

ERNST CASSIRER

Two letters to Kurt Goldstein*

I.

Hamburg, January 5, 1925

Dear Kurt,

First of all my wholehearted thanks for the New Year's wishes, to which Toni and I most cordially reply by sending ours. My wish for this new year is that it will allow us to meet again — hopefully for a longer period of time. From the few hours spent in your company in the past year, it has once again become quite clear to me — even if I disregard the personal closeness which, it goes without saying, holds for both of us — that the problems with which we are currently dealing are very close to one another and how fruitful for me a more intense cooperation with you might be.

I find this confirmed anew in yours and Gelb's essay dealing with the amnesia of color names. The essay addresses from the psychological point of view a series of problems which I am trying to disentangle from the systematic point of view. If I adequately grasp the clinical description and correctly understand the interpretation you offer, your case has to do essentially with the pathological failure of "symbolic consciousness," while the "sensory consciousness" remains relatively unaltered. To determine the interrelatedness of both aspects — to show how both symbolic consciousness and sensory consciousness constantly impinge upon one another in the course of normal mental life — seems to me to be one of the chief tasks of a future psychology and phenomenology. I believe, indeed, that in each perceptual experience (such as the lived experience of colors) the sensuous component can be distinguished with precision from the significant one. The relevance of investigations such as yours consists, it seems to me, in the fact that here, on the basis of pathology, it is possible to separate these aspects from one another, which in normal mental life are interwoven and determine their basic character in isolation.

I want in particular to note that I think the structural analysis of particular "symbolic forms" (e.g., of language) seems to me already to demonstrate that the genuinely symbolic (i.e., the use of something sensuous as a pure sign, as the

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material carrier of meaning) is always a relatively late achievement of development. This achievement must first pass through various stages which are closer to the prior, immediately-sensuous stages of conduct. In my book on language (p. 132 ff.),¹ I have tried to define three developmental stages — from the “mimetic” to the “analogical” up to the “purely-symbolical” — and I have found something quite similar in the analysis of mythic thought. I believe that mythical thought also takes its departure from a stage in which all contents of consciousness still belong to a single level of “presentation” in which there is no kind of developed “representation.” In addition, I believe that in “primitive” languages there are specific phenomena which constitute an exact analogon to what you have characterized as “more primitive” in the conduct of your [sc. Goldstein’s and Gelb’s] patient.² Here, the linguistic concepts themselves still exhibit a greater “proximity to reality” — they stick more to the sensuous impression as such, they are rooted in pure “experiences of convergence,” whereas “categorical behavior” remains in the background (cf. e.g. p. 257 ff. of my book on language).³ I have tried to capture this by saying that the single words here have a very limited “radius of action” and therefore only permit linking what is most proximate in sensuous appearances to found a series. The behavior of your [Goldstein’s and Gelb’s] patient seems to exhibit a similar kind of characteristic.

If you [sc. Goldstein and Gelb] explain the disturbance essentially by pointing to the lack of a fixed principle of coordination for colors because he is unable to engage in “categorical behavior” or is impaired in doing so — and if you also think that this basic kind of behavior corresponds physiologically to a basic cerebral function, then this explanation seems to contain a fundamental difficulty. For as far as I can tell from your [sc. Goldstein’s and Gelb’s] description of the case, the disturbance is concerned with only one single area of perception (that of the amnesia of color names), whereas in other areas there are no great impairments to language use. One might infer from the normal use of language in these areas that “categorical behavior,” which constitutes the correlate to meaningful speech, to the “possession of language in its significative meaning,” is not disturbed in general. How should one therefore imagine that the conditions for categorical behavior are fulfilled in general, while this behavior is not possible with respect to a specific ensemble of sensuous qualities? On the one hand, the purely sensuous color distinctions are intact (see e.g. p. 144 of your [sc. Goldstein’s and Gelb’s] essay)⁴ — on the other hand, the meaningful use of language in other areas shows that the categorical behavior has not suffered in general. The correct coordination, the “interwovenness” of both moments, no longer exists for the experience of the

¹ Cf. Cassirer 1994, 134 ff. = Cassirer 1953, 186. The reference in the letter is to the first edition of 1923.

