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# Is the Psychiatrist a Good or Evil Genius for her Patient According to Hegel?<sup>1</sup>

## ¿Es el psiquiatra un genio bueno o malo para su paciente según Hegel?

**RESUMEN:** En este artículo, sostengo que para comprender la teoría de Hegel sobre el tratamiento psiquiátrico, debemos enmarcar la relación entre el psiquiatra y su paciente utilizando el concepto de genio de Hegel, tal como se desarrolla en la sección de Antropología de la Enciclopedia. Como sostengo, esta noción de genio es a la vez compleja y ambigua, ya que Hegel presenta ejemplos tanto de genios buenos como de genios malos. Lo interesante es que el psiquiatra puede corresponder potencialmente a ambas figuras, lo que revela lo que quizás sea la mayor contribución de Hegel a la psiquiatría contemporánea como práctica: el imperativo del profesional de reflexionar sobre su propia motivación en el tratamiento, su propia posición de autoridad y, por el contrario, la condición de sus pacientes.

**PALABRAS CLAVE:** CONCIENCIA; GENIO; G.W.F. HEGEL; LOCURA; PSIQUIATRÍA.

**ABSTRACT:** In this paper, I claim that to understand Hegel's theory of psychiatric treatment, we must frame the relation between the psychiatrist and her patient using Hegel's conception of the genius developed in the Anthropology section of the Encyclopedia. As I argue, this notion is both complex and ambiguous, since Hegel presents examples both of good and evil geniuses. What is interesting is that the psychiatrist can potentially correspond to both figures, which reveals what is perhaps Hegel's greatest contribution to contemporary psychiatry as a practice: the imperative for the practitioner to reflect on its own motivation in the treatment, its own role of authority and, conversely, the condition of its patients.

**KEYWORDS:** CONSCIOUSNESS; GENIUS;;G.W.F. HEGEL; MADNESS; PSYCHIATRY.

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## I. INTRODUCTION: ON THE RELATION BETWEEN PSYCHIATRY AND PHILOSOPHY IN GERMANY

We often ignore the fact that the history of psychiatry in Germany is intimately related to the history of German idealism and romanticism. For instance, Johann Christian Reil's (1759-1813) *Rhapsodien über die Anwendung der psychischen Curmethode auf Geisteszurüttungen*<sup>1</sup> (Rhapsodies on the Application of the Psychological Method of Cure on the Mentally Disturbed), described by Robert J. Richards as "perhaps the most influential work in shaping of German psychiatry before Freud,"<sup>2</sup> was deeply influenced by Reil's reading of Schelling.<sup>3</sup> Reil is also often credited as the inventor of the word "psychiatry" (in German 'Psychiaterie')<sup>4</sup>, and his work on the subject was known by Hegel. And while he does not refer directly to Reil in the *Encyclopedia* section discussing 'mental derangement' (*Verrücktheit*)<sup>5</sup> and its possible cure (§408)<sup>6</sup>, Hegel had read and annotated the *Rhapsodien*<sup>7</sup> and mentioned Reil in his 1825<sup>8</sup> and 1827-28<sup>9</sup> *Lectures on subjective spirit*.

Hegel, however, considered Reil's approach to be somewhat "philosophically superficial" and "formal"<sup>10</sup>, a critique he often made against proponents of

[1] REIL, J.C., *Rhapsodien über die Anwendung der psychischen Curmethode auf Geisteszurüttungen*, Halle, Curtschen Buchhandlung, 1803.

[2] ROBERT J. RICHARDS, *The Romantic Conception of Life*, Chicago, The University of Chicago Press, 2002, p.263.

[3] Ibid.

[4] See REIL, J.C. „Über den Begriff Medicin und ihre Verzweigungen, besonders in Beziehung auf die Berichtigung der Topik der Psychiaterie“, *Beyträge zur Beförderung einer Kurmethode auf psychischem Wege*, no.1, 1808, p.169. As Diederik Janssen shows, Reil is not actually the first to use the word. Its earliest occurrence is found in Karl Friedrich Burdach's *Propädeutik zum Studium der gesammten Heilkunst*, Leipzig, Breitkopf & Härtel, 1800, §122, p.54. See JANSSEN, DIEDERIK F. "Naming Psychiatry: Apropos Earliest Use of the Term by Karl Friedrich Burdach (1800)", *History of Psychiatry*, vol.34, no.3, 2023, 231-48. Interestingly, like Reil, Burdach (1776-1847) was also influenced by Schelling's *Naturphilosophie*.

[5] Hegel's term (*Verrücktheit*) is usually translated in English by somewhat dated and/or derogatory terms such as 'madness' (Berthold-Bond) or 'insanity' (Wallace). The exception being the more neutral, but less evocative word 'derangement' at time used by Wallace. The merit of this last option is to show how Hegel's use of the word *Verrücktheit* is not necessarily derogatory and his account of mental disorders is, in certain respects, closer to what we now call 'mental illness'.

[6] See HEGEL, *Enz.* §408, GW 20, p.412-14; GW 25.2, p.1036-54.

[7] HEGEL, GW 22, p.25.

[8] HEGEL, GW 25.1, p.383.

[9] HEGEL, GW 25.2, p.711-12, 722-23.

[10] HEGEL, GW 25.2, p.711-12.

Schelling's *Naturphilosophie*, among whom he included Reil<sup>11</sup>. Hegel preferred Philippe Pinel's (1745-1826) work, stating that "Pinel wrote the best thing ever written on the matter of mental derangement [while] Reil twists [things] too much and the good he has, is taken from Pinel<sup>12</sup>". Nevertheless, Hegel also occasionally judged Pinel's observations to be "superficial"<sup>13</sup>, but, as in other cases, Hegel favored scientific approaches that minimized the role of metaphysical assumptions and that left the field of investigation to philosophers *per se*. In Hegel's view, *Naturphilosophen* (such as Reil) demonstrated, on the other hand, the tendency to tarnish the actual value of their empirical observations with superficial philosophical pretensions<sup>14</sup>. Therefore, while Hegel does draw on Reil's work, he undeniably prefers Pinel<sup>15</sup>.

