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**Link to original published version:** <http://dx.doi.org/>

**Citation:** Sullivan P (2017) Towards a literary account of mental health from James' *Principles of Psychology*. *New Ideas in Psychology*. 46: 31-38.

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## **Towards a literary account of mental health from James' *Principles of Psychology***

### *Abstract*

The field of mental health tends to treat its literary metaphors as literal realities with the concomitant loss of vague “feelings of tendency” in “unusual experiences”. I develop this argument through the prism of William James’ (1890) “The Principles of Psychology”. In the first part of the paper, I reflect upon the relevance of James’ “The Psychologist’s Fallacy” to a literary account of mental health. In the second part of the paper, I develop the argument that “connotations” and “feelings of tendency” are central to resolving some of the more difficult challenges of this fallacy. I proceed to do this in James’ spirit of generating imaginative metaphors to understand experience. Curiously, however, mental health presents a strange paradox in William James’ (1890) *Principles of Psychology*. He constructs an elaborate conception of the “empirical self” and “stream of thought” but chooses not to use these to understand unusual experiences – largely relying instead on the concept of a “secondary self.” In this article, I attempt to make more use of James’ central division between the “stream of thought” and the “empirical self” to understand unusual experiences. I suggest that they can be usefully understood using the loose metaphor of a “binary star” where the “secondary self” can be seen as an “accretion disk” around one of the stars. Understood as literary rather than the literal, this metaphor is quite different to more unitary models of self-breakdown in mental health, particularly in its separation of “self” from “the stream of thought” and I suggest it has the potential to start a re-imagination of the academic discourse around mental health.

### Key Words

Mental Health, Principles of Psychology, Binary Star, Metaphor, William James, Psychologists’ Fallacy.

## Towards a literary account of mental health from James' *Principles of Psychology*

### 1. Introduction

There are unacknowledged fault lines of tension between the literary and the literal in James' *Principles of Psychology* which set an interesting context for current debates in mental health. In particular, his description of experience is profoundly metaphorical and imaginative. Thought is one moment a "Stream" (Vol. 1, p. 85); another "herd of cattle" (Vol. 1 p. 337) and another a "bird" flying and perching (Vol. 1, p. 243). Biology, on the other hand, and his linkage of the brain to the self are quite literal. The self of selves (the spiritual self), for instance, is analyzed all the way down to "*peculiar motions in the head or between the head and throat*" (Vol. 1, p. 301, italics). Dewey (1940) was one of the first to pick up this tension, arguing that James' naturalism leads towards an unfulfilled biological - behaviorist account of experience which uncomfortably coexists with a parallel account of a "psychic" subject. Similarly Schuetz (1941) argues that James' ascription of thought to cerebral conditions is rejected by phenomenology but his description of the "stream of thought" and "theory of fringes" finds an intriguing parallel with Husserlian phenomenology and more recently Gale (1999) has referred to *The Divided Self of William James*. There is the "Promethean" James, one who creates as much as discovers meaning in multiple worlds governed by interests, and the "mystical" James, who puts his faith in the absolute state of the universe and its constants (including its biological constants).

While James was writing in 1890, this fault-line is still being contested in mental health today. Symbolic, experiential accounts are still squaring off against literal biological and cognitive-behavioural accounts of the root causes and treatments for mental health issues (see, for instance, the Maudsley debates, Kings College London, 2014). The symbolic placebo effect is quite effective as a treatment for "mental illness" (Healy, 2008), which allows skeptics to cast doubt on the more literal medical treatments (Moncrieff, 2008; Breggin, 2008). Similarly "non-specific" factors such as the therapeutic alliance lead sceptics to doubt the efficacy of talking therapies including "Cognitive Behavioral Therapy" e.g. McKenna, 2001; Parker et al, 2003). Diagnostic labels are challenged as stigmatizing and unhelpful by some of those who receive these labels with the persistence of labels becoming a source of academic curiosity (Pilgrim, 2007) and there is a debate as to whether the evidence from brain scans of "mental illness" is really a creative interpretation of oxygen levels (see Thomas, 2014, for an interesting critique of brain imaging). Moves towards a consensus position, such as the "biopsychosocial" model of mental health (which leaves some scope the literal and the literary to coexist) have arguably been unsuccessful, precisely on account of "biomedical self-confidence" (Pilgrim, 2002) around the medical causation of mental illness.

So what makes James relevant to these disputes when, in his own work, the differences between the literal and the literary pass by unremarkably? He is relevant because his metaphors, similes and analogies are under-utilized in these present-day debates (with the

important exception of Leudar and Thomas, 2000, as we will see in section three). There are good reasons for this neglect, such as James' own reluctance to draw on his account of the "empirical self" to discuss "pathology." However, James is worth a second look and the timing for a renewal of interest is good. Despite the clashes between the literary and literal, in "evidence-based" government policies such as those of the National Institute for Health and Care Excellence in Britain and the Food and Drug Administration in the United States, the prevailing view is that mental health diagnoses and treatments should follow a literal path. As a consequence, Cognitive Behavioral Therapy and medication have emerged as the dominant treatment methods in Anglo-American mental health practice. Both frameworks are compatible with the demands of this evidence base, where diagnostic definitions come with a detailed set of symptoms and specific time-scales (such as those provided by the DSM or ICD); the severity of the symptoms is open to measurement through symptom rating scales (such as the Hamilton Rating Scale or the Brief Psychiatric Rating Scale); and clear comparisons between interventions, as one finds in randomly controlled trials, is possible. In fulfilling these evidence-based requirements, concepts invariably become more literal.