² Cassirer alludes here to Schneider.

³ Cf. Cassirer 1994, 261ff. = Cassirer 1953, 289. The reference in the letter is to the first edition of *Philosophie der symbolischen Formen*.

⁴ Cf. Gelb & Goldstein 1971.

world of colors. In such cases, the older psychological theories could satisfy themselves with the explanation that here some “association” or “association pathway” was disturbed — but obviously, this was an inadequate type of explanation. But from the point of view of modern psychology, it seems to me that a radically new problem, or rather a whole group of problems arises. It turns out that what psychology used to refer to as elementary sensation or elementary perception is not at all elementary — and that rather in each perception sensory and significant behavior are intermingled. And we must not conceive the latter somehow as a kind of “general” form that floats above all things, and is ready to be applied to each and every sensuous “matter”; rather, to every specific sensuous matter, there would apply a specific corresponding mode of form-giving, of “categorical behavior.” Thus, “normal” perception obtains only when a specific form is directed towards a specific matter — whereas in pathological cases, the sensuous as such may remain intact, but it no longer goes together with its own kind of “meaningfulness.”

Finally, another question! Are there comparable observations concerning the perception and naming of spatial forms analogous to those which you [sc. Goldstein and Gelb] provide for the perception and naming of colors? I believe I remember from the general [neurological] literature that very similar disturbances occur. Your [sc. Goldstein’s and Gelb’s] theory could most conveniently be tested against such cases. If I am not mistaken, the lack of “categorical behavior” here would show that the coordination of spatial forms (such as triangles, rectangles, etc.) is successful on the basis of sensuous similarity (by means of immediate “experiences of convergence”), but that a patient would no longer grasp what we mean by geometric similarity. Hence, he would consider, e.g., two elliptic forms to be “similar” and relate them to one order, if they displayed approximately the same size along the small and the long axis — but he would not, in contradistinction, subsume ellipses with very disparate axes and axial proportions under the concept of elliptic form. I would be eager to learn whether there are already findings on this issue in the literature — they would appear to be all the more relevant, since the unique value and meaning of categorical behavior manifest themselves more clearly in the realm of seeing forms than in that of seeing colors.

But I do not want to extend this letter any longer, although I still have several other questions in my mind. From its length, which is nearly excessive, you will at least learn, dear Kurt, how fascinated I am by the problems you raise. These problems will not be solved, unless — to play on Plato’s saying — either the physicians decide to turn into philosophers, or the philosophers become physicians. As far as the first condition is concerned, I console myself that you obviously are on the best way [sc. to becoming a philosopher]. Hence, I have nothing else to do than to wish you on this New Year, besides good health for you and all the members of your family, further progress on this path.