Much has been written on Hegel's account of what he calls 'insanity' and 'mental derangement', and the role it plays in the architectonic of his system<sup>16</sup>. My aim here is instead to examine in what way Hegel considers psychiatry as a

[11] On Hegel's critique of Schellingian *Naturphilosophie* as formal and superficial, see Hegel, *Phän.* GW 9, p.36-37; GW 5, p.489; *Enz.* §246, GW 20, p.236. On Hegel's association of Reil to Schelling's *Naturphilosophie*, see GW 25.2, p.712.

[12] HEGEL, GW 25.1, p.383.

[13] HEGEL, GW 25.2, p.712.

[14] Another example of how Hegel often favors a 'purely' empirical approach to a philosophically-laden one is found in his reading of Bichat. See Chaput, Emmanuel, « Hegel lecteur de Bichat, ou comment la raison spéculative fait d'une distinction d'entendement un moment conceptuel du vivant », *Symposium*, vol.22, no.1, Printemps/Spring 2018, p.159-186. In Hegel's view, when one does philosophy of nature, it is preferable to draw one's content directly from the empirical observations of scientists with little or no philosophical pretension, instead of being misled by the pseudo-speculative work of Schellingian *Naturphilosophen*. This is why Hegel sometime prefers the French and English scientists to the German ones.

[15] Incidentally, his interest will also lean toward Johann Gottfried Langermann (1768-1832), whom Hegel considers to be the first to introduce Pinel's method in Germany Hegel, (GW 25.1, p.391; GW 25.2, p.712). Interestingly, Langermann provides another example of how the early development of German psychiatry was related to philosophy, having been a student of Fichte in Jena and a teacher of Novalis.

[16] See for instance BERTHOLD-BOND, DANIEL. *Hegel's Theory of Madness*. Albany: SUNY Press, 1995; CHAPUT, EMMANUEL. "Madness, Habit and the Genius. On Hegel's Theory of Embodiment", *Idealistic Studies*, vol.53, no.2, 2023, p.53-81; DEVRIES, WILLEM A., *Hegel's Theory of Mental Activity*, Ithaca, Cornell University Press, 1988, p.77-78; GREENE, MURRAY. *Hegel on the Soul*. The Hague: Martinus Nijhoff, 1972, p.121-36; MAGEE, GLENN ALEXANDER. "The Dark Side of Subjective Mind." In *Essays on Hegel's Philosophy of Subjective Spirit*, edited by DAVID S. STERN, Albany: SUNY Press, 2013, p.55-69; MCGRATH, SEAN J., "Madness as a Philosophical Problem in Hegel". In *Mad/Bad/Sad: Philosophical, Political, Poetic and Artistic Reflections on the History of Madness*, edited by GONZALO ARAOZ, Leyden, Brill, 2012, p.27-33; MOWAD, NICHOLAS. "Awakening to Madness and Habituation to Death in Hegel's 'Anthropology'." In *Essays on Hegel's Philosophy of Subjective Spirit*, edited by DAVID S. STERN, Albany: SUNY Press, 2013, p.87-105;

*medical practice*. The focus of this paper is not to attempt to grasp what Hegel borrowed from the emerging psychiatry of his time for his own philosophical purpose, but to propose an approach to his insights on the topic as well as an investigation into its relevance for our understanding of how modern psychiatry works or should work. To that end, I will frame the psychiatrist's relation to her patient as that of a *genius*: a technical term which Hegel uses in §405 of the *Encyclopedia* to describe how a subject actively exerts control over a merely passive individual<sup>17</sup>. Hegel's notion of *genius* as he uses it in the *Anthropology* is in fact quite complex, and its meaning fluctuates as we shall see.

## II. HEGEL'S GENIUS

Hegel conceives the figure of the genius as a relation occurring either a) between two distinct subjectivities or individuals (as in the *Encyclopedia*), or b) within one single subjectivity or individual divided into itself (see for instance, the 1827-28 *Lectures on Subjective Spirit*). Socrates's relation to his so-called *daemon*, which Hegel considers a genius-relation in the 1827-28 *Lectures*, could be interpreted as a mediating figure between those opposite representations of the genius as either an *inter*-subjective or *intra*-subjective relation. The *daemon* can be regarded both as an external (divine) figure or as Socrates's very own subconscious. Both interpretations are actually at play in Hegel's work.

Moreover, the genius-relation revolves around a passive/active dichotomy in which the genius is sometimes described as a) primarily passive (in relation to a properly willful self) and, in other cases, b) as essentially active (in relation to a deficient or still underdeveloped self). In the former case, the genius can be understood as a pre-Freudian *id* or as a kind of subconscious, most of the time properly regulated by the cultivated (*eingebildete*) individual. In the latter case, it conversely dominates the subjectivity of an undeveloped or underdeveloped subjectivity (the fetus or the child) or of a (momentarily) disabled or disordered self (the mentally ill individual).

In all of his various accounts of the genius in the *Anthropology* section of the *Encyclopedia* and in his *Lectures on Subjective Spirit*, Hegel shows there to be variation both in the *nature* of the relation (*inter*- or *intra*-subjective) of the genius and in terms of the *role* (active or passive) that the genius plays in such relations. Let us examine briefly those accounts as they appear in the *Encyclopedia* and the 1827-28 *Lectures* before considering the *normative* dimension of the concept (can the genius be *good* or *evil*?) in the next section.