The public ubiquity of these literal models of mental health leads to a risk of "epistemicide" (Bennett, 2007) where an alternative to the dominant knowledge is lost or rendered invisible. Such epistemicide is already occurring in the public sphere, with evidence-based, medical approaches dominating the public imagination (Boyle, 2013). What is at stake in current academic debates is more than just resistance against epistemicide, however; it is also the development of an experiential, humanistic understanding of mental health. This is evident in the move towards "user-led" research at the fringes of psychiatry, e.g. Romme, Escher, Dillon, Corstens, and Morris (2009), alongside an academic discourse which aims to continuously re-imagine unusual experience. Such an academic discourse is already well established at the critical end of psychiatry - see, e.g., Bracken and Thomas (2005), Coles, Keenan, and Diamond (2013). As an extraordinarily original and imaginative account of the self undergoing trials and tribulations in experience, *The Principles of Psychology* can significantly add to this discussion.

The first significant contribution of the *Principles* that I will discuss here is even more basic. James asks a simple, highly pertinent question for the field of mental health today. How is it possible to "know" anything about an experience from its report, when the report is of a second order to the experience? This question challenges both literal and literary accounts of experience. More technically, James refers to the "psychologist's fallacy" (see also Valsiner, this issue). In mental health circles, the question can be phrased as: "how do we know that there is distress or an unusual experience in the first place"? It is only after addressing this issue that I will go to develop a literary, experiential account of the onset and treatment of problems in the stream of thought – based on James' *Principles*.

## 2. Problem One: Identifying Problems within Mental States: The psychologist's fallacy

The problem with identifying problems within mental states is an instance of the problem of the “psychologist’s fallacy” (see Ashworth, 2005; Giorgi, 1981 for commentaries). James (1890) argues that “we cannot be too watchful against its subtly corrupting influence” (Vol. 1, p. 197). He defines it as the psychologist’s “confusion of his own standpoint with that of the mental fact of which he is making his report” and later “the assumption that the mental state studied must be conscious of itself as the psychologist is conscious of it” (Vol. 1, p. 197). As Stanley (2012) points out, for James, such a problem afflicts introspectionism – where the investigator is both observer and reporter of his or her own thoughts — but it is also a problem for first person/second person accounts of experience. The difficulty for the introspectionist (e.g., how to overcome the gap between an experienced thought and its reporting) is also a problem for contemporary psychology, where there is now a more institutionalized division between first person and second person accounts of thought.

One advantage of second-person accounts of thought from the professional perspective in psychology is that they allow for a common vocabulary for problems and a common or overlapping framework for treatment. Hence, mainstream treatments, such as CBT and medication for mental health problems use and share a common vocabulary for the target problems with thought, e.g. “thought disorder”; “obsessive thoughts”; “alien thoughts” or “hallucinations”; “delusional thoughts”; “disembodied thoughts”; “paranoid thoughts.” In mainstream mental health these problems within the stream of thought are possibly symptomatic of even graver, more enduring conditions (such those enumerated in the DSM and ICD; e.g. “depression,” “schizophrenia,” “bipolar disorder”). This means that a diagnosis can lead to both a course of medication and a course of CBT simultaneously or sequentially, notwithstanding paradigmatic differences.

It is important to point that this second-person account may exist only as a higher-order abstraction, perhaps useful only for case-notes or for enabling patient access to specialist services/insurance benefits, and in that sense co-exist as re-interpreted first-person accounts (Barrett, 1996). Treatment will emerge from a common professional vocabulary of diagnosis but aim to target the personal problems the patient experiences. Difficulties arise however when the psychologist’s professional vocabulary does not map onto the experience of these thoughts, from within the thought itself, as James would say. For example, someone who putatively suffers from cognitive errors may not experience them as errors but rather as depressing realities (Boyle, 2002).

Drawing on James’ (1890) discussion of the “psychologist’s fallacy,” Giorgi (1981) refers to this kind of disagreement between perspectives as “intersubjective confusion.” The scientist’s perspective is confused with the patients’ perspective. From this point of view, the fallacy is overcome when patient and scientist share the same perspective. This is precisely what happens through what is considered education or therapy, when patients may learn to speak about their thoughts using the same terms as the professional psychologist and report

their observations of their thoughts as the psychologist would. In this sense, as Stanley (2012) argues, introspectionism is public and rhetorical. For example, both patient and therapist may adopt what Frank (1995) refers to as the “restitution narrative”: illness is temporary and, through medical technology, may be cured. The patient now has a means of making sense of confusing and lonely experiences.

