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# Editor's Introduction: Theme Issue on Phenomenology and Psychiatry for the 21st Century. Taking Phenomenology Seriously

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This edition of the *Schizophrenia Bulletin* brings together 7 papers first presented at the conference "Phenomenology and Psychiatry for the 21st century" held at the Institute of Psychiatry, London, in September 2005. The conference initially aimed to redress an imbalance in training (both clinical and research) yet ended up attracting speakers and participants from 5 continents and capturing a wider mood in the profession.

Why is phenomenology regaining prominence at this time? Should these developments be taken seriously?

## Phenomenology's Relation to Psychiatry

It is well know that phenomenology is a philosophical activity that examines the structure of experience itself. Various accounts of this activity are outlined in this theme. What is less well known is the direct contact phenomenology had with the young field of scientific psychiatry; the way phenomenological ideas influenced the way we approach, construct, and attempt to deal with mental life and its pathologies.

One version of phenomenology in its psychiatric application encouraged clinical description via empathic consideration of the patient's experience. This was to provide a theory-neutral set of descriptions from which the science of psychiatry could begin. Karl Jaspers drew on this version in his descriptive method first outlined in 1911.

In a direct line of descent, Kurt Schneider described personality disorders and depressive states using a stratification of the emotional life that came from the great phenomenologist Max Scheler. He also attempted to operationalize a phenomenological notion about schizophrenia—namely, that it could take us beyond the reach of empathic description (Jasper's ununderstandability concept). These were his famous first-rank symptoms. Like Jaspers, Schneider was directly engaging with phenomenology.

Many of these descriptions formed the basis of John Wing's hugely influential present-state examination. Likewise, early texts of the International Classification of Diseases drew on similar accounts. But since then, the tradition, even of Jasperian phenomenology, has largely been lost from mainstream psychiatry. Not unlike the constructs of psychodynamic psychotherapy and more recently cognitivism, these descriptions took on the appearance of solid objects that can be considered outside the broader philosophical debate and history of ideas (see Mullen in this issue.)

## Moving Beyond Jaspers

Despite its eclipse from the mainstream, a tradition of phenomenological psychiatry continued. Early writers, seeking to move forward from Jaspers, sought to deepen psychiatry's relation to phenomenology. This list includes Eugene Minkowski, Ludwig Binswanger, Kurt Schneider, Victor von Gebsattel, and Wolfgang Blankenburg. More recent writers in this tradition have included Louis Sass and John Cutting. Rather than considering psychiatric phenomenology as simply a form of description, these authors see the philosophical phenomenologists (Husserl, Heidegger, Scheler, and the like) as offering a set of deeper (often competing) concepts with which to make sense of psychopathology itself. Of the earlier authors, what needs emphasizing is the bidirectional relationship they had with the philosophical movement of phenomenology. They read and were read by the phenomenologists.

These psychiatric thinkers have argued that though Jaspers first developed the theme of meaning in psychosis, he left it impossibly broad. They have argued that the Jasperian concept of theory-neutral description through empathy is unclear and that his ununderstandability criterion risks casting schizophrenic experience into an inhuman light where physiological management and research are all that seem possible. Patients with schizophrenia, these thinkers argue, despite perplexing us

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profoundly, keep arousing a sense of meaning. Hence, conceptualizing schizophrenia as an ununderstandable break from the human community is difficult to sustain. In these respects, the Jasperian position is open to criticism.

Constructive points are also made by these thinkers. Primordial meaning and its modes are what phenomenology studies. Hence, it can inform and be informed by the alterations of meaning that we see in psychopathology. What Jaspers left broad can be made more specific. Empathy can be better understood by linking it to the deeper phenomenological category of "intersubjectivity." Likewise, theory-neutral description can be better understood by linking it to the more detailed phenomenological concept of "asymbolic" seeing. And finally, ways out of the meaning vs physiology schism are offered. One concept is the notion of "being in the world" (pathological or otherwise) that Binswanger regarded as foundational for the discipline of psychiatry.

## What a Load of Metaphysical Nonsense

Can there really be any use in mainstream 21st century psychiatry reviving this complex conceptual and philosophical heritage? The following objections might be made to such a development.

1. The phenomena of psychopathology are epiphenomena deriving from the underlying pathophysiological processes. Once the pathophysiology is understood, the phenomena become irrelevant.
2. The phenomena of psychopathology are faulty computation deriving from the underlying faulty cognitive processes. Once the cognitive processes are understood, the phenomena become irrelevant.
3. Phenomenology is subjective. Scientific psychiatry needs concepts that are objective.

However, before we accept these objections, it is worth asking the following questions:

Firstly, has neuroscience met our expectations in psychiatry, and how well explained are our successful biological interventions (eg, drugs, Electroconvulsive Thrapy) Do we really understand (and can we really make our patients understand) the idea that abnormal mental states are epiphenomena?

Secondly, within the cognitive paradigm, when we talk about *meaning*, do we understand what we mean—can we really derive semantics from syntax (the primary assumption of this approach)? Do cognitive models of psychopathology miss the being in the world mentioned above?

And thirdly, does not objective measurement in psychiatry have to be particularly careful about its assumptions concerning validity? This would follow from the fact that scientific psychiatry is all about finding *objectivizations* of *subjective* experience (an inherently difficult activity from a conceptual point of view). Ignoring the "what it is like" of a mental illness—its phenomenology—risks undermining the very objectivity of psychiatry.

## Phenomenology in Schizophrenia Bulletin

In this special issue, 7 writers who took part in the 2005 conference present different perspectives on the importance of phenomenology. Nancy Andreason gives an overview of the demise of phenomenology in the United States. She argues that training in validity has been traded off against reliability. Paul Mullen and Nassir Ghaemi use phenomenological theory in different ways to inform clinical research. Paul Mullen sees phenomenology and science in a sort of dialectical relation to each other and urges another phenomenological phase to revitalize our psychopathological categories. Nassir Ghaemi argues that phenomenology can shed light on key conundrums in mood disorder, such as insight. Then, starting from pure phenomenology, Giovanni Stangellini and Massimo Ballerini apply qualitative methodology to investigate values in schizophrenia and how they may reflect a loss of common sense. In a different vein, Peter Uhlhaas, Aaron Mishara, and Kai Vogeley argue for the importance of cross talk between phenomenology and the cognitive neurosciences. Peter Uhlhaas and Aaron Mishara argue that phenomenological approaches to schizophrenia reveal perceptual abnormalities that are otherwise overlooked by traditional cognitive science. Kai Vogeley and Christian Kupke link the phenomenology of time consciousness with contemporary neuropsychological concepts. They highlight evidence suggesting that a core deficit in schizophrenia is the way time is constituted. Both papers seek to build bridges between phenomenology and neuroscience and seek pathways for future experimental work. Finally, Peter Chadwick brings phenomenology back to a plain talking account of the experience of psychosis. He draws on his own knowledge as both a sufferer and a scientist and how the integration of meanings with causes has promoted his own recovery.

All these authors are senior clinicians and researchers working in various fields to solve problems in psychiatry. Whether their uses of phenomenology are convincing is for the reader to decide. From our perspective, as 2 training psychiatrists, phenomenology offers a philosophical foundation for an apprenticeship in psychiatry. Without it training risks become conceptually concrete, with less opportunity for gaining helpful perspectives and new hypotheses.

The interest that has gathered around the conference is perhaps an indication that psychiatry can prosper as an intellectual and therapeutic force by reengaging constructively with phenomenology. This is of course an ongoing task.

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