WENNING, MARIO. "Awakening from Madness" In *Essays on Hegel's Philosophy of Subjective Spirit*, edited by DAVID S. STERN, Albany: SUNY Press, 2013, p.107-19.

[17] HEGEL, *Enz.* §405, GW 20, p.403.

In the *Encyclopedia*, the genius is defined in the following terms: “by genius we commonly mean the total mental self-hood, as it has existence of its own, and constitutes the subjective substantiality of someone else who is only externally treated as an individual and has only a nominal independence<sup>18</sup>”. Accordingly, it seems to imply a relation between two distinct subjectivities, one of which is actively influencing if not dominating the other, as in Hegel’s example “of the child in its mother’s womb<sup>19</sup>”.

However, in the 1827-28 *Lectures on Subjective Spirit*, Hegel insists on the definition of the genius as the totality of one’s mental life. Here, the relation seems entirely internal to a single consciousness which differentiates itself into the conscious and subconscious self. Hegel thus associates the *genius* with the immediate, sensitive, passive and subconscious totality of an individual<sup>20</sup>, while at the same time indicating that, at times, this “genius wakes and warns” the individual<sup>21</sup>. Therefore, although the genius is described as an essentially passive totality in relation to the self-conscious subject, it can sometimes *act* as a kind of preconscious intuition that gains the upper hand over our conscious will. Subsequently, Hegel gives the famous example of Socrates’ *genius* or *daemon*<sup>22</sup>. This *genius* literally prevented Socrates from acting; it stopped him in his tracks, and even kept him from speaking. It was as if something – within him, yet distinct from his conscious will – urged him to stop. Taken by him to be a divine sign, Socrates is said to have always respected what has since become known as his *genius* or *daemon*.

Hegel’s notion of *genius* in the *Anthropology* can be described both a) as being essentially passive and active and b) as operating either between two individuals or within a single individual. Though these descriptions may seem to be at first inconsistent with one another, we can make sense of each contrast by considering the specific context in which Hegel makes use of them. As noted above, one of Hegel’s recurring examples is the pregnant mother’s relation to her child<sup>23</sup>. While the unborn child is (potentially) a subject, it naturally lacks a proper will and consciousness, being in its mother’s womb. Rather, the sensa-

[18] HEGEL, *Enz.* §405, GW 20, p.404; *Philosophy of Mind*, trans. W. WALLACE & A.V. MILLER, Oxford, Oxford University Press, 1971, p.95.

[19] HEGEL, *Enz.* §405, GW 20, p.404; *Philosophy of Mind*, p.94.

[20] HEGEL, GW 25.2, p.674.

[21] *Ibid.*

[22] *Ibid.*, p.693.

[23] HEGEL, *Enz.* §405, GW 20, p.404; GW 25.1, p.65-66, p.310-13 See also CHAPUT, EMMANUEL. “Madness, Habit and the Genius. On Hegel’s Theory of Embodiment”, p.114; DRYDEN, “Hegel’s Anthropology: Transforming the Body”, p.130; Glenn Alexander Magee, “The Dark Side of Subjective Mind”, in *Essays on Hegel’s Philosophy of Subjective Spirit*, p.56; NOVAKOVIC, “Hegel’s Anthropology”, p.414; REID, *Real Words. Language and System in Hegel*, p. 22.

tions and stresses felt by the fetus are related, according to Hegel, to *the mother's experience*. Her fears can cause stress to the child. Of course, the mother is not, necessarily, *consciously* imposing her stresses, impressions and sensations on the child. What takes place in spite of the child's will also happens in most cases in spite of the mother's will. In this case, the genius remains, for Hegel, a subconscious manifestation, just as with Socrates' "intuition" as the *daemon*. On the other hand, the case of the mother demonstrates a clear relation between two subjectivities. The mother's subjectivity, while essentially conscious, can also act on the other subconsciously. On the contrary, the child's subjectivity is entirely passive, subjected even to the mother's subconscious dominion.

This mother-fetus scenario is quite different from the situation in which Hegel considers the genius as the totality to which a grown individual can relate to as a conscious self. In this case, the individual merely distinguishes the genius – as the subconscious totality of her self – from the part of herself that wills and acts consciously. The relation is thus entirely internal for a fully-developed individual, unlike the case of the child whose cognitive development is still ongoing<sup>24</sup>. In this latter case, the *genius* must be considered *as a relation* between subjectivities.

In a sense, Socrates' example can be understood as an intersecting point between both of these representations of the *genius* as an intra-subjective and an intersubjective relation. Considered from Hegel's *modern* standpoint, Socrates' genius merely represents a kind of intuition one may have. A part of me pushes me to act according not to reason and deliberation, but to what we might call our "gut-feeling". But Hegel is well aware that Socrates and the Ancients considered this so-called "intuition" quite differently and understood it truly as a sign coming from intermediary deities. As such, we can either read the example of Socrates as a manifestation of the complex psyche portrayed by Hegel as an articulation of different types of intuitions, sensations, feelings, and elaborates forms of intellectual activities, or we can take it to be a manifestation of the genius as a relation between two asymmetrical subjectivities, a divine and a human one. Just as the child is influenced by her pregnant mother, Socrates is influenced by deities. The difference being that Socrates is an exemplary model of a fully-grown and conscious individual, an example of ethical probity, character, and intelligence, while the child is merely a pre-conscious and thoroughly passive subjectivity. Each example of the genius mobilized by Hegel demonstrates specific aspects that assist in grasping the structural components of this genius-figure and their variations.

[24] As we will see, it is neither the case for the mentally disturbed. That would explain why for Hegel neither the child nor an insane individual can be held responsible for her action legally speaking, see Hegel, GPhR, §132, GW 14.1, p.116.