The psychological fallacy is clearer to behold in instances where the professional vocabulary of diagnosis and treatment meets patient disagreement. Protest groups are organized, such as “mad pride” (Curtis, Dellar, Leslie, & Watson, 2000). There are academic and practitioner-led critiques of diagnostic practices from within psychiatry and clinical psychology itself (e.g., Coles, Keenan, & Diamond, 2013); petitions such as “abolish the schizophrenia label” (CASL, 2009) and groups that place the patients’ perspective first rather than any diagnosis of their thought (such as the Hearing Voices Network and Intervoice – see Longden, Corsdens, and Dillon, 2013 for a review). Such critiques tend to refer to “unusual experiences” instead of “hallucinations.” They find the psychological description stigmatizing or judgmental or unhelpful or unable to deal meaningfully with patients’ personal explanations (e.g., spiritual) for their thoughts. Such disagreement, however, could be construed by professionals as a lack of insight consistent with the diagnosis and stemming from cognitive biases, neurological deficits, or defense mechanisms (see McCormac et al, 2014 for a review). This lack of agreement or “insight” may itself be the target of an intervention such as CBT or psychoeducation (Mohamed et al, 2009).

Even if there is agreement between perspectives, however, there is another side to the psychological fallacy which means that the fallacy may still be present. Giorgi (1981) refers to “part-whole confusion” where the researcher confuses a single aspect of a thought, e.g. what it denotes or its topic, with the entirety of that thought as it is felt, or what it connotes (e.g., a fearful feeling). While the denotation is clear, even literal, the connotation is vague, corporeal and if understood at all, it is in terms of a range of meanings associated with the denotation. This may lead to the fallacious situation where the psychologist, maybe even the patient as educated introspectionist (with “insight”), stops attending to the connotations of thought and focuses only on its denotations; e.g., thought as a hallucination or a symptom of depression.

In the next section, I will examine how vagueness and connotation, while potentially painful, can be played around with in therapy and psychiatric practice more generally to good effect. That is, James’ part-whole fallacy suggests that reaching agreement, while helpful in overcoming intersubjective confusion, may also close off the creative dimension of the vague in part-whole experience.

### 2.1. The centrality of the vague in *The Principles of Psychology*

Ashworth (2005) makes the point that for James, experience of something “is wider than the raw name would suggest” (p.198). It is worth taking a look at James’ “feelings of tendency” in more detail to understand this wider range of the vague and connotative in terms of a generative and creative possibility for self-understanding.

James (1890) argues that there are some feelings which one cannot put into words. He uses the example of a feeling of thought that is there but not quite able to find verbal expression (tip of the tongue phenomenon):

Now what I contend for, and accumulate examples to show, is that ‘tendencies’ are not only descriptions from without, but that they are among the *objects* of the stream, which is thus aware of them from within, and must be described as in very large measure constituted of *feelings of tendency*, often so vague that we are unable to name them at all. It is in short, the re-instatement of the vague to its proper place in our mental life which I am so anxious to press on the attention (Vol. 1, p. 254).

James has traditionally been on shaky ground with this point. Wittgenstein (1953/2009) famously poured scorn on this view of thinking as obscuring the language game that is involved in assuming un-nameable feelings. Taking issue:

On this, [William] James is really trying to say: “What a remarkable experience! The word is not there yet, and yet, in a certain sense it is – or something is there, which cannot grow into anything but this word. – But this is not an experience at all. Interpreted as an experience, it does indeed look odd. As does an intention, interpreted as an accompaniment of action; or again, like –1, interpreted as a cardinal number (Wittgenstein, 2009, p. 219).

Wittgenstein here, however, interprets James as the biologist, linking thoughts back to a causal connection of inner sensations, rather than as the phenomenologist concerned with ‘family resemblances’ in thought, with whom Wittgenstein would have more in common (see Goodman, 2002; Shusterman, 2002). As Murdoch (1970), suggests, “the inner” does not necessarily mean a mysterious process that lies behind our speech and leads to speech – a Cartesian thinking substance or ghost in the machine that mysteriously works to translate inner processes into outer results. The inner can mean a more personal activity of assessing and re-assessing the truth of what one feels towards self and others. As part of this activity, there may be a disjointedness between public words and inner images, metaphors and feelings; what Murdoch (1992) refers to as “private, insoluble difficulties; mysterious half-understood mental configurations” (p.280). Murdoch (1970) gives the example of a man trying to figure out whether he feels repentance or not. The meaning of repentance may acquire different connotations of meaning in personal reflection. Wittgenstein risks losing this second sense of the inner, she argues<sup>1</sup>.

