

# Phenomenology Is Too Abstract for Psychopathology

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## Abstract

The phenomenological approach is a science that has its roots in the tradition of psychiatric science (Binswanger et al., 1896). Phenomenology intuitively grasps the content of consciousness precisely and distinguishes between concepts so that it can provide knowledge about the nature of consciousness. As the basis for scientific psychology and psychiatry, the phenomenological approach allows for a clearer understanding of the nature of mental disorders. This essay argues that phenomenology is not abstract to psychiatry is the foundation of psychiatry and has a distinguished role in psychiatry. The essay begins with an introduction to the origins and history of phenomenology and describes the psychiatric relevance of phenomenology. It then presents several arguments against Karl Jaspers' phenomenology. It concludes by suggesting the role of phenomenology in understanding the lifeworld of people with schizophrenia.

**Keywords:** phenomenology, psychiatry, schizophrenia

## 1. Introduction

Ludwig Binswanger was a Swiss philosopher and psychopathologist, the founder of phenomenological psychopathology and existential anthropology. Together with Karl Jaspers in Germany and Eugene Minkowski in France, he established the foundational position of phenomenology in psychopathology. Through them, as well as Husserl, Scherrer and Heidegger, phenomenological psychopathology was birthed. For Jaspers' psychopathology, phenomenology exists as a preparatory discipline and a fundamental approach to psychopathology. Jaspers introduced phenomenology into psychiatry as a prototype for descriptive psychopathology - a discipline that equips psychiatrists with knowledge about the abnormal phenomena of the human mind and the methods to assess them - which is considered the most frequently practiced form of psychopathology (Stanghellini & Broome, 2014). But unlike Jaspers and Minkowski, Binswanger developed a closer personal relationship with the phenomenologists, not only by physically introducing phenomenology into psychopathology but also by making creative developments within it.

Binswanger prefers a philosophical and existentialist understanding of phenomenology, and his approach is to elucidate what the human experience of mental illness is like (Condrau, 1998). Phenomenology is seen as a symptom of mental illness that emerges through the exploration of the patient's lived experience and is viewed hand in hand within (though not limited to) the framework of contemporary diagnostic criteria. The fundamental place that phenomenology plays in psychiatry is seen as a unique and insightful concept and approach in psychiatry that plays a role in making sense of the lifeworld of people with mental illness, with a focus on schizophrenia.

## 2. The Origins and History of Phenomenology

In fact, neither philosophy nor psychiatry is unfamiliar with the word "phenomenology." Phenomenology first appears in the modern history of German philosophy in Johann Heinrich Lambert's theory of appearances in 1764, where Lambert interpreted the intent of phenomenology as a way of deciding reality by revealing the results of appearances (Berrios, 1993). According to Immanuel Kant, phenomenology is concerned with the world of appearances. The word means that everything must conform to this universe of appearances, that it is not just a presence, an imperceptible 'thing in itself.' Hegel describes phenomenology as the science of appearances in his *Phenomenology of Mind* (Spiegelberg, 1972). Hegel describes phenomenology as the study of manifestations in his *Phenomenology of Thought*, which he defines as the presence of the absolute mind, the progression of phases from naive consciousness to absolute intelligence, and the condition in which nature and appearance ultimately

coincide.

Husserl's tutor, Franz Brentano, turned to empiricism after Hegel's death, teaching that phenomenology makes one "familiar with the structure of our own self and objects as they appear in reality." (Franz Brentano, 1888, p.39) As a result, Brentano described phenomenology as a means of learning intelligence, which Husserl recognized in his early writings and which Jaspers applied in his psychopathology (Jaspers, 1997). Husserl used phenomenology as a technique to replace descriptive psychology in his Logical Investigations, and he promoted the method of phenomenological reduction in his later writings. It starts with the world's bracketing, or the suspension of all ordinary judgments, and progresses to the nature by the reduction of appearances.

And then, phenomenological psychiatry developed. Jaspers' General Psychopathology, published in 1913, is often cited as the beginning of phenomenological psychopathology. He defines the definition and function of phenomenology in psychopathology as follows: "Husserl used the term at first in the sense of 'descriptive psychology' of the manifestation of consciousness, and later he used the term phenomenology in the sense of 'essential Later he uses the term phenomenology in the sense of 'constructs' (Jaspers, 1997, p.532). Phenomenology is an empirical procedure that is based exclusively on the facts obtained through interaction with the patient. The task of phenomenology is to make visible to us the factual mental states of the patient; phenomenology is able to provide the most precise distinctions as well as the most solid terminology for the mental states of the patient." (Binswanger et al., 1896, p.468). Although he developed his phenomenology under the influence of Husserl, there are apparent differences between the two (Jaspers, 1997). Firstly, he wrote primarily for psychotherapists, so he wrote not only in the language of philosophy but also in the language of psychotherapy, not only in philosophical analysis but also in the application of phenomenology in clinical practice. Secondly, his phenomenology reflects not only his own life experiences but also incorporates his experiences with psychiatric patients. Thus, Jaspers' phenomenological psychopathology is a purely empirical study based on psychotherapeutic practice.