Hegel, in fact, offers a number of other examples that depict the complexity of what the genius is and can be. For instance, the oracles<sup>25</sup> or the Pythia<sup>26</sup> who provided guidance to the ancients, present an example of the genius to which a divine and mystical influence is attributed<sup>27</sup>. It remains, however, unclear whether the oracles themselves are conscious of their influence on others or whether they are in a trance acting as the mere (unconscious) vessel of the Gods.

Moreover, all the examples presented so far imply a relation of authority and dominance. In certain cases, it applies to conscious individuals whose wills are demonstrably overpowered; in other cases, to unconscious and entirely passive individuals. As we shall see, for Hegel, the mentally deranged individual fits in this latter category, as a thoroughly passive subjectivity. For this reason, they require external assistance to regain their autonomy as conscious beings. This assistance originates from a figure, the therapist, who plays a role analogous to that of the genius by exerting influence on the disturbed individual. However, the question arises: Can the genius, as Hegel describes it, be conscious of the influence it imposes on other subjectivities? So far, the examples discussed by Hegel present an essentially unconscious or subconscious component: the mother does not choose what sensation she shares with her child, the oracle often speaks in riddles that she cannot is unable to decipher; our own genius – or our “gut-feeling” – acts as an intuition which we can hardly justify through argumentation. The only exception would be Socrates’ *genius*, *if* (and it is a big *if*) we consider it to be a deity to which we can assign intentionality. However, as stated above, Hegel considers such an idea of the genius as deity to be merely the way in which the ancients *used to* interpret their personal *genius*. Therefore, the question remains: Is there a type of genius that would be able to influence a passive subjectivity with a *deliberate* goal in mind? If so, then one could argue that Hegel’s notion of the genius could be useful to understand the psychiatrist’s practice.

Indeed, the therapist could be described as consciously acting as a substitution for a consciousness overwhelmed by its own self-feeling. Between the therapist and her patient there exists a relation of influence analogous to what we saw with the example of the mother and the child in her womb. The difference being that the therapist (hopefully) knows exactly what she is doing and how this influence will affect the patient. But is there a precedent to this very

[25] HEGEL, GW 25.1, p.321.

[26] HEGEL, GW 25.3, p.693.

[27] On the technical meaning of *magic* for Hegel as a relation “which dispenses with any mediation”, see Hegel, *Enz.* §405Zu., GW 25.2, p.1010-11: “a magical power is one whose action is not determined by the interconnection, the conditions and mediations of objective relations” (G.W.F. HEGEL, *Philosophy of Mind*, p.97).

distinct kind of genius? There is. In fact, Hegel describes in analogous terms the relation between the somnambulist and what he called at the time the “Magnétiseur” or the “Concentriseur”<sup>28</sup>, which are now known as hypnotists. The hypnotist indeed puts her ‘patient’ to sleep, isolates their sensation and more or less controls their mental life. Furthermore, the hypnotist is entirely aware of what she is doing, none of her actions are merely subconscious and involuntary.

This precedent allows us to draw a connection between one of Hegel’s depiction of the genius and the psychiatrist’s relation to her patient. Following Hegel, the patient, having lost contact with the principle of reality, is actually imprisoned in her own subjectivity, lacking the power to overcome her own passivity. The role of the psychiatrist is thus to rebuild this relation, to substitute her own subjectivity for that of the patient, in order to reorient the patient toward the path of autonomy, self-consciousness and reality. However, while this goal is essentially benevolent, the power granted to the therapist is so great that ethical boundaries need to be drawn and reflexivity becomes crucial to the psychiatrist’s success.

Hence the aim of this paper not only to demonstrate how the psychiatrist’s practice can be understood, in Hegelian terms, as a manifestation of what he calls the *genius*, but also to answer whether the psychiatrist is a good or an evil genius for her patient. Indeed, Hegel’s notion of *genius* is not only complex, but ambiguous as well. It can be beneficial or detrimental to the subject depending on the situation. This ambiguity is precisely what makes Hegel’s genius so interesting in relation to psychiatry due to the fact that the practice and history of psychiatry are not themselves unambiguous. The nature of the relation between patient and therapist is such that the notions of autonomy, vulnerability, domination and liberation are closely intertwined. The attempt to cure mental illness is an attempt to give back a certain autonomy to particularly vulnerable individuals, to help them find ways of coping with the world and their own cognitive patterns. At the same time, treatment can put those already vulnerable individuals in a greater state of dependency by means of medication, treatments, or even institutionalization, which stands *de facto* as an absolute state of dependency. I have explored elsewhere<sup>29</sup> how Hegel’s theory of madness is intimately related to his philosophy of freedom as autonomy, and correspondingly, this practical relation between a psychiatrist and her patient mobilizes those essential notions of Hegel’s system. Accordingly, I would like to point out in this paper the potential insights Hegel could bring to psychiatry

[28] HEGEL, GW 25.1, p.80.

[29] See CHAPUT, EMMANUEL. “Madness, Habit and the Genius. On Hegel’s Theory of Embodiment”.



from a practical standpoint, or rather, from a theoretical standpoint toward the practice itself.

To develop my argument, I will briefly describe Hegel's notion of mental illness as a passive state of imprisonment within oneself (section 3). I will then briefly explain why Hegel's notion of genius could apply to the psychiatric relation between therapist and patient and that this relation can either be liberating (as it should be according to Hegel) or debilitating (section 4). Finally, in section 5, I shall show how framing the psychiatric cure in terms of a genius-relation clarifies Hegel's section of the *Encyclopedia* discussing the cure of mental disorder (§408Zu.) and outline Hegel's potentially relevant insights for contemporary psychiatry.

### III. HEGEL'S THEORY OF MADNESS

According to Hegel, madness results from the subject's inability to suppress her most natural, subjective and immediate feelings, "the *natural* self of *self-feeling*<sup>30</sup>". The result is that one's consciousness, far from *acting upon* those natural and instinctual impulses, becomes, on the contrary, passively *subjected to* them, and progressively (but hopefully only momentarily) loses contact with reality<sup>31</sup>. As Mario Wenning writes: "madness remains a constant possibility, a possibility of 'sinking into nature' that spirit cannot guard itself against once and for all"<sup>32</sup>.