If we view these kinds of examples as “reinstatements of the vague” into the stream of thought, as Murdoch does, then the psychological fallacy in the case of diagnosing “thoughts” as fully complete, public thoughts, is perhaps more dangerous than it first appears. It is dangerous because a word used metaphorically– e.g. “depression” to denote loss of

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<sup>1</sup> Hämäläinen (2014) points out that this reading pays insufficient attention to Wittgenstein’s broad range of writings on the self. Notwithstanding this, she argues that Murdoch’s desire to speak of “the inner” with the same freedom as one would of “the outer” is inhibited by Wittgenstein’s suspicion of the hidden and inner ‘Cartesian’ subject.

motivation and colour and other vague feelings and thoughts around it, is now used literally – e.g. a patient literally has depression, understand as a pretty common, uniform illness – a mix of the biochemical and psychological. The vagueness of the stream of thought; an incompleteness to the images and metaphors which it elicits, may escape the attention of the psychologist and the patient.

How then, should psychology address the vague and its connotations? For some therapists, there is a lot of upside to vagueness in terms of its potential for the therapeutic process. It is addressed best through attending to metaphor and imagery. Purton (2014) gives many examples of this in the therapeutic encounter, drawing from a reading of Wittgenstein that is sympathetic (but not explicitly) to the phenomenological sense of “feelings of tendency”. Changing beliefs, he argues, is not hugely important (as one may think from Cognitive Behavioral Therapy); what is more important is gentle guidance in articulating one’s vague feelings. For example, attending to and playing around with hesitations and the non-linguistic more generally, and reflecting on how these change in the stream of thought; a point that has also been picked up by John Shotter more generally (e.g. Shotter, 2015). Similarly, Stanley (2012) points out that introspectionism itself can be used as a tool of somoaesthetic inquiry, like mindfulness: the feelings of the body can be skilfully brought to attention to help people understand and better experience their stream of thought. For Murdoch, contemplation of the good, including directing and re-directing love to its proper object, can help to bring order and harmony to the ‘soul’ (Jordan, 2008).

If the vague is useful for the patient or first-person, it can also be useful for the second-person psychological diagnostic perspective. It is possible to start thinking of diagnosis as itself metaphorical, with vague images, connotations, limitations and grey areas that can be explored with the patient and between the patient and the profession. In practice, however, this may threaten the legitimacy of the psychologist as well as undermine client’s trust. While these are legitimate fears, other metaphors and ways of thinking may work better or feel better for the patient than the classic diagnoses. This is already beginning to happen, with Cromby et al. (2013) in a recent text-book deliberately referring to depression as “sadness” and re-naming a range of other diagnoses (e.g. delusions as “unusual beliefs”).

Finally, to echo Thomas’ (2014) argument, sometimes the vague is best left alone, without being guided into a clear articulation, including a diagnosis, by a professional therapist or into a treatment plan. This is because such an articulation silences their often prereflective, unspeakable suffering, involving flashbacks, images, or dreams (e.g.. of abuse). They are in what Frank (1995) refers to as a “chaos narrative” (in Thomas, 2014). A chaos narrative is a story with no plots but events that move back and forth. What is important is sit and ‘be-with’ these experiences as a way of honouring them until if and when the person can step back “from the immediacy of the suffering” (Thomas, 2014, p.146).

To sum up this first part of the paper, the argument so far is that identifying problems in the stream of thought and subsequently treating these problems is rather difficult for a psychologist. It is difficult because of the gap between first-person accounts and second-person accounts of experience. It is compounded by the tendency to move back and forth



between the literary and the literal in the stream of thought and in the public articulation of this stream. However, there is great potential in the vague within the stream of thought, and the potential within the literary imagination to create meaningful understandings of unusual experiences. In the next section, I will take this position forward by looking at the potential of a new metaphor – “the binary star” — to help understand why distress happens in the stream of thought.

### 3. Problem Two: Why is distress happening in the flow of experience?

It may be clear from the previous section that there is no singular, literal answer to the question “why is the distress happening?”, partly because the meaning of “distress” is a matter of interpretation. Hence, in this section I will attempt to make the most out of the phenomenological, literary James to examine psychological distress. As mentioned in the introduction, James (1890) gives us plenty of metaphors that help us understand consciousness and self — such as “the thought is the thinker,” “the empirical me,” thought as a “herd of cattle,” “the stream of thought” — but there is no good metaphor in James to help understand why distress is happening in peoples’ experience.

Leudar and Thomas (2000) have argued that there is untapped potential in *The Principles of Psychology* for understanding mental health. For example, James shows us that social selves are subject to imagined tribunals of judgment — and this may be useful in understanding voice-hearing (where voices embody different judgments). However, Leudar and Thomas (2000) go on to point out a strange paradox in James’ theory of the self. He laboriously builds up the concept of self that allows an expansive understanding of identity, but does not use it to understand unusual experiences (described as pathological in psychiatry) — so he pointedly does not employ the “social self” or the “spiritual self” to analyze case-studies of pathology. Leudar and Thomas (2000) speculate that perhaps in Taine’s (1872) case study (James, 1890, Vol.1, pp. 377-378), the patient has puzzling experiences that could neither be rejected as “not me” nor fully embraced as “me” (a crucial distinction in James’ understanding of the spiritual self).

