

Cambridge University Press

978-0-521-88275-0 - The Maudsley Reader in Phenomenological Psychiatry

Edited by Matthew R. Broome, Robert Harland, Gareth S. Owen and Argyris Stringaris

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# The Maudsley Reader in Phenomenological Psychiatry

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# The Maudsley Reader in Phenomenological Psychiatry

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Edited by

**Matthew R. Broome**

Associate Clinical Professor of Psychiatry, Division of Mental Health and Wellbeing, Warwick Medical School, University of Warwick, Coventry; Honorary Consultant Psychiatrist in Early Intervention, Coventry and Warwickshire Partnership Trust; and Honorary Senior Lecturer, Department of Psychosis Studies, Institute of Psychiatry, King's College London, UK

**Robert Harland**

Consultant in General Adult Psychiatry, Psychosis Clinical Academic Group, Maudsley Hospital, South London and Maudsley NHS Foundation Trust, London, UK

**Gareth S. Owen**

Wellcome Trust Clinical Research Fellow, Institute of Psychiatry, King's College London, and Honorary Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust, London, UK

**Argyris Stringaris**

Senior Lecturer and Wellcome Trust Clinical Research Fellow, Institute of Psychiatry, King's College London; and Honorary Consultant Child and Adolescent Psychiatrist, Mood Disorder Clinic, Maudsley Hospital, South London and Maudsley NHS Foundation Trust, London, UK



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# Prologue

This book contains texts from the past. Interpreting the themes and using them to concern ourselves intelligently with the future is present, unfinished, business. We have assembled a range of texts which we read as young psychiatrists, training at the Maudsley Hospital over the last ten years. We had been attracted to the Maudsley, in part, because of the intellectual history of the institution: its blend of empirical inquiry and conceptual scholarship. When we arrived, we were confronted with patients: their unusual states of mind and their suffering, but also a space to think about them and interact as peers. We took to reading widely and meeting to discuss in an informal reading group. This group developed and over time became the Maudsley Philosophy Group which is now a registered charity, and of whose work this book is part. Inevitably, the writings we were drawn to concerned mental states and their structures. Quite quickly the arena of phenomenology and phenomenological psychiatry opened up and we spent a number of years grappling with the dispersed and difficult material that makes up that field.

Preparing this *Reader* was a complex undertaking in finding (in some cases translating), selecting and editing these texts. Equally challenging was understanding them, setting them in relation to one another and getting to the point where we could think critically about them. We think this project was worthwhile and is by no means complete or definitive; particularly in terms of providing a robust critique. Progress, we believe, will be aided by psychiatrists and other researchers not having to search around for the writings of the various authors as we had to. Therefore, this book seeks to provide the anthology we wished had been available to us when we started out as clinicians.

## Approaching phenomenology

A lot has been written about what phenomenology is or what relationship it had (or didn't have) with

psychiatry (Berrios 1993; Wiggins and Schwartz 1997). We deal more fully with what phenomenology is, philosophically, in the introduction to Part I and with the phenomenological approaches to psychiatry in the introduction to Part II. Insisting upon definitional precision is sometimes better avoided. Words may, instead, refer to family resemblances. We think the definition of phenomenology is an instance of this. One of the interesting outcomes for us in producing this book is that we have come to think that the differences in the approaches taken by the phenomenologists are as instructive as the similarities. Likewise, we have found tensions and differences within the phenomenological approaches to psychiatry which we think are as enlightening as any single mission statement the approach may have settled upon.

## Jaspers' two-way divide

In the history of psychiatry, Karl Jaspers famously allowed psychopathology to be open to two methods: that which could be understood and that which could be explained. Understanding was to be achieved through empathy and explanation through the scientific study of causation. Both approaches are supported and exhaustively elucidated in sections of his *General Psychopathology* (Jaspers 1963). It is less well known that Jaspers also added a domain of *Existenz* – becoming in his later years an existential philosopher – recognizing that any modelling of the human being on understanding and explanation alone was limited. In his psychiatric writings *Existenz* remains largely empty of content and therefore of interest to a psychiatrist only in somewhat indirect terms. You might say that Jaspers' two-way divide has endured *because* of its limited phenomenological or existential ambitions. Alternatively, you might say he remains the quintessential phenomenological psychiatrist because he is both philosophical and anti-philosophical. He draws close to philosophy, only to pull back worried

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## Prologue

and exercised about the overextension of philosophy into a medical speciality.

