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Research Paper

Phenomenology and psychopathology

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ABSTRACT

Founded as a philosophical movement in the early years of the 20th century by Edmund Husserl, phenomenology is the study of the structure of consciousness as experienced from the first person's point of view whereas descriptive psychopathology, popularised by Karl Jaspers is a systemic study of abnormal experience. Present phenomenological psychopathology has gained new ground by emphasizing the roots of mental illness in the patients' pre-reflective experience and the basic structures of consciousness such as self-awareness, embodiment, spatiality, temporality, intentionality, and inter-subjectivity, the salient features of which we attempt to explore here.

Keywords: *Phenomenology, Psychopathology*

The quest for understanding the workings of human psyche led to the art of carefully observing each psychic phenomenon (Greek *phainomenon*, "that which shows itself") from the first-person perspective. A careful observation and description of each human experience, without any presupposition, leads us to their essence, which is then generalized to similar psychic phenomenon, thus forming a branch of study known as phenomenology. When such observations are directed towards abnormal experiences, it gives us an insight into the disorders (pathos) that plague the mind (psyche), forming groundwork for the discipline of psychopathology. With new research into the neuronal basis of consciousness, these disciplines have been adapted into modern day psychiatry to form an integrated approach to understanding the workings of the human mind and to find a cure for the diseases that ail it.

Husserl's Key Concepts of Phenomenology

Edmund Husserl founded phenomenology as a philosophical method whose motto was, we must "go back to the things themselves" (Spiegelberg, 1960). To repeat: it is the re-discovery of the primacy of human experience and its direct, lived quality. The phenomenal characteristics he identified are:

- **"Qualia" of experience** - phenomenological qualities in a narrow sense, i.e., the experience of red, of the sound of a violin, of a bitter taste.
- **The synthetic unity of experience**- we do not see pixels, but objects, we do not hear single frequencies, but tones with a certain colour and timbre, etc.

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- **The intentionality of experience** - a direct relationship between subjectivity and objectivity. Intentionality is the notion that consciousness is always consciousness *of* 'something', and that 'something' is the object of consciousness.
- **The temporality of experience**- the fundamental form of synthesis is temporality, i.e. the inner consciousness of time. Mental acts "present themselves as temporally ordered, temporally beginning and ending, simultaneous or successive".

Epoché - Of particular importance is the structural description of the disciplined process of becoming reflectively attentive to experience known as 'epoché'. The epoché has three intertwining phases that form a dynamic cycle (Depraz*et al*, 2000,2003):

1. Suspension –Transient suspension of beliefs or habitual thoughts about what is experienced.
2. Redirection - Given an attitude of suspension, the subject's attention can be redirected from its habitual immersion in the experienced object (**the noema**) towards the lived qualities of the experiencing process (**the noetic act**).
3. Receptivity - During the epoché, an attitude of receptivity or 'letting go' is also encouraged, in order to broaden the field of experience to new horizons, towards which attention can be turned.

Husserl's assistant **Martin Heidegger,** in *Being and Time*, attempted to answer the most fundamental philosophical question: the question of 'Being', of what it means for something 'to be'. Heidegger approached the question through an inquiry into the being that has an understanding of Being, which he called "*Dasein"* (being-there). Heidegger argued that *Dasein* is defined by Care, its practically engaged mode of "*Dasenweise"* (being-in-the-world), in opposition to such Rationalist thinkers as René Descartes who located the essence of man in his thinking abilities.

Karl Jaspers' Descriptive Psychopathology

It has been defined as the precise description and categorization of abnormal experiences as recounted by the patient and observed in his behaviour. Descriptive psychopathology is exclusively dependent on the information communicated by the patient (phenomenology), or a relative, and on what is observed by the examiner (behavioural observation). Jaspers, unlike Husserl, seeks to explicate precisely the peculiarities of *pathological* experiences. These experiences cannot be given to the psychiatrist in self-reflection unless the psychiatrist also happens to be ill in the same way. Instead, according to Jaspers, the psychiatrist seeks to "intuitively represent" the pathological experiences of his or her patient. The key concepts are discussed below –

Empathy

Jaspers introduced empathy in psychopathology and called it the very foundation of phenomenology. He referred to it as co-experience, in which the observer places himself in the patient's place in order to intuitively understand his experiences from a first-person perspective.

Understanding

Jasper remarked that psychic phenomena under pathological conditions can be divided into three groups *depending on the observer's empathy* -

1. Those phenomena which can be empathised by us from our own experience. Although pathological in origin, the same phenomena can be experienced even in normal conditions e.g. many falsifications of memory.

2. Those phenomena which have manifested as exaggerations, diminutions or combinations of phenomena which we ourselves experience, e.g. the expansive mood that arises due to acute psychosis, pseudo-hallucinations. They show that sometimes our understanding of phenomena can go far beyond the realms that are afforded by experience.
3. The third group of pathological phenomena, however, are different from the above two in that they are completely beyond any empathetic understanding or un-understandable. There is, thus, a limit to understanding psychopathological phenomena.