James’ more fundamental distinction between “I” and “me” is also underemployed in his explanation of pathology, despite the radical implications for mental health:

personality implies the incessant presence of two elements, an objective person, known by a passing subjective Thought and recognized as continuing in time.  
*Hereafter let us use the words ME and I for the empirical person and the judging Thought* (Vol. 1, p. 371)

The first conclusion of this position is that there is no singular “over-arching ego” or single agent responsible for distress. Rather, there are two elements. In distress models, there is such an assumption of a singular agent and it is pervasive. In biological circles, this agent is the brain and an unproven assumption is made that the brain is unbalanced in its chemicals (see Moncrieff, 2008, for an extended discussion of this). In cognitive models of depression (e.g. those of Albert Ellis and Aaron Beck), the singular agent of control is what James (1890) refers to as a “*cogitandum*” (Vol. 1, p. 552) or “presiding arbiter.” This arbiter is

presumed to be suffering from a number of cognitive errors that can be corrected; for example, self-defeating thoughts, polarizing, catastrophizing, overgeneralizing.

The second conclusion is that these elements are characterized by distinct phenomenological differences. For example, the thought is unpredictable, following any number of “silly fancies, [...] grotesque suppositions, [...] utterly irrelevant reflections” (Vol. 1, p. 552) while the “the objective person” or self is predictable and habit forming (Vol. 1, pp. 552, 554). The “thought” inherits the previous thought as its own, but that’s where its ownership ends and the thought, too. The self, on the other hand, is involved in a more stable relationship of “ownership” with objects, including the body and “all that I can call mine” more generally, but things can come and go within this relationship. “[W]e are dealing with a fluctuating material” (Vol. 1, p. 291), according to James. While “passing subjective thought” and “objective person” are distinct, they are continually affected by one another. For example, he argues that thoughts know they belong to a personal consciousness by the “warmth and intimacy” (Vol.1, p.333) of the self: “the other [Thought], among the things its knows, and finding it ‘warm’ [...], greets it, saying, “Thou art *mine*, and part of the same self with me”” (Vol. 1, p. 339).

James also argues that “me” and “self” refer to “*ALL THE THINGS which have the power to produce in a stream of consciousness excitement of a certain peculiar sort*” (Vol. 1, p. 319, James’ italics). Here, we can see again these two different elements (“I” and “me”; “self and passing thought”), but with the relationship between them specified as one of excitement. I suggest that a new metaphor is needed to more adequately capture the dynamic relationship between the “passing judging thought” and the “objective personality,” considered as separate elements, when helping to understand unusual experiences. A superordinate metaphor may more usefully accommodate the “half-me” kind of experiences that Leudar and Thomas (2000) allude to. We also need a metaphor that will let us understand change from health to distress and vice versa (James’ metaphors allow for a dichotomous healthy bodily sensibility and perversions in bodily sensibilities, with little sense of a continuum between these). Finally, such a metaphor may help us to generate new understandings of the vagueness, images and feelings of tendency around distress in the stream of thought.

### *3.1 A new metaphor: Self and Thought as a “Binary Star”*

Here I am proposing to take James’ metaphors and subsume them into another —“the binary star”—as an imaginative exercise, in the spirit of James’ own creative method of analogies, metaphors and similes to describe experience. Taken literally, a binary star is actually two stars that orbit around a common centre of mass (which should be understood as a ‘balancing point’) and can look like a single point of light from far away. More particularly, close-contact binary stars not only revolve around one another but can also transfer mass to one another by gravitational forces. Some binary stars can be the same size, but more typically one is much larger than another and as such pulls material over to it in a stream of gas (Benacquista, 2012).

If that is the brief literal understanding of a binary star, in this metaphorical understanding, the binary stars are “thought” and “objective person” (empirical self) revolving around each other via a “balancing point.” As they orbit, however, material can move from one star to another (like the present “I” of thought “streaming” over to the habitual “me” of the empirical self, although this is not the only direction thought can stream in, as it radiates in all directions). In this metaphorical sketch, the empirical self is disproportionately larger than thought because this reflects the phenomenological differences James outlined between them (the “I” is the knower, tied to the fleeting present moment, while the “self” is all that can be known as “mine”). Still they are in orbit with one another and the movements of one affect the other.

Next I will briefly focus on the how thought’s “orbital path” is affected by the pull of the self with the goal of reaching a metaphorical understanding of “melancholia” (the closest James, in his time, can come to depression, and post-traumatic stress – which he does not name but does describe) and some techniques that may make change in thought and self possible.

### *3.1.2. Thought in orbit around self*

In his chapter on association, James points out that the stream of thought is affected (but not determined) by “*habit, recency, vividness, and emotional congruity*” (Vol. 1, p. 577) between objects in the world and mood. James tells us that:

Nothing, in fact, is more striking than our utter inability to keep up trains of joyous imagery when we are depressed in spirits. (Vol. 1, p. 576)

Here, there is a lack of emotional congruity between self and the stream of thought that leads to a failure to keep up “trains of joyous imagery.” This kind of congruity can vary from moment to moment for everybody. James also indicates a more permanent kind of congruity where the habitual mood of the self affects the direction of the stream of thought. Hence “melancholiacs” think of “Storm, darkness, war, images of disease, poverty and perishing” (Vol. 1, p. 576). In contrast, those of a “sanguine temperament” find their thinking “dances off to flowers and sunshine” (Vol. 1, p.576).

