

Review of: "Consciousness, Neo-Idealism and the Myth of Mental Illness"

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Potential competing interests: No potential competing interests to declare.

Dr. Hyland's paper is a well-written and well-researched introduction to recent work in philosophy of consciousness. Many difficult philosophical concepts are illustrated deftly by Dr. Hyland, who has a penchant both for selecting just the right quotation, as well as for framing it with just the right evaluative comments.

Notorious anti-psychiatry author Thomas Szasz is presented in this paper as a classic representative of philosophical dualism: A mind cannot be "ill" in the same way that physical bodies are ill. For Szasz, this means that when we speak of "mental illness," we are referring to cultural, religious, or other value-based notions about human conduct. Psychiatry, in Szasz's view, has the task of systematizing a patient's personal ethic and helping her formulate therapies aimed at aligning her life choices with said ethic. Dr. Hyland attempts to show that recent philosophers of consciousness offer a viable panpsychist alternative to Szasz's dualistic anti-psychiatry. The neo-idealisms of Chalmers, McGilchrist, and others, so Dr. Hyland avers, posit "consciousness [as] an ultimate primitive" which emanates both quasi-independent minds as well as the material world as a whole. All of reality is one big Mind, an oceanic *ungrund* dotted with nodes that act as sieves, directing the flow of Mind into temporary "vertices" or "whirlpools" that flow into human beings, allowing them to mirror the Absolute through their power to produce mental states.

One possible weakness of the paper is its unconvincing attempt to entice the modern reader to accept panpsychism as the solution to the "hard problem" of consciousness. The variety of neo-idealism outlined in its pages could be seen by readers as ending in a sterile determinism where One-Is-All but where not a single human being can be found. The classic anti-panpsychism argument goes back to the Spinoza Controversy in late 18th century Germany: Not only does panpsychic matter tend to get swallowed up into a quorum of human minds, but panpsychic human minds tend to get swallowed up into a panpsychic Overmind that stands as the final goal of mental striving. It is not made clear in this paper how "expanding awareness" or establishing threads of connection to the Absolute will help patients achieve their life goals. What happens when the clinician is confronted with a Roman Catholic, an Orthodox Christian, or a Jew who does not believe she is a quasi-independent pocket of modified *mens*, but rather a body-and-soul person created by a personal God? Unelaborated notions of "empathy" and "loving" may not hold water for a client who believes in a God who reveals Himself to man directly.

This brings us back to Szasz. Dr. Hyland's paper, in my view, does succeed in providing a contrast between Szasz's open stance toward patients' values, on the one hand, and the more closed orientation of neo-idealism vis-à-vis clients, on the other. But neo-idealism, as defined by Dr. Hyland, seems to assume that most or even all clients will be

thrilled to align themselves with an anti-traditional cosmology that flies in the face of Judeo-Christian teachings. In the section “Neo-Idealism, the Myth of Mental Illness and the Divided Brain,” McGilchrist’s notion of “failures in connection between individual and cosmic consciousness” is presented as an application of Szasz’s concept of therapy as “ethical problems in living.” However, McGilchrist’s ideas about transpersonal consciousness could not be farther from Szasz’s therapeutic pragmatism, or so it would seem. Perhaps Dr. Hyland could add a few comments to suggest how neo-idealist therapies could accommodate themselves to religious traditionalists. Of course, it may be the case that, as in the days of Fichte and Schelling, the quest for a higher third that synthesizes opposites remains elusive.