The development of spirit and therefore of reason and intellect in Hegel is always related to nature's own dynamics. Spirit must supersede (*aufheben*) nature but can never completely suppress it. According to the double meaning of the Hegelian *Aufhebung*, the human being as a spiritual being both goes beyond what is merely natural and maintains this natural dimension in itself. It is from this perspective that the notion of madness emerges. Although the influence of nature becomes weaker as the individual becomes more cultivated<sup>33</sup>, a momentary loss of (self-)control nevertheless always remains possible. This loss of control is precisely what madness is, a "reversion to mere nature"<sup>34</sup>, a regression to a lower state of consciousness "engrossed with a single phase of feeling" which "fails to assign that phase its proper place and due subordina-

[30] HEGEL *Enz.* §408, GW20, 412; *Philosophy of Mind*, p.123.

[31] See DANIEL BERTHOLD-BOND, *Hegel's Theory of Madness*, (Albany: SUNY Press, 1995), p.26.

[32] MARIO WENNING, "Awakening from Madness", in *Essays on Hegel's Philosophy of Subjective Spirit*, p.110.

[33] HEGEL, *Enz.* §392, GW20, p.391; GW 24.3, p.1553.

[34] HEGEL *Enz.* §408, GW20, p.413; *Philosophy of Mind*, p.124.

tion<sup>35</sup>". The influence of nature regains its reign, in a state in which the subject is overwhelmed by her most immediate feeling, lacking the necessary reflexive distance to discriminate and evaluate the information received or perceived. Therefore, madness represents the momentary or lasting failure of the mind in its struggle against the immediate external influence of nature. The person suffering from a mental disorder literally loses self-control, loses touch with reality and the outside world, and ultimately finds herself under the influence of a pre-reflexive, pre-conscious cognitive activity. Where does this pre-conscious, pre-reflexive activity come from? From the body's own organic movements or from what Xavier Bichat (1771-1802), who greatly influenced Hegel<sup>36</sup>, called 'organic life'<sup>37</sup>. In this pre-conscious activity, we find ourselves in the register of (almost animal-like) intuitions, immediate impressions, which the impotent intellect remains unable to validate or invalidate. For reasons such as these, the mentally ill individual experiences feelings of grandeur, thinking him- or herself as to be a king or queen, or great insecurity, feeling themselves to be made of glass, according to the classic examples found both in the modern philosophical writings<sup>38</sup> and empirical psychology journals of the time<sup>39</sup>. Immediate feeling is *sovereign* and rejects the need of a confirmation through a reality check.

Interestingly, Hegel himself discusses this notion of madness in terms of genius: "The self-possessed and healthy subject [...] subsumes each special content of sensation, idea, desire, inclination, etc., as it arises, so as to insert them in their proper place. He is the *dominant genius* over these particularities<sup>40</sup>". I have an irrational desire, a depressive tendency, a social phobia, but, aware of my condition, I still manage to put these things in perspective: I repress my inappropriate desire, I acknowledge my depressive mood as an unpleasant, yet (hopefully) temporary sensation, I feel strong enough to (eventually) overcome it, etc. Ultimately, it is not so much a question of denying our disorders (or natural self-feelings) as it becomes learning to function with or in spite of them. Obviously, this requires a certain amount of strength, and it is no coincidence

[35] HEGEL *Enz.* §408, GW20, p.412; *Philosophy of Mind*, p.123.

[36] See again CHAPUT, EMMANUEL, "Hegel lecteur de Bichat, ou comment la raison spéculative fait d'une distinction d'entendement un moment conceptuel du vivant".

[37] BICHAT, XAVIER. *Recherches physiologiques sur la vie et la mort*, Verviers, Marabout, 1973.

[38] For a philosophical use of such examples, see for instance RENÉ DESCARTES, *Meditations on First Philosophy*, p.13; JOHN LOCKE, *An Essay concerning Human Understanding*, p.161.

[39] On the empirical psychology journal Hegel referred to and which used those classical examples, see REID, JEFFREY. "How the Dreaming Soul Became the Feeling Soul." In *Essays on Hegel's Philosophy of Subjective Spirit*, edited by DAVID S. STERN, p.37-54. Albany: SUNY Press, 2013. For Hegel's use of those examples, see GW 25.1, p.376, 397; GW 25.2, p.711, 724, 1054.

[40] Hegel *Enz.* §408, GW20, p.413; *Philosophy of Mind*, p.123. [Emphasis in the original]

that Hegel associates old age with forms of dementia or senility: the energy needed to control our impulses degrades as our strength in age declines.

Still, the progress compared to previous treatments for madness is noteworthy. Insanity is something that each rational individual is constantly pushing against. Insanity is what our mind constantly struggles against in its development as consciousness *per se*. It is what Hegel calls “the evil genius of man<sup>41</sup>”—an expression that should not be misunderstood as mystical or religious in nature, as though Hegel were claiming that mentally ill individuals were evil individuals, or possessed by evil spirits. The use of the term “evil genius” in this context is far more prosaic. Just like the sane individual is the “*dominant genius*” of her “particularities”, the *insane* individual suffers the *exact opposite* relation: those particularities *become* her dominant genius, they dominate her mental activity, they take the upper hand. Since this domination of particularities hinders the proper development of the individual’s consciousness, this “genius”, this unconscious domination of self-feeling as madness, is deemed ‘evil’ or ‘bad’ (*böse*)<sup>42</sup>.

Nevertheless, Hegel is adamant that insanity and madness are not a matter of literal possession, as if evil spirits had taken hold of myself. Insanity and madnes are rather diseases affecting both mind and body, which can (hopefully) be cured<sup>43</sup>.