Phenomenology as a method is concerned only with static events. It freezes a patient's subjective experiences at a point in time and extracts the meaning from the precise description of the same, without indulging in explanations on how or why the events happened and no comment on future consequences.

Consciousness

A "three-fold significance" of consciousness was noted by Jasper and for him, to be conscious can mean -

- being awake and undergoing experiences;
- being conscious of an object, i.e, intentionality; or
- our capacity for reflective self-consciousness, or to bring things into perspective (Parnas et al, 2013)
- With regard to the unconscious, the patient cannot describe it and hence, it is beyond the scope of descriptive psychopathology.

Form vs Content

Jasper, in his 1912 article 'The Phenomenological Approach in Psychopathology', first outlines the form-content distinction. According to him, "perception, feeling, drives, self-awareness, ideas, judgement are all forms of psychic phenomenon, form signify the mode of existence (Dasenweise) in which content is presented to us. Such forms contrast with the content which might be a man, a tree, threatening figures or a peaceful landscape.' For the patient, only content is important, and he usually fails to note the form. Form is static but content may change. The same content may present in different forms, like hypochondriasis may present as overvalued idea (a long- standing preoccupation with illness), as a delusion (having concluded he is severely ill in the setting of severe depression),as a primary delusion (having had a sudden, compelling,intrusive idea of being ill), as an auditory hallucination (voices telling him he is ill), a compulsive idea (persistent intrusive thoughts that he is ill despite knoeing it to be false and resisting it).

PHENOMENOLOGICAL BASIS OF PSYCHOPATHOLOGY IN SPECIFIC DISORDERS

Schizophrenia –Among the levels of selfhood, there is a **prereflective level**, which refers to a first-person givenness of experience—the (implicit) awareness that this is ''my'' experience. This is sometimes referred to as the ''basic'' or ''**minimal self"** or as ''**ipseity**'' (ipse is Latin for ''self'' or ''itself''). The phenomenological model of self-disturbance in schizophrenia-spectrum disorders suggests that the disorder of self occurs at the level of ipseity or minimal self (Parnas and Handest, 2003). Hyper reflexivity or exaggerated self-consciousness involving self-alienation is the predominant disturbance of ipseity here. The hallucinations (characteristically a voice describing the patient's ongoing behaviour or

experience and two or more voices discussing the patient in the third person) and thought alienation (where the patient fails to acknowledge his basic thinking as his own) experiences in Schizophrenia involve a sense of alienation from and a bringing to explicit awareness, of the processes of consciousness itself.

Mood Disorder- In melancholic depression the body loses its natural mobility and fluidity subject to the person's intention and becomes a heavy solid body which puts up resistance to the subject's impulses and intentions. The body's materiality and weight which is normally **pre-reflective** i.e. suspended in the background, comes to the forefront and is experienced as rigidity, oppression – a leaden heaviness (Michalak et al, 2009).

Psychopaths - If we examine the definition of empathy closely, we can see that a psychopath, unlike a patient with Schizophrenia, does not actually have an empathy disorder but a sympathy disorder (van der Weele, 2011). Empathy is related to intuitive, implicit understanding and knowledge. Sympathy involves compassion and attention to others' well-being. A psychopath has no difficulty identifying other people's feelings and experiences (unlike a person with schizophrenia), but he finds them completely unimportant, along with other people's well-being. For example, a psychopath can describe his victims' suffering (showing evidence of empathy), but can coldly explain that they are of no importance to him (he feels no sympathy).

Body Dysmorphic Disorder -The patient becomes increasingly aware of oneself as perceived by others' gazes. The potential self-alienation that arises from becoming aware of oneself in others eyes have been famously analyzed by Sartre (1943). Exposed to the gaze of others the patient's body as lived becomes a *body for others* and thereby becomes an apparently unprotected or denuded objective body which is open to the potential criticism and rejection. This gives rise to several self-reflective emotions, particularly embarrassment and shame.

Integration of Phenomenology in Modern Day Psychiatry

Neurophenomenology

A growing number of cognitive scientists now recognize the need to make systematic use of introspective phenomenological reports in studying the brain basis of consciousness. Popularised by Francisco Varela, the neurophenomenological approach aims to obtain richer first-person data through disciplined phenomenological explorations of experience, and to use these data to uncover new third-person data about the physiological processes crucial for consciousness, such as the variability in brain response as recorded in EEG/MEG (Lutz *et al*, 2002).

Application in Psychotherapy

Phenomenology and psychoanalysis both share an interest in subjective experience of the person (in terms of experience, feelings, bodiliness) as the field of study (Karlsson, 2010). In phenomenology, the epoche or bracketing of the natural attitude in order to reach back to "the thing itself" allows for an unbiased attention to the subject. Similarly, in psychoanalysis, free-flowing attentiveness allows for opening up the field of the concealed. (Karlsson, 2010). According to both the Freudian and the phenomenological traditions, our knowledge of ourselves and our world is perpetually bound up with consciousness. We can come to know even the unconscious only by making it conscious.