To be more specific here on the self in melancholia, there is an interesting passage where James claims that “All narrow people *intrench* their Me, they *retract* it” (Vol. 1, p. 312) as “an habitual mood of the soul” (Vol. 1, p. 312) and “Sympathetic people, on the contrary, proceed by the entirely opposite way of expansion and inclusion” (Vol. 1, p. 313). This ties into his point that the spiritual self is concerned with furtherances and hindrances of the self and welcoming (or not welcoming) of new experiences into the empirical self, as the “inner citadel” of the empirical self. From this, I suggest that it is the spiritual self which can be read as “depressed in spirits” and which forms the “habitual mood of the soul.” It is the habitual mood of the spiritual self which has a such a bearing on whether joyous imagery within the stream of thought can be sustained or whether the stream of thought, instead, is tethered to the habitual mood of the spiritual self.

This habitual mood is not just a form of feeling that is ineffable. James indicates that part of the “great law of habit itself” is that “long indulgence in error makes right thinking almost impossible” (Vol. 1, p. 552). Interestingly, while James’ theory of emotion is often considered to emphasise the primacy of feeling<sup>2</sup>, this quotation illustrates an interesting affinity with contemporary cognitive behavioral therapy. Thinking can be error-strewn.

James gives a few interesting examples of “error,” which seem to resemble modern-day post-traumatic stress disorder. Following Esquirol, he suggests that a woman being robbed may subsequently mistake all men for robbers; a woman seeing her child run over, may insist that he is dead even though he is alive; a woman accused of being a thief may subsequently be convinced that everyone accuses her of stealing. In cases such as these, “an impression may be so exciting emotionally as almost to leave a *scar* upon the cerebral tissues” (Vol. 1, p. 670) and earlier “Under these conditions [of traumatic change] mental derangement is no unfrequent result” (Vol. 1, note to pp. 378-379). For the phenomenological James, this “almost scar” is a profound impression on the history of the empirical self. It is noteworthy insofar as James, here, seems to acknowledge that traumatic experiences can set in train associations and habits of association that are difficult to overcome. Indeed, if we are to believe James, “in most of us, by the age of thirty, the character has set like plaster, and will never soften again” (Vol. 1, p. 121). This seems to suggest that if “long indulgence in error” is a habit, it will be incredibly difficult to break, and any change through intervention will likely founder or “relapse” into the old habits.

At the same time, James is clear that the stream of thought may break away from the “habitual mood of the soul” or tendency to “intrench” their Me into a new set of associations. The “thought is the thinker.” It has its own unique identity which is, according to James, utterly transitory (like the water in a river or the photons that continually are born and move out of the star). This suggests that the thinker can become untethered from the self (or in the elliptical wobble, escape its gravitational pull) in other ways and become more open to experience. This makes sense of how a dream, which is thought partly untethered from the self, can be so bizarre, and how, when we loosen up or meditate (Stanley, 2012), that thought can become refreshing but also frightening, or how we take drugs that it can change again (all things that diminish the self’s habits of mood allow thought to wander away from its gravitational pull). James (Vol.1) quotes (appreciatively) a long passage in Taine (1872), where Taine suggests that prosaic memories can be recovered through “a fit of delirium or the excitement of haschish” (Vol.1, p.671) that in its ordinary course, it cannot.

However, as the metaphor of orbital gravity would suggest, the potential for thought to come back under the gravitational pull of habits and primordial impressions or excitements is always great. This makes sense of the high relapse rate for depression and anxiety after interventions (of any kind) have ended (see Moncrieff, 2008, for a review of relapse rates after medical interventions and Steinert et al., 2014, for psychotherapeutic interventions). At the same time, if a new habit is to be successful (e.g., a new habit of thinking), this requires that we “*launch ourselves with as strong and decided an initiative as possible*” (Vol. 1, p.

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<sup>2</sup> See Ellsworth (1994) for a commentary on the tradition of simplifying James here.

123, James' italics). Presumably this is the kind of "furtherance" he refers to in the spiritual self. While James omits to mention the role of society in providing the conditions for initiative and the role of support networks in keeping such an initiative in place, he brings to our attention the existential sense in which the individual alone is faced with sustaining habitual change. The new kind of thought that "streams" into the "Me" needs to be welcomed and furthered by the spiritual self as its own. Such change is analogous to the gaseous material from a smaller binary star streaming into the larger star instead of escaping into outer space (although taken literally the metaphor clearly does not work, because such streaming depends on the impersonal forces of physical laws rather than personal desire on the part of the larger star).