#### IV. THE PSYCHIATRIST AS A (GOOD OR EVIL) GENIUS

This discussion of genius brings us to the issue of psychiatry and the normative status of the therapist. Seeing as Hegel associates both sanity and insanity with the figure of the genius, I argue that it is helpful to frame the role of the therapist in similar terms. As described above, the sane individual is defined by Hegel as the “*dominant genius*” of her own mental activity. She is at liberty to pursue a desire or not, to grant validity to an impression, or truth to an idea. Conversely, the mentally insane, according to Hegel, is subjected to her own “evil genius”, i.e., her impressions, sensations, desires and moods dominate her will and effectively place her in a state of passivity. How, then, can one cure herself of mental derangement, if insanity is precisely a state of incapacitation in which one is unable to overcome her immediate self-feeling? At this point, the therapist becomes a relevant party for Hegel. Acting as the genius of her patient, she substitutes her will, not for the patient’s own, but in place of the evil genius that has subjugated the patient’s will. In other words,

[41] HEGEL *Enz.* §408, GW20, p.413; *Philosophy of Mind*, p.124. See also GW 25.1, p.308.

[42] HEGEL, GW 25.2, p.714.

[43] HEGEL *Enz.* §408, GW20, p.413.

the patient's autonomy and her ability to control her mental life as much as possible must be liberated from its own impotence. But precisely because her autonomy is powerless, it cannot be self-liberating. This liberation must thus come from outside. To this end, the therapist as genius searches for a way to subjugate the patient's self-feeling to allow the patient's conscious self to progressively regain control over herself. In this sense, the psychiatrist relies on the rationality she presupposes in the patient in order to reverse the balance of power between reason and natural feeling. Hegel designates this process as the "humane treatment, no less benevolent than reasonable" which he associates with Pinel and which, correspondingly, "presupposes the patient's rationality, and in that assumption has the sound basis for dealing with him [...] just as in the case of bodily disease the physician bases his treatment on the vitality which as such still contains health<sup>44</sup>".

Nonetheless, because this treatment rests on a relation revolving around the notions of autonomy, authority, benevolence and control, the ethical component is immediately present. And Hegel himself is well-aware of the ethical implications of such a relation. When someone deliberately intervenes in the mind of an already vulnerable individual<sup>45</sup>, it is easy to see how things could go sideways. Even without malevolent intentions, a therapist's poor choice of treatment could potentially have an enduring impact on the patient's mental (and physical) health. I shall address this very issue of treatment in the following section. At present, let us focus on the benevolent or malevolent intentions a therapist, as genius, can have.

As elaborated, the notion of genius in Hegel's *Anthropology* is essentially ambiguous. There is the evil genius that pulls the individual back into a more primitive state of mind in which nature's influence over spirit is more prevalent. Additionally, there is the 'good genius' that actually helps the individual act adequately, like Socrates' *daemon*. Hegel presents various examples of good and bad geniuses, i.e., of subjectivities and/or individuals who use or abuse their influence for the benefit or detriment of a vulnerable person who, either temporarily or permanently, lacks the necessary subjectivity or willpower to act and think for herself.

A recurring example of an evil genius relation relevant for our purpose is that of the hypnotist and the sleepwalker or somnambulist<sup>46</sup>. Here, the in-

[44] HEGEL, *Enz.* §408, GW 20, p.414; *Philosophy of Mind*, p.124. As Alfredo Ferrarin remarks, this posture by Hegel is actually quite modern, see FERRARIN, ALFREDO, *Hegel and Aristotle*, Cambridge, Cambridge University Press, 2004, p.263 n.32.

[45] Vulnerable to the extent that she already is under the influence of her most immediate natural self-feeling.

[46] HEGEL, *Enz.* §406, GW 20, p.409-10.

fluence is exerted not in the interest of the patient, but in the interests of the person exercising control<sup>47</sup>.

Fortunately, there are also examples of (hopefully) good geniuses. We can think of parents who must sometimes make choices for their children, precisely in the child's interest against its "natural" desires<sup>48</sup>. The same goes for the pregnant woman who talks to her child as a form of reassurance. In this case, her positive influence is entirely deliberate and benevolent. This positive influence is also how Hegel conceived the teacher's work: one cannot simply let children express their immediate desires (and natural idleness), rather, one ought to encourage them, push them to surpass themselves. This relationship necessitates a form of authority in which the teacher limits the child's personal desire by requiring certain actions, respecting certain rules, doing homework, etc. Once again, the final purpose of this constraint is to assist the child in its development, to free her of her own passivity, to develop her autonomy<sup>49</sup>.

To the extent that the psychiatrist serves as a bridge between the individual trapped in her subjectivity and the "objective" outside world, the therapist's role is analogous to that of the teacher or the parent imposing her will for the child's or pupil's benefit. If the psychiatrist succeeds, she will have allowed the patient to regain her senses and thus free herself from her own self-feeling and passivity. This success would demonstrate the psychiatrist as an example of a good genius. If, on the other hand, she comes to regard her patient's madness merely as an interesting case study – rather than as a disease to be cured – then psychiatry would be, for Hegel, a representation of the evil genius, since the therapist's interest would trump the patient's. The therapist's authority over her patient would merely serve her own (research) interests rather than that of her patient (even if, incidentally, this interest may be noble in other respects, e.g., the advancement of science for instance). In this relation, the patient ceases to be treated as a rational individual temporarily incapacitated by insanity. She is effectively reduced to her state of mental derangement.

[47] ROBERT WIENE'S *Das Cabinet des Dr. Caligari* (1920) could be taken as a paradigmatic example of such a case.

