Contributions to Phenomenology 131

Francesca Brencio Editor

Phenomenology, Neuroscience and Clinical Practice

Transdisciplinary Experiences



Contributions to Phenomenology

In Cooperation with The Center for Advanced Research in Phenomenology

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Francesca Brencio Editor

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Chapter 1 Introduction



Francesca Brencio

What is meaningful cannot in fact be isolated

K. Jaspers, General Psychopathology

In recent years there has been a growing interest in phenomenology from the mental health sciences, especially from psychology and psychiatry. The legacy of its classic texts, combined with more recent intersections with other fields of knowledge (such as cognitive sciences and enactivism) has produced a rich literature on how to apply phenomenology in clinical practice. It is exactly the question of *how* to deploy the phenomenological method in an interdisciplinary field that this volume aims to explore. One of its main goals is to facilitate a dialogue between philosophers and mental health professionals, one which is central to the way we understand mental health and treat those who suffer from mental health conditions.

An essential element in this dialogue is the issue of recognition. When we refer to recognition in the broad scenario of mental health, we do not describe a cognitive but much deeper conceptual process (or, in the language of phenomenology, event). Recognition is not seen here as the automatic and standardized pattern-recognition processes that takes place in tasks such as diagnosis. Rather, we refer to a complex and nuanced one that involves individual subjects implicated in the I-Thou process of meaning-making and intelligibility. This view of the quest (and struggle) for recognition calls into question diagnosis itself as well as the epistemic models that ground classification systems; in the process pointing out the limits of particular metaphysical views in understanding psychopathological phenomena (Zachar 2014) as well as the need for re-assessing those concepts and values at the core of therapeutic practices (Brencio 2022). It is not simply describing a clinical case or providing a mere account of a conversation between a patient and her therapist; rather it implies a philosophical dialogue embedded into the inescapable dimension of the human encounter. The ability to live and remain in the dialectic tension that

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arises from this encounter, we argue, can unveil the essential structure and role of vulnerability.

In the field of mental health, the person's constitutive vulnerability needs to be recognized as a transformative resource in the healing journey. This can be done through a genuine dialectic movement that is not finalized by removing this vulnerability, but rather continues by re-assessing its nature and its potentiality in a completely different way. An example of this is the difference between diagnosis and possibility, which every existence can embody, often to great degrees (i.e. "to be very high-functioning"), but is not stressed enough in the field of mental health. It lies at the heart of the disparity between psychiatric labels and ontological constitutions of human being; put another way, between clinical definitions and existential meanings. In clinical contexts, words often become kinds of "objects" (e.g., symptoms, signs, diseases) where meanings are reified and existential possibilities foreclosed. When we search instead for existential meanings, words become relationships, correspondences, and correlations. When the gap between clinical definitions and existential meanings is too substantial to be reconciled, recovering the direction of the meaning-making process can be quite challenging. Viktor Frankl (1992) suggests the deciphering of symptoms accompanied by the search for meaning is constitutive of patients' selves. From this standpoint, a non-reductionist approach to mental health is not only central to the recovery process, but vitally necessary for allowing individuals to regain a sense of meaning in life. It is of critical importance that clinicians abandon the idea that personhood is peripheral, which turns patients into passive victims of a disease to be fixed by the treater. The person is fundamental in the healing journey; she is a goal-directed being whose feelings, interpretations, and actions are central in driving both disorder as well as improvement.

This book was born from the results of a series of seminars that took place during the academic year 2020–2021 within the activities of the *PhenoLab: A Theoretical Laboratory in Philosophy and Mental Health*, that I set up and have led since 2019. It is intended to offer the reader a series of reflections and clinical examples around fundamental themes throughout human existence such as emotional life, corporeality, thinking, and perception. One of the main goals of this work is to facilitate a dialogue, at an educational level, between philosophers and mental health professionals, one which is critical to the way we understand and treat mental health conditions.

One starting point in facilitating this dialogue comes from interdisciplinary research in cognitive sciences and psychiatry over the past 30 years, which have led to a break from traditionally Cartesian and mechanistic models of the mind. The idea that the mind was reducible to an organ called the brain continues to have many important implications in mental health. The consequences of this materialistic monism shaped the biological approach to psychiatry between the end of the 1800s and the beginning of the 1900s. Mental disorders were considered brain afflictions. As seminal findings have shown, our mind—the contents of our inner life, our affectivity as well as our memory and behaviours—cannot be reduced to the sum of partial functions localized in the physical brain. The limits of this brain-based

approach to the mind are stressed, for example, in several cardinal works by Thomas Fuchs. In his words: "It is not in the brain that we discover conscious experiences, rather only the neuronal processes or correlates that we assign to them. Yet during this assignment, neuroscience can still make the mistake of overhasty localization, thereby arriving at a new form of 'phrenology.'" (Fuchs 2014, 81). One of the most important contributions of a phenomenologically informed approach to neuroscience is the move away from simple and linear cause and effect mechanisms towards an appreciation of the circular interaction between the brain and the environment in which it is embedded.