## The experience of becoming a psychiatrist

Today, the young psychiatrist coming into the field is often anxious, and shares this existential feeling with Jaspers. Leaving behind the objective certainties of medical pathology, for the models of psychiatry, renders much of the mechanical knowledge acquired in medical school less obviously applicable. He may bring a useful working knowledge of internal medicine and neurology, but he soon becomes aware that the neuroscientific hypotheses – that underpin psychiatry as part of medicine – lack predictive and discriminatory power. On this less stable footing, he is trained to elicit symptoms, acknowledge syndromes and formulate cases; drawing on and enriched by both explanation and understanding. While a formulation may lead to a professional consensus, the psychopathology most often cannot be confirmed, or disproved, on the basis of further investigations.

In this context, acute psychosis comes as a huge relief. The force of meeting a person suffering their first episode cannot be overstated. Hearing a textbook list of bizarre symptoms described spontaneously and unprompted by the unschooled patient convinces many of the medical reality of psychotic illness and ushers in the prospect of a biomedical basis for the whole subject; the belief that psychosis is a biomedical entity is a common consensus amongst many trainees (Harland et al. 2009).

However, the burgeoning experience of the young psychiatrist brings him into contact with distortions of human character and experience that undermine, or at least complicate, this picture. Trainees tend to develop their own model of psychopathology and find patient groups and forms of research or clinical practice that accord to it. Dementia, psychosis and the pervasive developmental disorders (such as autism) paradigmatically submit to a biomedical model, while mood, anxiety and personality disorders less so. In reality of course the field is more contentious with advocates for a variety of approaches existing in all areas.

But while there are divisions and professional debate, the broad conceptual distinctions that frame them often remain close to those found in Jaspers. Explanation – including (among others) heredity, the findings of cognitive neuroscience and environmental

risk – and understanding in terms of empathically mediated meaningful connections; both are still given more or less prominence in formulating diverse clinical material, allowing a pragmatic Jaspersian truce to continue.<sup>1</sup>

## Back to Jaspers: a three-way divide or the human being as a whole

But, as Jaspers could not help but admit, psychiatry must also be about the category of existence. A Heideggerian would surely draw our attention to the existential encounter in psychiatry between one human being, existing within a world, in relation to others and facing their own mortality, who is meeting a physician and asking for, or being forced to accept, their help. A good training in psychiatry accepts this fact, in that it is as much about developing resilience of emotional and intellectual character, as it is about applying a simple rubric to elicit symptoms and formulate a case. Put another way, the human being *as a whole* is confronted in psychiatry: whether it is with a 'biopsychosocial' (Engel 1977) formulation of a person, in honest deliberations about the nature of psychiatric diagnoses, or in the ethics of involuntary treatment. Here, given his under-theorized third category (of existence), Jaspers is less helpful, or at least is only one writer among a number who provide importantly different answers. If psychiatric confidence and expertise is found in a sound response to questions located in this area, then there is a need for trainees to be aware of the philosophers and psychiatrists who have tried to address them.

<sup>1</sup> Recent work by Bolton and Hill (2004) has suggested that cognitive clinical psychology overcomes the causality/meaning distinction. It is argued that cognitive algorithms carry meaning within a causal pathway that can be studied empirically. This approach draws on the philosophy of language found in the later Wittgenstein. It is controversial, but does not in substance undermine the established Jaspersian consensus of admitting, in practice, both meanings and causes alongside one another. It might be cautioned that removing the historical opposition means the tensions between them are less likely to be scrutinised. Bolton expresses the view that unhelpful philosophical distinctions (derived from language use) are overcome, leaving *the science* to decide the value of a variety of previously distinctive fields (psychology and neuroscience for example) now seen as existing alongside one another. [Editors' note]