With my most cordial greetings to you and the children,

Your Ernst

anything which does not relate to some concrete matter of fact (thus, when Sch[neider] is no longer capable of saying that he can write well with his right hand, although he expresses the same thing with ease when speaking of his left hand). In all these cases, the characteristic feature seems to consist of the fact that the patients are nearly as competent as healthy persons in dealing with contents that are sensuously present (cf. the hammering of the “real” nail into the “real” wall); but they fail to do so whenever they are required — to use my terminology — to enact a “representation” instead of a sensuous presentation, and to perform a “symbolic act” (such as “marking” a particular movement) instead of a “real” one. The content of visual data and of all other sense perception gets significance for them — as I would express it — only in so far as it is given to them as something sensuously existing. I think it is generally too little recognized how much of a normal person’s behavior is to a high degree “symbolic,” not only in thinking and in perception, but even in actions as well. To a normal person, the “existence” of each sensory given remains in the background compared to what these data “mean” to him. Hence, he continually takes the step towards the “ideal” — he transforms given “reality” into something purely “possible.” In a normal person, most thinking rests on this transfer into the “possible” (the “idea,” as Cohen repeatedly emphasized, is a “hypothesis”!⁶), but also so does his perception, and this is what your [sc. Goldstein’s and Gelb’s] cases show so well. Our spatial “seeing” in particular is grounded upon the fact that our visual space amounts to a schema of potential realtions — Leibniz says: “un ordre de coexistences possibles”.⁷ No content is as “incorporated” into, and undetachably, concretely concatenated with its position; rather, we may subject both [content and position] to variations independently of one another — we may change the contents of their positions and substitute one of them by another. This happens with each concrete movement that we are able to concretely apprehend — but it also is the condition of each ideal movement, of each motoric “project.” This “project” consists in the possibility of making such a switch in our imagination. Thus, a normal person can imagine without difficulty any object at any spatial point where this object is not “really” present as a sensuously graspable stimulus. And so the normal person can practice actions with respect to a “possible” (merely imagined) nail as well as with a “real” thing, e.g., a real nail. He treats the present as something represented, the represented as something present. But in the “mentally blind”⁸ person, if I am not mistaken, this transfer has become disrupted. The “mentally blind” person still has some impressions of visually given objects — especially in the case of “associative optic amnesia”; but the function of mediated “representation” is either destroyed

⁶ Cf. e.g. Cohen 1981 [1907], 97.

⁷ Cassirer had already dealt with the notion of the order of possible coexistences in his book on Leibniz; cf. Cassirer 1998 [1902], 142–144 and 237–238.

⁸ The German expression is ‘seelenblind’ and refers to the condition of optic amnesia (Seelenblindheit); however, Cassirer’s use of the neuropathological term is also broadly psychological; hence our choice of the not overly specific expression.

II.

Hamburg, March 24, 1925

Blumenstrasse 26

Dear Kurt,

I am back home again — and must above all thank you and Gelb for the magnificent days in Frankfurt, which have been so instructive and inspiring for me. I have once more had the occasion to recognize the truth of Goethe's saying that "in the sciences, too, one cannot really know — everything must be done." And to doing, conceived in this sense, also belongs speaking to one another. Now that you have shown your cases to me personally, they have become more concrete and lively — and only now am I able to understand the details and to more fully grasp the conclusions you [sc. Goldstein and Gelb] draw. I am still surprised to see that what you have discovered in your individual cases concords with a series of thoughts and problems to which I have been led by quite a different path. This became particularly clear to me again after reading — mostly during the trip — your [sc. Goldstein's and Gelb's] second study and of your own article "On the dependence of movements upon visual processes."⁵ Today, I regret that I did not know these texts, too, beforehand, for now I must put all the questions they have awakened in me into a letter, which is likely to become very long and to demand much of your time and patience. I would like to underline right away, however, that the following is always concerned with questions, even though for the sake of brevity, I use declarative language. Of course, I do not possess the competence necessary for the assessment of your [sc. Goldstein's and Gelb's] cases in any way. Thus, I only want to know whether the standpoint from which I view these cases within the context of my own problems is tenable and feasible.

Granting that I understand your perspective correctly, you try to explain the disorders in the cases of Schneider and Schaf primarily by the dysfunction of the patients' visual representations. Here it seems to me that what you mean by "visual processes" is of crucial importance. For I believe, indeed, that the type of phenomenal visual data in both patients does not fully explain the form of their disruption. If S[chneider] is asked to knock at the door, he immediately halts the movement when he no longer sees the door, so that the visual datum seems to play a decisive role. Yet, he can no longer perform the act of knocking at the door when he sees it, but is standing at too great a distance to reach it. In addition, you want to explain the disturbance in its totality, and not merely some particular symptoms, whatever their importance may be. And this whole disturbance embraces other factors, for whose explanation, as far as I can see, consideration of the patients' modified "optics" does not offer any help. I have in mind primarily the strange linguistic disturbance due to which both Schn[eider] and Schaf are unable to utter