[48] For example, a parent may impose "no more screen" or "no more sugar" to her child, although screen time or sugar is what the child "naturally" desires and longs for. It is "natural" in the sense that the screen is designed to be "intuitive" and addictive for the child, that sugar also causes an addictive effect on the child's brain, etc. But as a parent, I can consider that the necessity to ensure a child's health and cognitive development necessitate such decisions that the child is still unable to take by itself.

[49] On this educational model, see CHAPUT, EMMANUEL, "S'éduquer à travers l'autre : philosophie du perfectionnement, humanisme et conscience de soi chez G.W.F. Hegel et Germaine de Staël", *Cahiers Staëliens*, no.73, 2023, p.51-76; NIGEL TUBBS, "Hegel's Educational Theory and Practice", *British Journal of Educational Studies* 44, no. 2 (1996), p.181-99.

Unfortunately, it seems that the relatively young history of psychiatry is to some extent torn between these tendencies of providing cure for vulnerable individuals and studying them for the advancement of knowledge. For instance, Emil Kraepelin (1856-1926), recognized as one of the fathers of modern scientific psychiatry, appears to have been much more interested in classification and diagnosis than by the possibility of treatment and cure. In his *Einführung in die psychiatrische Klinik* (1901), Kraepelin is quite clear: “Every mentally ill individual is a known problem to himself and his surrounding”, they are often incurable, and unfortunately “only a small portion of those incurable sick individuals will perish quickly<sup>50</sup>”. In other words, according to Kraepelin, the mentally ill individual cannot be cured most of the time; hence, the aim of psychiatry is to study, understand, and classify the phenomena rather than to try to cure the ostensibly incurable. Even worse, these individuals are more often than not a burden to their families that, ideally, they would perish to alleviate that burden, but since most of them do not, psychiatry seems to provide a service (to the families, not necessarily to the patient) through the institutionalization of the mentally ill. Mental institutions offer both a context in which the psychiatrist can study the phenomenon and a relief for the family. Subsequently, the patient’s wellbeing and cure appears as of secondary importance.

In fact, this attitude is unfortunately common – albeit in less explicit forms – in the history of medicine in general. Those in the profession are often torn between the imperative of *taking care of* their patients, and the imperative of grounding itself in *scientific knowledge*. For instance, hospitals previously had religious responsibilities; their mission was more or less to care for and alleviate suffering, but not necessarily to *cure* the sick. With the development of the clinical approach, doctors and students of medicine began entering those hospitals to study patients, observe symptoms, and test new treatments. The patient was thus first and foremost an object of study, which allowed the advancement of science. Eventually, those advancements would prove themselves useful for patients in general. Regardless, it still implied the initial consideration of some cases as merely useful sources of information for practice, rather than as diseases to be treated.

If we focus on the issue of cure and treatment in psychiatry, i.e., if we temporarily put aside the trend of research psychiatry, personified here by Kraepelin, then important philosophical questions begin to emerge. What is in fact the purpose of therapy or treatment? Is it to restore functionality to the patient? Is it to put an end to a disabling discomfort? Is it to provide the necessary means to regain a certain autonomy? It seems obvious that psychiatric

[50] KRAEPELIN, EMIL, *Einführung in die psychiatrische Klinik*, Leipzig, Johann Ambrosius Barth, 1901, 3 [my translation].

practice presupposes such questions. And although they are not all mutually exclusive, the way we answer them will likely orient the therapist's planned treatment. And for that treatment to be successful, the physician should take the patient as having a mind of her own on that matter into account. Should medication enable me to function in society, even if I no longer feel like myself? Is it simply intended to relieve a temporary discomfort so that I can foresee an end to the pharmacological treatment, or is it aimed at reconfiguring my neuronal connections permanently?

From Hegel's position, we can already infer that he would, as much as possible, reject any treatment that would place and maintain the patient in a permanent state of dependency and subjection. He would systematically favor an approach that would allow the patient to regain her own autonomy. But how does one carry out such treatments concretely? In other words, what should be a sound psychiatric treatment from a Hegelian standpoint?

## V. HEGEL'S INSIGHTS ON PSYCHIATRIC CURE AND CONCLUDING REMARKS

"[W]hen addressing a madman", Hegel writes, "one must [...] always begin by reminding him of all the facts and circumstances of his situation, of his concrete actual world<sup>51</sup>". In other words, one must confront the individual with her actual condition, with who she is, etc. "Then, if in spite of being made aware of this objective interrelated whole he still sticks to his false idea, there can be no doubt that such a person is insane<sup>52</sup>". What is the treatment then? The "curative method" (*Heilverfahren*)<sup>53</sup> as Hegel calls it, is a twofold approach, as it needs to act both on the *physical* and the *psychological*. Hegel admits the possibility that "in some cases the former alone [i.e. a physical treatment] is sufficient; but in most cases it is necessary to supplement this by psychological treatment which, in its turn, can sometimes effect a cure by itself<sup>54</sup>". In other words, in most cases the treatment of mental illness will entail both a physical and a psychological component. Hegel, however, concedes that in certain specific cases, either a physical or a psychological treatment alone may solve the issue (each case of insanity being essentially idiosyncratic; Hegel acknowledges a fundamentally empirical component that actually precludes any general law concerning the cure). Nevertheless, Hegel demonstrates forward-thinking in tune with modern research that proved that the optimal approach to major

[51] HEGEL, *Enz.* §408Zu., GW 25.2, 1040; *Philosophy of Mind*, 128.

[52] *Ibid.*

[53] HEGEL, *Enz.* §408Zu., GW 25.2, 1050; *Philosophy of Mind*, 136.

[54] HEGEL, *Enz.* §408Zu., GW 25.2, 1050-51; *Philosophy of Mind*, 136.

depression, for instance, required both a physical approach through a pharmacological treatment and a psychological treatment through therapy<sup>55</sup>.

