to the majority of psychopathologies, it might harbor some interesting hypotheses for evolutionary psychiatry. At least, it would make the research program of evolutionary psychiatry richer and more subtle, because it explains why the presence of a pathology in all of us does not necessar-

ily mean that this pathology is adaptive. Of course, it would be dangerous to illustrate this Freudo–Darwinian model, because there are no actual examples of such research. But it does not seem too far-fetched to assume that the growing realization of death during adolescence, which is in itself a side-effect of an adaptive cognitive mechanism, might cause serious neurotic problems in each of us. After all, our mortality is a problem we cannot solve, but we might be inclined to try several strategies, such as hiding, freezing, or inflation of the self (narcissism), that have proven adaptive with regard to other, more or less related problems.

CONCLUSION

Freud's main advice to philosophers is to study human existence first and foremost in terms of its (psycho-)pathological variants. This advice builds heavily on the conviction that there is a quantitative, but not a structural, difference between psychiatric patients and so-called healthy or normal individuals. According to Freud, all human beings have—generally speaking—the same problems and react to these problems in the same—inadequate—way. Unlike many of the later leading psychoanalysts (Klein, Laplanche), Freud wanted to ground this philosophical project in evolutionary biology. This is most clear from the recently discovered article “A Phylogenetic Phantasy.” Unfortunately, many of the evolutionary principles Freud used in this article are outdated or simply wrong. Recent theoreticians have elaborated a far sounder evolutionary underpinning of psychoanalytic thinking and psychoanalytic psychiatry. However, this “evolutionary psychiatry” is not the ideal foundation of a Freudian philosophy; it does not consider psychopathology as inevitable.

Of course, the value of a theory is not to be judged primarily by the possibilities it harbors for another theory. This means that the Darwinian theories of Nesse, Bowlby, and others might be correct, despite their problematic consequences for Freud's philosophical project. We only want to point out that (neo-)Darwinism does not automatically exclude the possibility of an evolu-

tionary foundation of this Freudian project. Such a foundation should differ from the classical Freudo–Darwinian synthesis in its emphasis on (certain) psychopathologies as necessary side-effects of other, adaptive traits. What might be the exact nature of these traits has yet to be investigated, but Freud's suggestion that it could have something to do with the prolonged childhood and puberty of *Homo sapiens* is worth examining.

NOTES

1. According to some theoreticians, sublimation is an empty or a redundant concept (Levey 1939; Ricoeur 1965).
2. In fact, many evolutionary psychiatrists have a comparable view on the etiology of psychopathology and hence on the universality of psychopathology among humans (Stevens and Price 1996; Charlton 2000).

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