Kurt Schneider described personality disorders and depressive states using a concept of emotional life stratification derived from the phenomenologist Scherer, and he also used the phenomenological concept of schizophrenia to propose a "first degree of symptoms" for diagnosing schizophrenia (Kendler & Parnas, 2008, p.250). He also used the phenomenological concept of schizophrenia to propose "first degree symptoms" for the diagnosis of schizophrenia. Together with Jaspers, Schneider founded the Heidelberg school of phenomenological psychopathology. Minkowski was not only one of the greatest French psychotherapists of the 20th century but also the first to introduce phenomenology and existential analysis to France. He was a significant influence on many of the psychotherapists and psychologists who followed him, including Wolfgang Blankenburg, Bin Kimura, and Ronald D. Laing. Binswanger was a scholar who developed a psychopathology based on Heidegger's analysis of the here and now. He believed that Heidegger's existentialist philosophy could replace Freud's psychoanalysis as the basis for a new psychopathology (Spiegelberg, 1972).

For this reason, his psychopathology is often referred to as existential or immanent analysis. Blankenburg was the most prominent representative of German phenomenological psychopathology outside the Heidelberg School. His 1971 book *The Loss of Natural Self-Explanation* is one of the most important works on schizophrenia of the 20th century and, along with Minkowski's *Schizophrenia*, provides one of the richest and often overlooked subjective descriptions of the opposite or deficit symptoms of schizophrenia.

### **3. The Relationship Between Husserl's Phenomenology and Jaspers' Psychopathology**

The relationship between Husserl's phenomenology and Jaspers' psychopathology is one of mutual clarification. On the one hand, Husserl's phenomenology had a decisive influence on Jaspers' psychopathology in terms of methodology; on the other hand, Jaspers' psychopathology also elaborated Husserl's phenomenology in terms of a unique experiential dimension (psychopathological dimension) (Spiegelberg, 1972). In other words, Jaspers' phenomenological psychopathology continues Husserl's phenomenology in its pathological dimension. Husserl believed that the goal of phenomenology was to provide a basic and general methodological basis for all sciences. He believed that it was necessary to elucidate the essential character of human experience and its objects (Jaspers, 1997). Although he believed that all sciences needed such an epistemological foundation, he was also aware that each science had its own particular approach because of the high degree of specialization in modern science.

Indeed, for Husserl, phenomenology is incomplete without integration with the specific sciences. Thus, Husserl not only expected an extension of phenomenology in the field of psychopathology, but also explicitly recognized Jaspers' phenomenological psychopathology as a development of his phenomenology (Jaspers, 1997). Whereas Husserl phenomenology describes the experience of normal people, in Jaspers it is primarily concerned with the experience of the mentally ill (Jaspers, 1997). This phenomenology of mental illness is a valid complement to

Husserl's phenomenology of normal experience. Jaspers divides his phenomenology (i.e., the subjective manifestation of the experience of mental life in illness) into eight parts: object consciousness, spatial and temporal experience, body consciousness, real consciousness and delusional ideas, affective and emotional states, drives, impulses and volitions, self-consciousness, and reflective phenomena (Jaspers, 1997). These eight sections are in fact, the primary themes of Husserl's phenomenology. Jaspers defined mental illness as a disturbance in the experience of consciousness, and so he first defined what constitutes a mental abnormality on the basis of what phenomenology reveals about the everyday experience of consciousness. However, an intuition of mental abnormality can often also clarify what is normal. Thus, in his view, psychopathology also had a constructive role to play in phenomenology.

Husserl's phenomenology provided the most basic methodology for Jaspers' psychopathology. Although Jaspers was also influenced by other philosophers (e.g. Dilthey and Kant, etc.), Husserl had the greatest influence on him; although Jaspers also used other methods in psychopathology (e.g. neuroscience, psychology, etc.), the phenomenological approach always had priority (Ghaemi, 2001). Jaspers' combination of phenomenology and psychopathology, of philosophical approach and clinical experience, gave rise to a form of applied phenomenology, namely phenomenological psychopathology (Binswanger et al., 1896). Phenomenological psychopathology is, first and foremost, a philosophical approach, but it is also oriented toward the realm of practical experience outside of philosophy (Messas et al., 2018). As such, phenomenological psychopathology is a combination of philosophy and science. In today's era of increasing disciplinary subdivision, phenomenological psychopathology is of great importance because it demonstrates the potential of a philosophically oriented scientific approach and the possibility of concrete scientific research to validate and construct philosophy.

