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Antoine Mooij, Professor Emeritus of forensic psychiatry and Honorary Professor of philosophy at Utrecht University, as well as a psychoanalyst in private practice, here attempts to lay the groundwork for psychiatry as a human science, using detailed expositions of the thinking of numerous modern philosophers, phenomenologists, linguists, psychologists, and psychoanalysts, especially Lacan. This English translation is based on a revision and substantial extension of his 2006 book, *De psychische realiteit. Psychiatrie als geesteswetenschap* [*Psychic Reality. Psychiatry as Human Science*].

The Dutch *geesteswetenschap* is the equivalent of the German *die Geisteswissenschaften* [human study, human science]. Literally, *die Geisteswissenschaften* means “studies, or sciences, of the spirit or the mind.” As Amedeo Giorgi has pointed out in a book with an almost identical title, *Psychology as a human science: A phenomenologically based approach* (1970, pp. 21–26), the German philosopher Wilhelm Dilthey (1833–1911) coined the term *die Geisteswissenschaften* in 1894 to differentiate between the studies that concern themselves with human beings and the human world, as contrasted with the natural sciences (*die Naturwissenschaften*) that emphasize exact knowledge and do not study the human world as a specifically human experience. When the natural sciences investigate matters connected with humans, these sciences remove these phenomena from their historical or human contexts, the only contexts that give them meaning.

Giorgi’s pioneering book, *Psychology as a human science*, based on phenomenology, was among the first to argue rigorously that psychology is a human science, and as such, appears relevant to Mooij’s book. *Psychiatry as a human science*, however, cites neither *Psychology as a human science* nor another book with a very similar title on a similar theme, *Psychotherapy as a human science* (Burston and Frie, 2006).

In this work, Mooij’s rarely gives detailed examples of psychiatric phenomena as experienced by unique individual humans, and on the few occasions when he does so, he writes in very general terms. He is not so much presenting psychiatry in its concrete manifestations as a human science, as explicating the historical and philosophical foundations of medicine and of psychiatry, thus laying the
phenomenological groundwork necessary for a psychiatry to be realized more fully as a human science in the future.

The first section of the book deals with the topic of “The Medical Discourse.” Psychiatry, and especially its central field of psychopathology, developed, and is usually considered, as a part of medical science. According to Mooij, medical science, by necessity, de-emphasizes, minimizes and even abstains from the specific doctor-patient interaction, because that is how medical science attained its fame and natural scientific cachet. In the doctor-patient relationship, the patient presents with a complaint: chest pain or sore throat, for example. Medical science, to be scientific, transforms the personal complaint into a symptom of a disease, changing a subjective condition into an objectifying symptom. Chest pain, for example, is a possible symptom of heart disease, a gastrointestinal condition, or some other pathology. The concept of disease is the unifying concept for medical science; at various historical periods this has been manifested through medical models of humoral pathology, pathological-anatomical insults, or invasion by germs or toxic chemicals.

Despite its avoidance of the subjective, medical science, for Mooij, has focused on a theoretical framework, even before the philosophy of science was inclined to do so. This theoretical framework of disease excludes everything that does not fit that framework’s conceptual scheme. “Phenomena of lived experience are selected and transformed into formal symptoms, which are then combined into disease profiles and subordinated to a standard” (p. 10). This results in a narrow somatic health concept focused on disease, as contrasted with a broad Platonic-Aristotelian concept of mental and physical well-being. Instead of becoming a human science, medical science becomes a technical science, able to restore a natural state by technical means. There are several counter-currents opposing this natural scientific bias. Plato’s Charmides, for example, shows medicine as centered on dialogue, and the Platonic-Aristotelian idea of the body as an animated corporeality has been prominent at various historical periods, including what Mooij calls “Romantic medicine.”

The narrow objectification of medicine finds a possible corrective, according to Mooij, through an emphasis on medical practice as “an alternative path within medicine,” that is, through medical practice in the concrete as contrasted with medical theory. Although this is not cited by Mooij, many physicians throughout the millennia have viewed medicine not simply as a “science,” but as both an “art” and a “science,” allowing integration of the patient’s subjective complaints with objective signs and symptoms. Without using an art/science paradigm, Mooij states that the medical practitioner has always been aware of the subjective dimension of medicine. Various twentieth-century theoretical attempts to integrate the subjective aspect of medical practice with objective medical science, such as the