Psychiatry cannot flourish in an historical or cultural vacuum

This book focuses on one response: the phenomenological movement. Phenomenology is of particular interest to psychiatry because it is, in part, a philosophy of human experience. With different emphases the philosophers in this tradition wanted to distinguish a form of knowledge that could be considered primary – a ‘return to the things in themselves’. Described differently as an analysis of the structures of subjectivity or the life-world (Husserl), an analysis of that being for whom being was itself a question (Heidegger) or a honing of a kind of asymbolic intuition (Scheler) it found unity in its suspicion of the claims of an unexamined scientific reduction, including forms of knowing that were not grounded primarily in human experience. That philosophy of this kind can be applied to psychiatry – a subject defined by characteristic pathological distortions of human experience – was apparent to many influential psychiatrists who lived contemporaneously with, and in many cases personally knew, these philosophers. Binswanger and Schneider, among many others, used philosophical phenomenology.

In psychiatry today, the descriptive phenomenology found in taxonomies such as ICD-10 (World Health Organization 1992) aims to be a-theoretical: here through the description of symptoms clustered into syndrome categories. There is, as in Jaspers, a clinical pragmatism and scientific value in this project. But every a-theoretical syndrome and symptom category contains within it, however hidden, a conceptual history. Although biological psychiatry,

descriptive psychology, psychoanalysis and medical sociology lay important claims to that history, an equally important one is made by the phenomenological psychiatry introduced in this book. Furthermore a familiarity with this tradition, we maintain, enriches conceptual thinking and therefore (as above) strengthens professional resilience.

*Our patient’s whole relation to the outside world is affected in the most comprehensive way. The knowledge of all these disturbances is a fruitful field for the investigation of mental life, not only revealing many of its universal laws, but also giving a deep insight into the development of the human mind, both in the individual and in the [human] race. It also provides us with the proper scale for comprehending the numerous intellectual, moral, religious, and artistic currents and phenomena of our social life. But it is not these variously branching scientific relations to so many of the most important questions of human existence which make a knowledge of psychical disturbances indispensable to the physician; it is rather their extraordinary practical importance. [Psychiatric illness], even its mildest forms, involves the greatest suffering that physicians have to meet.*

This is not a ‘phenomenological psychiatrist’ speaking. It is Kraepelin (1913, p. 2). He believed passionately that psychiatry was a branch of medicine, and he was also alive to the specialness of that branch. Here the doctor meets, more directly than in the rest of medicine, disturbances in the human being as a whole and it is not appropriate for him to negotiate these disturbances in a cultural vacuum ill-equipped with cultural knowledge and without a capacity for critique.

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## How to read this book

We hope that the *Reader* will be of interest to clinicians primarily, but also to those in academia whether in neuroscience research, in social science research or in philosophy. As mentioned above, one of our goals in assembling the texts in a book was to allow the reader to access classical writings in phenomenological psychopathology.

We hope the book can serve as a teaching resource. The editors are all part of institutions that offer postgraduate courses in philosophy and psychiatry, and typically these courses do include sessions on phenomenology. Thus, this book can provide readings ready to hand for both tutors and students. We have used the material for teaching with very positive feedback.

We would also suggest that this book may serve as a helpful companion or guide when approaching much of the contemporary work done in phenomenology and psychiatry.<sup>1</sup> We think being able to refer to Minkowski, Heidegger or Schneider easily, for example, when reading the recent literature would

help the contemporary work become more accessible and its study yield greater benefits.

The book is not meant to be comprehensive and we are aware that arguments can be fielded for the inclusion of a certain text or the exclusion of one we have included. Our selection can only have been partial and based on what we ourselves have found useful and what resonates with recently published work in phenomenological psychiatry. As such, the book does not offer a central narrative and although we have imposed a structure, there is no clear progression through the texts. We would suggest that it is read in the order of greatest interest, to be picked up and reviewed when a clinical or conceptual issue arises. It is a compendium of ideas and reflections relevant to psychiatry, not a treatise or a practical handbook.

Our hope is that this book will help clinicians realize the depth and scope of human experience and bear it in mind when they interview and try to understand others.