Phenomenology also exerted a historical influence on the development of cognitive therapy. Beck, Rush, Emery refers to the importance of the contributions toward their approach of major phenomenological theorists, Husserl, Heidegger and Binswanger. Cognitive Behavioral Therapy is a directive form of psychological therapy that focuses on understanding how our thoughts affect our behavior. The therapist will not be effective by just offering counter-examples to the patient's view of the "world". The therapist should try to lead the person to experience 'being-in-the-world', the way it was before it became one-dimensional (Dreyfus, 1989).

The phenomenological perspective also influenced the development of the Humanistic Movement (Maslow, 1968). According to humanistic psychologists, people are not a fixed entity because of their capacity to be aware of themselves and to initiate change they have the ability to modify and create the kind of person they can be. This approach emphasised the importance of acknowledging the uniqueness of individuals and their subjective explanations of experience. These philosophical ideas and emphasis on personal experience were developed into therapeutic psychology (**client-centered**) through the work of **Carl Rogers** (1967). For him, the unit of concern was not the stimulus-response or past unconscious conflict, but the individual's own perceptions (Mcleod, 1998). Phenomenologist and humanistic therapies have in commonan atmosphere of empathy, a non-judgmental attitude and genuineness which will allow the individual the space to explore and make sense of his/her current experience (Rogers, 1967).

Gestalt's phenomenological method has embraced **Heidegger's existentialist version of phenomenology.** This process does not specifically seek out the unconscious, but stays with the present awareness about current experience (Crocker, 2005). Firstly, using the rule of "bracketing" that sets aside presuppositions and preconceptions about experience (Crocker, 2009).

Secondly, using the rule of "description". The method then draws on the therapist to make visible through description what has been observed and noted. Thirdly, using the rule of "horizontalisation". This will involve the therapist attending to what the description and exploration uncover. This relies on the therapist's insights and perception.

Existential therapy has the focus on attempting to understand the human condition. It rejects a fixed view of human nature but instead contends that each person must ultimately define his/her personal existence. It focuses on individuality and one's search for meaning in life. The basic framework through which the existential-phenomenological approach aims to understand and clarify clients' difficulties is through reference to the four realms of existence. These are as follows:

1) The Umwelt – the physical, biological dimension, our embodied existence; 'world around' which represents the natural world, the laws of nature and the environment, includes biological needs, drives, and instincts
2) The Mitwelt – the social/public dimension involving relating and interacting with others; 'with-world' it represent personal and group relationships people influence each other and the structure of meaning that develops.
3) The Eigenwelt – the personal/psychological dimension, comprising our sense of identity; 'own world' entails self-consciousness and self-awareness, personal meaning of a thing or person
4) The Uberwelt – the spiritual dimension referring to our sense of values, ideal and purpose (Deurzen-Smith, 1988).

In order to facilitate the exploration of existence in these domains, there are three basic principles (or 'rules') of the existential-phenomenological method which are also used in gestalt therapy, which are as follows:

1) Epoche
2) Description
3) Horizontalization

Limitations

Phenomenology and psychopathology, as a method, has its limitations and most of it is due to its exclusive reliance on the patient's description of his or her experiences and the interviewer's empathetic understanding. A few instances of how this can be so were mentioned by Rinofner-Kreidl (2014) -

- The patients may not be in a state to give detailed description owing to sickness, mental disability, drunkenness or their ability to grasp conceptual or perceptual contents may be compromised.
- The ability to empathise varies from person to person.
- It can so happen that the patient and the interviewer, without each other's realisation, may not talk about the same qualities, objects, or states of affairs.
- Differences in language can be a major limiting factor.
- Lack of past and relevant experiences with inadequate grasp and knowledge of the subject can lead to inaccurate interpretations.

CONCLUSION

Mental illness when viewed from a phenomenological point of view does not remain just a mental phenomenon but manifests itself in the different dimensions of self-awareness, embodiment, temporality and intersubjectivity. Thus, mental illness changes the patient's entire experience of being-in-the-world and become a unique albeit unhealthy experience. The understanding of this alteration of the patient's experience becomes the target of the phenomenological approach. Illnesses such as schizophrenia and depression can be better understood by this approach as the patient's personal experience takes precedence over pre-conceived notions. Phenomenological psychopathology, despite a few shortcomings, emphasizes the importance of taking care of patients as a whole and not just of some dysfunctional part of their body. It allows for a personal knowledge of the patient and thus enables the planned interventions to be tailored as per the specific needs. Currently, this old, almost-forgotten field requires an urgent rejuvenation lest the very science of psychopathology withers away.

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Conflict of Interest

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