To return to the question, however, why there is distress in the stream of thought and, by extension, whether there is any cause for optimism in treating it, James' move away from the singular "arch-ego," to the two elements of self and running thought, which I suggest can be viewed in orbit with each other, leads to the following insights:

1. James creates an image of the self that is predictable and pulls the stream of thought along predictable lines. Breaking these habits is quite difficult in the long-term and so there is little cause for optimism in treatment.
2. In this depiction, distress is intertwined with thought, which knows and judges the world not only through reason but by a thousand different pathways. These pathways are not necessarily rational, but can relate to emotions, vividness, recency of other thoughts — with the example given of depression and past traumatic experiences.
3. Trying to address this distress involves untethering thinking from the empirical self through techniques such as meditation, therapeutic interventions, and dream analysis. However, this untethering also has the capacity to cause distress. As such there is unpredictable risk in treatment.

In this summary, the self exerts its pull on thought through its habits and past experiences, at least in one and two. There is some cause for optimism in three insofar as the self's hold on thought can be broken through different techniques. However, here we need to entertain the caveat that this break may often only be temporary and in itself can be quite distressing.

In the next section, I will examine what happens when thinking is depicted as overcoming the habitual pull of the self and, let loose, forges its own "secondary self," at least according to James. So in what follows, I will discuss distress in the stream of thought from the perspective of "dissociative identity disorder" or what James calls "secondary selves."

### *3.1.3. Two independent streams of thought in orbit around self (The secondary self)*

A key passage in *The Principles of Psychology* for our purposes is the one below:

An hysterical woman abandons part of her consciousness because she is too weak nervously to hold it together. The abandoned part, meanwhile may solidify into a secondary or sub-conscious self. In a perfectly sound subject, on the other hand, what is

dropped out of mind at one moment keeps coming back at the next. The whole fund of experiences and knowledges remains integrated, and no split-off portion of it can get organized stably enough to form subordinate selves. The stability, monotony and stupidity of these latter is often very striking. (Vol. 1, p. 210)

James' point that the stream of thought may "solidify" into a secondary or subconscious self is intriguing. Thought, James tells us, "appropriates to itself, it is the actual focus of *accretion*, the hook from which the chain of past selves dangles, planted firmly in the Present" (Vol. 1, pp. 340-341, emphasis mine).

To return to the binary star metaphor, the use of the word "accretion" is particularly interesting. Occasionally, as one star pulls in gaseous material from another through gravity, this material literally forms what is called an "accretion disk" around it — leading to two primary stars still in orbit with one another and one accretion disk of material around the larger primary star. James tells us that the extent of this secondary self depends on the "number of thoughts that are thus split-off from the main consciousness, but the *form* of it tends to personality" (Vol. 1, p. 227). To follow the metaphor through, this means that thought is still in orbit with the empirical self as two independent elements of personality but that the empirical self "star" has pulled in the "split-off" part of consciousness. The split-off, secondary stream of consciousness has its own "I-me" constellation, a limited capacity of thinking (a succession of transient thoughts) but also builds up its own habits which may be quite different from those of the primary self. For example, James outlines the case of Mary Reynolds (Vol. 1, pp. 381-384), who developed a secondary self with a sunny disposition in contrast to her melancholic primary self.

The secondary self and the primary self are unaware of each other but have to accommodate each other nonetheless. For example, the primary self "often has to invent an hallucination by which to mask and hide from its own view the deeds which the other self is enacting" (Vol. 1, p. 210). Moreover, they may compete for the same body parts: a hand or a limb may become paralyzed or out of control for the primary self because the secondary self has taken ownership of it.

For James, the "cure" for "multiple personality," in terms of returning control of the body to primary self was naïvely obvious:

The curative indication is evident: get at the secondary personage, by hypnotization or whatever other way, and make her *give up* the eye, the skin, the arm, or whatever the affected part may be (Vol. 1, p. 207).

However, the secondary self will only spontaneously disappear; hypnosis, he suggests, will not drive it away.

### 3.1.4. *Thought thrown out of orbit with self*

Up until now, I have largely discussed the ways in which the empirical self pulls thought in different directions. In this final section, I will briefly discuss instances where “I” or “thought” loses contact with its “me.” The I asks “Where is my old me? What is this new one? Are they the same? Or have I two?” (Vol. 1, p. 378). This is what James refers to as an “insane delusion” (Vol. 1, p. 375) and could be thought of, in the binary star metaphor, as an instance where thought is thrown out of orbit with its self (and vice versa). For James, this could be the consequence of a traumatic or strange event such as winning the lottery or losing one’s family. The gravitational pull of “warmth” and “intimacy” between “I” and “me” is lost or is there only tenuously.

In contrast to the secondary self, when James talks of insane delusion this “I” is aware of the competing components of self. Leudar and Thomas (2000) make the point that these kinds of experiences – half me, uncertainty of the self — run against James’ emphasis on the “me” and “not me” rubric. They are correct to point this out. I think, however, that what James is trying to get at with this section on “insane delusion” is that the knower, the “I,” is confused, as much as it is that the “me” (including the social self) is changing (from strange experiences including puberty or trauma). It is this aspect that is so remarkable in James. The knower does not know for sure how to know the “me.” This is what is confusing (and distressing). Trying to overcome this starts the “beginning of his insane life,” James argues (Vol. 1, p. 378).