#### **4. Phenomenology and Mental Illness**

Rapid advances in neuroscience (molecular biology and neuroimaging can explain the mind in terms of genes or brain function, respectively) have led researchers to proclaim optimistically: "We can now safely predict that we will be able to successfully understand how the brain works and how it malfunctions." (Telles-Correia, Saraiva, & Marques, 2018, p.376). In addition, contemporary philosophies of mind have also played a role. For example, the famous philosopher Daniel Dennett argues that there is no direct link between an individual's conscious experience and the functioning of the brain. Thus, "biological psychiatrists, neuroscientists, philosophers of mind and eliminative materialists are pleased to announce that the approach to understanding mental life through an understanding of subjective experience is obsolete." (Telles-Correia, Saraiva, & Marques, 2018, p.380). Consciousness is a by-product of brain activity, and the brain is a symbolic manipulation machine or information processor. In this way of thinking, the mystery of mental illness can soon be explained by locatable brain abnormalities and transmitter imbalances. There is no need to rack one's brain for subjectivity and indulge in the minutiae of psychopathology" (Stanghellini & Broome, 2014).

However, the optimists mentioned above face the following problems. Firstly, the subjectivity that has been sought to be rejected often returns in other forms. For example, neuroscience reduces the human being itself to the neural mechanisms of a potential individual, but these mechanisms become individual living beings capable of perception, learning, and memory. In other words, the basic units resulting from reduction become personified individuals. Thus, thoroughgoing reductionism has come to its complete opposite (Messas et al., 2018). Contrary to the reductionist focus on the brain, contemporary phenomenological psychopathology asserts that the human being is the subject of experience; that meaning is not in the brain, but in the interaction of the living person with his or her natural and social environment (Messas et al., 2018).

Secondly, the natural-scientific conception of consciousness based on neuroscience is seriously out of touch with reality. Natural science treats consciousness as akin to an objective object, so it can be studied like a rock (Ghaemi, 2001). However, in phenomenology, the most significant characteristic of consciousness is its self-transcendence. Consciousness is not a static object of study but an active process of constructing itself, transcending itself, and making dynamic connections with the world (Berrios, 1993). Therefore, it is no more reasonable to explain consciousness in terms of mental events, brain states, or neural activity associated with it than to explain Beethoven's symphonies in terms of the piano's construction.

The development of the third generation of cognitive science since Varela, such as embodied cognition and enactive cognition, suggests that cognitive science has begun to review the methodological limitations of the natural sciences and has begun to focus on the study of the mind from a systemic, first-person perspective (Telles-Correia, Saraiva, & Marques, 2018). The systems perspective emphasizes that mental illness cannot be understood in its own monolithic sense but must be understood in terms of the patient's troubled relationships with himself, others, and the world. In fact, the so-called interaction disorder in the systems view can only be

experienced from a first-person perspective (Messas et al., 2018). It is only through conscious subjective experience that humans can establish meaningful relationships with self, others, and the world, and this construction of meaning can in turn influence brain activity and functioning. In exploring human mental illness, therefore, the subjective experience of human beings themselves must be explored, and this exploration must be aided by a phenomenology that takes subjective experience as its object of study.

The new generation of phenomenological psychiatrists, including Luis Sass, Thomas Fuchs, Aaron Mishara and others, saw phenomenology only as a form of descriptive psychology, but as something that could provide psychiatry with more profound concepts and assumptions (especially those that competed with those already existing in psychiatry). In their view, although Jaspers had first developed the phenomenological dimension of psychiatry, he had not explored it sufficiently (Kendler & Parnas, 2008). In contrast to Jaspers, Husserl, Henry, Schmitz and others provided a more nuanced and extensive phenomenological description of mental life: the duality of the self, the intentionality of consciousness, self-affection and so on (Messas & Fulford, 2021; Höffken, 2022). Mental illness is not only a 'mental' illness but also an illness in the subjective dimension.

### **5. Phenomenological Psychopathological Explanations of Schizophrenia**

Mainstream psychotherapeutic research on schizophrenia has focused almost exclusively on physiological and cognitive mechanisms and has neglected the systematic study of subjective experiences (Reynolds, 2022). For example, in the early twentieth century, the Swiss psychiatrist Eugen Bleuler found that the schizophrenic patient's ego was split, and his ability to engage in activity or direct thought was lost (De Vooght, 2006); Emil Kraepelin suggested that the central feature of schizophrenia was a loss of inner unity of consciousness. However, there is little contemporary reference to a disturbance of self-consciousness as a core element of schizophrenia, and neither the DSM-IV nor the ICD-10 (International Classification of Diseases, 10th Revision) even mentions self and consciousness as diagnostic criteria for schizophrenia (Telles-Correia, Saraiva, & Marques, 2018). The psychotic patient's mental states are not isolated fragments but expressions of the self, as each mental state reflects and expresses the whole personality. The key to psychiatric treatment is to go beyond the isolated symptoms and to gain insight into the living person, to grasp his whole way of being in his cognitive efforts.