⁵ Cf. Goldstein 1924.

or heavily impaired. So he can then only direct his actions according to present stimuli — hence, he imitates movements, which are performed for him, only in part; he moves an arm when constantly fixing his eyesight on it, etc. Even Schneider is capable of setting up a certain “background” for his movements — by means of his kinaesthetic sensations, but he is no longer capable of transforming and transposing this background the way we do. This transposition results, as I like to say, from an act of “symbolic ideation.” Because the patient lacks this kind of symbolic ideation, he sticks so to speak to the presently given — hence, he is no more capable of elevating himself to the free “representation” of something which is not given.

Granted that this overall interpretation is accurate, then this seems to shed new light upon the linguistic disturbances of patients suffering from optic amnesia. For in both cases, the basic disturbance would be the same — or analogous. The patient is somehow subjected even in his speech to the power of the sensuously present — he cannot utter that which is merely “possible” because the latter does not “exist” for him. Here, too, he does not attain to ideal “re-presentification” — to the positing of something not presently given as present. (In this respect, Sch[neider]’s tremendous effort, displayed in overcoming the mental resistance he felt when he was asked to utter the sentence that it was raining outside, was very telling — he constantly looked through the window and remained stuck, so to speak, to the even qualitatively not very specific contrary visual experience.) I am very curious to know whether further observations have been published pertaining to this kind of phenomena. One would have to observe whether the speech of such patients is dominated by purely “constative” assertions (besides utterances of affect and wishes), and whether the patients display full understanding of hypothetical and fictitious propositions, whether they produce them spontaneously, etc. (How, e.g., would the patients respond to questions such as:

- a) What would you do, if such and such happened [?]
- b) What would have happened if such and such had not occurred [?] etc.

(Difficulties of verbal expression similar to those one observes in the attempt to express something “non-existent” might show up.)

All in all, I want to emphasize that, of course, I have been overwhelmingly convinced by your [sc. Goldstein’s and Gelb’s] disquisitions concerning the crucial role played by visual processes in the execution of spontaneous movements; however, it seems to me that the “optical representations” as such or the experiences of representing something as given (pp. 181–182 of your article)⁹ are much less crucial than the function inherent in such experiences. The lack of this function of “symbolic ideation” inhibits the emergence of the “project of motor acts” — an inhibition resting less on an impairment to “vision” than to that of “viewpoint.” The disturbances of “viewpoint” in general express themselves in disturbances of

⁹ Cf. Goldstein 1924.

“having an aim.” And this holds in two ways: a patient can no longer “envision” a specific event (e.g., a spontaneous motor act) as we do, because he is not able any more to abstract from the momentarily present situation nor to elevate himself above it.

Finally, I believe that on such an interpretation the cases of Schneider a[nd] Schaf come in line with other, clinically rather different cases, such as your [sc. Goldstein’s and Gelb’s] cases. The inhibition of the performance of “abstract movements” would then in principle be amenable to an explanation similar to that provided for the difficulty of using color names “abstractly.” We would be dealing in both cases with impairments of “symbolic ideation,” of the capacity to grasp a perceptual content by way of representation, rather than by mere presentation.

However, I must come to an end of this letter, which has reached a truly unbearable length. You may interpret this letter, if you want, as a pathological sign and add it to your case histories. Indeed, at the moment I really resemble a bit one of your patients who “could not halt spontaneously.” After our long and intensive conversations, it was not easy for me to let the thread go. But it goes without saying that I do not require an extensive answer to my expectations — it will be enough for me if you clarify some points when we meet again in Berlin, which I hope very much will be possible.

For today, let me simply add my cordial greetings, which I ask you also to convey to Gelb and Pfungst. Yours

Ernst

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