In contrast to all of James’ other work on pathology, here we have an epistemological problem as much as an ontological problem. The problem is primarily one of a gap between self and thought (even with his “secondary self,” both the secondary and primary self are known by their respective I’s). James’ existing metaphors (the owner of the herd, the warmth and intimacy that greets the judging thought) fail to accommodate this epistemological gap, which may be why he does not draw on the components of the “empirical self” to explain it. The “I” is defined by its immediate relationship of knowing and its connection to the “me” is clear in these metaphors. This is one of the reasons why the metaphor “thrown out of orbit” may be helpful. Being thrown out of orbit involves more than just the wobble away from the self’s habits. The “insane delusion” James refers to has, at its heart, a more profound existential problem of finding the authentic self, amidst the changes wrought by experience.

## 4. Discussion

The key question of this article has been whether James’ *Principles* can contribute anything to our contemporary understanding of mental health. My conclusion is that it can, because its metaphors, images and connotations transcend the 125 years since its first publication. However, there are elements of *The Principles* that are outdated; e.g., its concern with “hysterics.” Moreover, James has no interest in power relations of the kind that Foucault and critical theorists draw attention to and that are increasingly relevant to the mental health world, at least at its edges (Coles, Keenan, & Diamond, 2014). This work is concerned with opening up a democratic space of participation for the causes, meanings and

treatment of mental health. It is actually in this broader context that I have tried to situate James in this article.

While James does not open up a space of power relations himself in *The Principles of Psychology*, his concern with ‘The Psychologists Fallacy’ is apposite. This work leads to questions around the ownership over experience. That is, the fallacy is concerned with the distinction between first and second-person accounts of experience. Does the patient or clinician “own” the “unusual experience”? This is a fluid distinction, however. Second-person accounts may become first-person experiences such as when “intersubjective agreement” is reached around the meaning of unusual experiences. Epistemologically, literary accounts of unusual experiences may be as second-hand as literal, physiological accounts.

The benefit of the literary is that the vague “feelings of tendency” and “connotations” of first-person thought are at its core, as a valuing of the incomplete, even though it may be a second-hand account. More literal second-person accounts, such as diagnostic systems and treatments become so rooted in the popular imagination or ‘psy-complex’ (Rose, 2009), that it is difficult to discern whether they become owned through intersubjective agreement or subtle coercion.

Why is the loss of the literary in current mental health a problem? One clue actually lies in James’ own style. James either gave birth to or presaged the tension between literal and the literary in psychology in his own style of analysis and writing in psychology. While as we have seen, this is a source of criticism of *The Principles*, in places this stylistic oddity works quite well as a creative tension. For example, the literary sounding “secondary self” is described as physiologically able to take control of limbs of the primary self. The physiologically literal and the phenomenologically literary are combined on a singular plane of explanation. This method of combining the literary with the literal chimes with post-psychiatry – for instance where the “placebo effect” is considered as both physiological and symbolic and increasingly interventions focus on the “meaning response” in terms of the capability of symbolic meaning to alter physiology (Thomas, 2014).

An equally profound risk however of the literary migrating to the fringes of mental health is that physiological and literal accounts of mental health problems will rely on literal correlates of personhood in their explanations – e.g. a singular brain system or cognitive system that is open to measurement and laser-like technical intervention. It is the literary imagination of James that I have been particularly keen to follow-up on here through reference to a “binary star” metaphor, more than the physiological implications of his work. The binary star metaphor has an immediate benefit in radically re-interpreting personhood as both non-singular and involved in an ongoing relationship between self and thought. There is a dimension of the existential inner struggle within this literary metaphor that is core to humanistic understandings of the self.

Does the metaphor of a “binary star” itself, however, fall prey to the psychologists’ fallacy? Yes and no. In terms of intersubjective confusion, it is a second-hand account of



first-person experience. It is therefore liable to confuse this account with the experience itself, turning a metaphorical account of a binary person into a more literal and totalising model of psychological processes. Indeed this has been one of the problems of other literary models such as Freud's iceberg model or Laing's divided-self model of personhood. They become interpreted literally, losing their literary imagination to literal dogma. Phraseology is important here to avoid such a literal impulse. Personhood is possibly *kind of* like a binary star and unusual experiences are *kind of* like orbital wobbles, accretions, and orbital ejections between self and thought. What matters more than such semantics however is an appreciation of connotation, vagueness and literary re-invention as values that are central to both our physiology and phenomenology.

Overall this article has involved both a technical challenge of bringing James' literary metaphors of self and thought more fully to bear on unusual experiences and a playful exercise in imagining new metaphors of selfhood and mental health. Perhaps playfulness is inappropriate in such a serious domain but nonetheless James' own clearly playful imagination shows the benefits of freely attending to, arguing with and re-imagining unusual experiences.

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