This volume is built precisely upon following this shift in the understanding of the mind and psychic life. In the second chapter of this volume, *The musicality of being. Embodiment and temporality in the development of selfhood*, Valeria Bizzari draws on the work of classic phenomenologists like Husserl and Merleau-Ponty to show that subjectivity and emotional life depend critically upon two fundamental structures: embodiment and temporality, both central to self-awareness, intersubjective understanding, and world perception. The author argues that musicality characterizes the subject in terms of rhythm, synchrony, and coordination, respectively. Bizzari applies this account to a specific case study: autism spectrum disorder— Asperger's syndrome in particular—in which she describes the patient's detachment from the intersubjective world caused by disruptions in bodily synchrony. She argues that autism spectrum disorder is characterized by an "interbody-blindness"— a disorder of the intercorporeal, temporal self.

In the third chapter, *Passibility. The Pathic Dimension of Subjectivity*, Louis Schreel follows the phenomenology of Henri Maldiney to propose an account of subjectivity as ontologically constituted by passibility, by which he describes the affective capacity of enduring a critical event. This ontological constitution of subjectivity does not concern an intentional act of self-constitution, but rather an ontological event in which a subject can only emerge as the effect of an existential wound. Unlike animals, who are captive to their environment and who must respond to unforeseen circumstances with a variety of actions, human beings can transcend the formative cycle between an external event and the requirement of a behavioral response. The human capacity to bear an event is the capacity to take an affective attitude to one's suffering, which ranges from openness to closure. As such, passibility is a responsive capacity that affords a tremendous amount of freedom: it makes possible a detachment from one's ego and self-image, a projection into the future, and allows for making choices. In this chapter, the author examines what this distinct mode of affectivity entails, and how it is constitutive of subjectivity.

In Chap. 4, *Atmosphere and the Pathic Epoché*, Veronica Iubei provides an illuminating analysis of the concept of atmosphere, a topic that has caught the interest of various academic disciplines, including phenomenological philosophy and psychiatry. In this essay, the author introduces the phenomenon of atmosphere (from the Greek 'atmos' = "vapour", and 'sphaire' = "sphere") by highlighting its main conceptualizations. While concreteness of the concept is certain, a problem lies at its roots: every time we theorize it, we somehow denature its essence. The most reliable way to appraise atmospheres, she argues, is to rediscover the domain of

situationality. Then, through an analysis of the main act of the phenomenological method, the epoché, she illustrates a certain affinity between it and the phenomenon of atmosphere, using the psychopathology of psychotic prodromes.

In Chap. 5, Anxiety from Within: A Cognitive-Phenomenological Study, Nofar Rodoy, Uri Hadar and Yochai Ataria discuss anxiety. Known as one of the most common mental disorders, current approaches (psychoanalytic, cognitivebehavioural, biomedical, etc.) have failed to provide a comprehensive theory of the phenomenon or effective methods of treatment. Previous studies on a number of underlying pathologies (schizophrenia, post-trauma, depersonalization, etc.) have shown that taking a cognitive-phenomenological approach, which focuses on prereflective experience and especially its bodily aspects, may significantly improve our ability to understand a range of pathologies in this domain. Through their contribution, the authors offer a cognitive-phenomenological analysis of an excerpt selected from the personal diary of a woman coping with anxiety.

In Chap. 6, *Happy, from a Phenomenological Standpoint?* Susi Ferrarello discusses the notion of happiness from a phenomenological (and strictly Husserlian) point of view. In her paper, she combines her experience as philosophical practitioner with her philosophical knowledge of Husserl's phenomenology to address some of the most common questions that clients raise around happiness. The main questions which guide her contribution may be summarised as following: Can I have all that I desire and still be unhappy? Can good habits help me to live a happy life? Can I decide to be happy? Can I be happy despite (my) bad luck?

In Chap. 7, Grief and Temporality, Emily Hughes offers an accurate analysis of grief. In the bereavement literature, grief trajectories have for the most part been conceptualized according to linear time: whereas non-pathological grief is understood as being time-delimited, pathological grief is persistent and protracted. In diagnostic frameworks this is represented by the 'duration criterion' and the stipulation that grief can be considered pathological if it endures in a sustained way for 6 months or more in the ICD-11, and 12 months or more in the forthcoming DSM-5-TR. The author agrees that temporality is fundamental in the interpretation of different grief trajectories. However, she underlines a fundamental disconnect between the linear time used to conceptualize grief trajectories in the bereavement literature and the non-linear time through which grief is experienced. This is made particularly clear when it comes to the ongoing relationship between the living and the dead. Drawing upon data from a qualitative study conducted with colleagues at the University of York, Hughes provides an alternative conception of the grief process, according to the non-linear time of recurrence. Not only does recurrence help us better understand the process by which the bereaved repeatedly confronts and then gradually reconfigures the loss of a loved one in an ongoing and dynamic way, but it gives us a means by which to conceptualize how this relationship might be sustained as a continuing bond in and over time.