Regarding physical treatment, Hegel has little to say except that there is no unique solution for every case, and that the psychiatrist is thus left with the uncertainty of experimentation and the risk of trial and error. He nevertheless points out that the approach developed at the infamous Bedlam Hospital of London was quite possibly the worst of all<sup>56</sup>.

The focus of Hegel's attention is rather the psychological aspect of the cure. Here again, his approach is interesting. He insists above all on *trust*: "In the psychological treatment of the insane, it is more important than anything else to win their *confidence*<sup>57</sup>". This is possible, "because the insane are still moral beings<sup>58</sup>" and should be considered as such. The idea, however, is not so much to remind the psychiatrist of her patient's 'moral dignity' in order to consolidate her benevolence for her patient. Instead, Hegel considers the patient's commitment to moral engagements as constituting an essential component of her cure. Once the physician has gained the patient's confidence, the latter will be more likely to feel morally compelled to maintain her engagement in the relation and thus begin to listen to the physician's advice and opinions even when they seem to contradict her most immediate feelings (which are precisely those which made the patient lose contact with objectivity). Once the patient has placed her confidence in her therapist, the latter has the necessary tools to attempt to cure her from a Hegelian perspective. Through this relation of trust, the psychiatrist acquires "a proper *authority over*"<sup>59</sup> her patient. From this moment on, we can consider the therapist as the patient's *genius*. And as this relation of trust grows, the therapist's words acquire a growing value which progressively takes precedence over the patient's own closed-in subjectivity. Through their relation, the patient progressively "acquires the ability forcibly to restrain his subjectivity which is in conflict with the objective world<sup>60</sup>".

The examples discussed by Hegel in this context are rather entertaining and quite elaborate. An Englishman for instance "believed he had a hay-cart with four horses in his stomach<sup>61</sup>". A physician gained his *trust* by assuring the patient that he could feel the hay-cart in question by touching the patient's belly. He then managed to convince the patient that he had the power to reduce

[55] KRING, ANN M. et al. *Abnormal Psychology*. Hoboken: Wiley, 2010, p.243.

[56] HEGEL, *Enz.* §408Zu., GW 25.2, 1051.

[57] HEGEL, *Enz.* §408Zu., GW 25.2, 1051; *Philosophy of Mind*, 137.

[58] *Ibid.*

[59] HEGEL, *Enz.* §408Zu., GW 25.2, 1052; *Philosophy of Mind*, 137.

[60] *Ibid.*

[61] HEGEL, *Enz.* §408Zu., GW 25.2, 1053; *Philosophy of Mind*, 138.



the size of objects. He gave the patient an emetic and sent him vomiting out the window where he had previously placed a four-horse hay-cart, leading the patient to believe that he had indeed purged what he had in his stomach. The patient was thus cured of his illusion<sup>62</sup>.

Another patient refused to eat and was convinced that he was actually dead. His physician thus placed him in a coffin within a vault. There, an individual previously placed in the vault emerged from his own coffin and began to eat, assuring the patient that the dead also had to eat in the great beyond. He somewhat convinced the patient that the latter should rely on the other's more extensive experience of death, since he had been dead longer. Once again, this aspect of *trust* helped cure the patient who resumed eating<sup>63</sup>. Unfortunately, Hegel does not specify whether the patient was cured as well of his illusion of being dead, or if he remained convince of being dead for the rest of his life.

Among these elaborate cases is also the story of a man who could not move his legs, claiming that they were made of glass. He was cured when his therapist staged a fake burglary and fled the office. Seeing his escape and *confident* the danger was real, the patient got up and fled after him. The shock of objectivity healed the trapped-in subjectivity of the patient<sup>64</sup>.

Of course, these examples may appear as anecdotal and outdated. They demonstrate just how much the treatment of mental derangement was still experimental, if not entirely exploratory, in Hegel's time. It also shows just how much psychiatric treatment and therapy has evolved since then. There is an essential aspect, however, that is present in every example—an aspect that still seems relevant to psychiatric practice today: the matter of the trust and confidence built between the therapist and her patient.

Perhaps even more important than this Hegelian insight of *trust* as part of the cure, is the challenge Hegel poses to psychiatry. The issue of the individual suffering from a mental disorder is that she is either incapable of reflexive thinking or that her reflexivity, while consistent in itself, is based on problematic foundations<sup>65</sup>. Here, the therapist begins her intervention, acting, in Hegel's terminology, as the patient's (good or evil) genius. This ethical alternative (good/evil) seems to necessitate the question the psychiatrist should have in mind when practicing: am I a good or an evil genius? In other (less

[62] HEGEL, *Enz.* §408Zu., GW 25.2, 1053; GW 25.1, 396; GW 25.2, 710-11, 725.

[63] HEGEL, GW 25.1, 396-97; GW 25.2, 723-24, 1054,

[64] HEGEL, *Enz.* §408Zu., GW 25.2, 1054.

[65] Locke already argued along similar lines: "herein seems to lie the difference between Idiots and mad Men, That mad Men put wrong *Ideas* together, and so make wrong Propositions, but argue and reason right from them: But Idiots make very few or no Propositions, and reason scarce at all" (LOCKE, JOHN, *An Essay concerning Human Understanding*, 161).

dramatic) words, is my treatment motivated by an attempt to help the patient recover her own autonomy over her (mental) life or do I pursue other (more or less self-interested) motives? Indeed, being a fully functional reflexive subject, the psychiatrist has the privilege of being able to reflect on her practice, on its purpose and aims, and on her role and authority as a psychiatrist forming relations with vulnerable individuals seeking care.

Thus, Hegel's greatest contribution to the psychiatric practice: to remind the psychiatrist of the utmost importance of reflecting on the possible dangers and excesses of an asymmetrical relationship of care and to reflect on the way we can establish safeguards against dangers and excesses.

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