Currently "in the UK and continental Europe, psychiatrists mainly adopt Schneider's approach to identifying strictly defined patients based on first-degree symptoms" (Stanghellini & Broome, 2014). The majority of first-degree symptoms are manifested as somatic hallucinations, thought seizure or insertion, delusional perceptions, and a sense of external control. The most influential interpretation of first-degree symptoms in neurophysiology comes from the famous neurophysiologist Chris D. Frith (Kendler & Parnas, 2008). He proposed the central monitoring system model to explain symptoms such as delusions of extrinsic control and thought insertion. When a patient's CCS does not receive information about his or her intentional behaviors, the patient perceives these behaviors as being manipulated by external forces. The reason for the dysfunction of the central monitoring system is the patient's inability to consciously reflect on their own mental activity (i.e., abnormalities in meta-representational mechanisms) (Kendler & Parnas, 2008). Thus, the patient is not incapable of performing complex actions, but is not fully aware of the source of these actions. The neurophysiology of abnormal metarepresentational mechanisms stems from a disruption in the connection between the prefrontal brain region that initiates behavior and the parietal region that characterizes the current and anticipated limbic state. As a result of this disruption, excessive activity occurs in these areas in an attempt to re-establish the connection.

In the view of Sass and Parnas, abnormalities in meta-representational mechanisms at the neurophysiological level correspond to an atrophy of self-presence at the phenomenological level, while hyperactivity in the brain's representational activity areas at the neurophysiological level corresponds to an excess of self-awareness at the phenomenological level (Kendler & Parnas, 2008). Thus, the phenomenological description of schizophrenia is consistent with the neurophysiological explanation. In people with a normal ego presence, taciturnity mediates the presence of their ego or normal self, and this taciturnity is expressed in the habitual and automatic nature of behavior, i.e., it does not require the intervention of self-reflective consciousness (Messas et al., 2018). In the case of the schizophrenic patient, however, what was tacit becomes explicit. In other words, the tacit self becomes the clear self, the subject self becomes the object self (Telles-Correia, Saraiva, & Marques, 2018). In this way, a backward displacement of the self takes place (Murray et al., 1986, p35). This backward displacement affects not only the instrument, but also the hand, the leg, the face, the feeling for the mouth or throat, the eye sockets, even the way one speaks, thinks or feels. All of these become objects, alienated and detached, like some kind of external presence, leading to a loss of simplicity or unconscious elegance in one's actions and expressions, and sometimes to delusions (De Vooght, 2006). In line with our interpretation, it has been shown that schizophrenic patients are unable to habitually or contextually adapt mnemonic schemas or irrelevant information (Murray et al., 1986, p35).

Because this post-transference is based on the over-involvement of reflective consciousness, psychotic patients can alleviate first-degree symptoms by engaging in non-reflective activities.

In short, the first-degree symptoms of schizophrenia are an over-reflection of the self-caused by an atrophy of self-presence and reflect a significant change in the patient's self-awareness or conscious experience. Schizophrenic disorders of consciousness or ego differ from those of consciousness or ego of any known non-schizophrenic psychiatric disorders (including mania, depression, delusions, dementia) (Klinke & Fernandez, 2022). Atrophy of self-presence and excessive self-awareness are unique features of schizophrenia (Ghaemi, 2001). Phenomenological theoretical accounts of consciousness and ego can help clinicians and researchers make more refined diagnoses, develop a better empathic understanding of the patient, and improve the patient's understanding of his or her illness.

## 6. Conclusion

Binswanger is usually seen as the pioneer or rather the founder of phenomenological psychopathology. But if he clearly distinguished phenomenology from psychopathology at the beginning, the distinction became very blurred. There is no longer a conscious application of phenomenology to psychopathology, as there was in the past, but no longer a distinction between the two. The pathological study of delusions is the phenomenological study of delusions. Spiegelberg once asked the question: does phenomenology have to be philosophy? Obviously, Binswanger's answer is no. Phenomenology can also be a study of psychopathology. Binswanger establishes a relationship of mutual clarity between phenomenology and psychopathology.

Phenomenology is not abstract to psychiatry, but rather is the foundation of psychiatry and has a distinguished role in psychiatry. Since the first decades of the twentieth century, the phenomenological branch of psychopathology has gained a better understanding of psychological disorders. The boundaries of phenomenological psychopathology have recently been expanded to incorporate the effective application of entirely present-in-action clinical approaches. How we learn of human life impacts how we think of psychopathology and, most specifically, how we treat people affected by it. The certainty and singularity of presence are captured by phenomenology, a distinctly human approach to psychopathology.

## Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

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