In Chap. 8, *Empathy, Reflection, and Mental Health*, Magnus Englander provides an outline of the phenomenological approach to empathy training within the context of mental health. The purpose of such an approach is to help professionals and researchers reflect on their empathic presence within the reciprocal, we-relation

that characterizes the interpersonal encounter. The idea is to foster an ethnographic attitude which is marked by an openness and acknowledgement of the other as an experiencing being reversibly situated within an intersubjective world. In an applied phenomenological sense, such training acknowledges the reversibility between science and philosophy made clear by participant observation. The implications of such an approach, towards practice as well as research, are described to further our understanding of the experiential relationship between psychopathological phenomena and the mundane intersubjective context of everyday life. Lastly, the interpersonal situation within professional practice is seen as a microcosm of what Karl Jaspers once pointed to as the tension between the individual and the social world.

In Chap. 9, Making Sense of Things in Dementia, Roxana Baiasu offers a phenomenological approach to dementia and raises some ethical issues related to the notion of epistemic injustice. Her phenomenological analysis focuses on sensemaking practices and aims to understand what basic layers of sense-making are preserved in dementia. By shifting the focus away from deficits to what is preserved in dementia and the resources that affords, she shows how it is possible to develop new practices of sense-making in a social and collaborative way. This involves caregivers and patients overcoming epistemic injustices together in healthcare settings and institutions. She also shows how a focus on deficits and incapacities can lead to the devaluation, marginalization, and disempowering of individuals, and can also prevent access to valuable resources for potential restructuring of experiences and modes of being in the world. Considering mental illness in terms of resources for reconstituting meaning through resilient strategies of life-coping can empower individuals affected by dementia as well as caregivers, thus improving their well-being. This paper contributes to the literature on person-based and value-based practices pursued in tandem with evidence-based healthcare.

In Chap. 10, The Lived Body in E-Motion: A Transdisciplinary Approach to Dementia Diseases, Ragna Winniewski and Erik Norman Dzwiza-Ohlsen provide a phenomenological approach to dementia. Dementia is not seen primarily as a neurodegenerative disease of the brain, but as a psycho- and socio-degenerative illness affecting the subjective experience of people with dementia within their social environment. In order to fruitfully link theory and practice, as well as diagnoses to resources, a phenomenological approach to dementia is provided that is anchored by the lived body and the lifeworld experience. Their chapter is structured in four parts. The first reflects on general methodological questions crucial for an inter- and transdisciplinary account of dementia, ultimately helping to refine our understanding of applied phenomenology. This, in turn, leads the authors to consider the lifeworld basis of every caring interaction and communication: the therapeutic field. The second part reflects on the role of embodiment in dementia, specifically the critical relation between memory and identity. Next the authors examine, in more detail, the fundamental role of the lived body in e-motion by referring to central phenomenological concepts such as orientation, kinaesthesia, synaesthesia, and intercorporeality in the third part, and then interpersonal affectivity, affordance, resonance, and atmosphere in the fourth part.

In Chap. 11, The Phenomenology of Mutual Trust in Psychotherapy: A Relational Account of Meaning-Making in Recovering the Self in Borderline Personality Disorder, Anna Bergqvist makes use of recent philosophical and empirical work on self-ownership in mental illness and the distinctive phenomenology of mutual trust to show how the complex relationship between agentic awareness and narrative self-creation in dissonance cases is best understood integratively against a wider background of a subject's intersubjective agency. The author argues that the phenomenology of mutual trust—critical in healing relational crises, intrapsychic conflicts and identity disturbance—is conceptually and ontogenetically prior to individual self-ownership in clinical situations involving an unstable sense of self. She shows how fractures to the sense of self (as well as to other intersubjective aspects of shared engagements) play a significant explanatory role in understanding the dissociative identity disturbance characteristic of adults with Borderline Personality Disorder (BPD). The intersubjective relational dimension of her account is central to showing how therapeutic hope points towards a second-person dimension of subjectivity-even when social cognition breaks down.

At the core of this volume lies a belief that health is a complex phenomenon inseparable from the relationship with one's personal story, others, and the environment. There is also the view that mental health can never be reduced just to the health of our biological body, or the condition of our brain functions. It argues that an accurate understanding aimed at clarifying the experiences that characterize our psychic life must consider the circular causality between the person, her social dimension, and the culture in which she is embedded. In this regard, an ecological approach nourished by an interdisciplinary methodology can lead to significant contributions in care practices and clinical treatments.

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