<sup>1</sup> There has been a burgeoning of interest and research in phenomenology and psychiatry and medicine: contemporary writers include Havi Carel, John Cutting, Thomas Fuchs, Shaun Gallagher, Nassir Ghaemi, Gerrit Glas, Eric Matthews, Iain McGilchrist, Aaron Mishara,

Paul Mullen, Katherine Morris, Louis Sass, Michael Schwartz, Matthew Ratcliffe, Josef Parnas, Giovanni Stanghellini, Phil Thomas, Osborne Wiggins and Dan Zahavi.

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This project has been made possible by donors to the Maudsley Philosophy Group Trust. We thank them for supporting a philosophical psychiatry. We thank our editors at Cambridge University Press for their patience on a project that has taken five years and has been carried out in the spare moments of four psychiatrists working across clinical and research jobs.

Many people have been of assistance in the preparation of this book. In particular, we would like to thank the psychiatrist John Cutting for his inspiration and generosity and the library at the Institute of Psychiatry, London for holding on to such a rich variety of texts in phenomenological psychiatry from the interwar and postwar years. For help with philosophical questions we would like to thank

Matthew Ratcliffe, Keith Ansell-Pearson and Wayne Martin. The editors would like to thank the Heidegger family for their kindness in allowing us to extract from Martin Heidegger's lectures. For help with translations we would like to thank Nikola Kern and Aaron Mishara. For bibliographic assistance we would like to thank Adam Thomas and Martin Guha. Alex Linklater gave us some useful editorial feedback for which we are grateful. Professor Sir Robin Murray has supported the Maudsley Philosophy Group since its inception and that helped this project find the light of day.

The editors would like to thank their families for their love and support during the preparation of the book.

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## Endorsements

*The Maudsley Reader in Phenomenological Psychiatry* is a unique, and most welcome, addition to the resources available to students of philosophy and psychiatry alike. The editors have done a judicious job in identifying and excerpting key writings pertaining to the intellectual background of phenomenology, the development of essential phenomenological themes and concepts, and canonical applications of those concepts to the fields of psychology and psychiatry. Clear, critical chapter introductions and brief editorial commentaries on texts dealing with psychiatric disorders reliably orient the reader without overwhelming the writings themselves. Since the material gathered here stems from widely dispersed and often not readily available sources, *The Maudsley Reader* should become the standard reference work in this area. It is certainly a splendid basis from which to set out in exploring the powerful insights that a phenomenological perspective can contribute to psychiatry today.

Steven Crowell, Joseph and Joanna Nazro Mullen  
Professor of Philosophy, Rice University

In its origins modern psychiatry was closely connected to phenomenology – the school of philosophy which begins from the study of consciousness, and which distinguishes human understanding from scientific explanation. Some of the most subtle accounts of psychological phenomena have been given by members of this school – Max Scheler's essays on sympathy, shame and resentment, for example, or the accounts of self-consciousness in Jaspers and Heidegger. Here, gathered together in one volume, are texts from the phenomenological tradition that are essential reading for students and practitioners of psychiatry. From these essays the reader will learn of methods and forms of understanding that should have a place in the thinking of all practitioners, and also of anyone who wants to know how self-consciousness really works.

Roger Scruton  
Visiting Professor, University of Oxford and  
University of St Andrews

This remarkable book covers a wide range of authors and topics in philosophical phenomenology and phenomenological psychiatry, from Brentano to Merleau-Ponty, from Jaspers to Blankenburg, from obsessions to schizophrenia.

Indispensable for young clinicians who, coming into the field, want to leave behind the presumed objective certainties of the biomedical model and are interested in the life-worlds real patients live in.

Giovanni Stanghellini  
Professor of Dynamic Psychology and Psychopathology,  
G. d'Annunzio University, Chieti, Italy

Careful observation of individual human beings, in all their complex diversity and in all the complex diversity of the illnesses that afflict them, is the heart and soul of medicine and of psychiatry. This fine book tethers modern psychiatry to its intellectual and philosophical roots, providing access to texts from the 19<sup>th</sup> and 20<sup>th</sup> centuries that have previously been difficult to access, especially in a single volume. Great credit goes to the Maudsley group for making these readings available to 21<sup>st</sup> century readers. I wish every psychiatrist would buy it, read it, and (most importantly) apply its teachings in contemporary practice.

Nancy Andreasen, Andrew H. Woods  
Chair of Psychiatry and Director of the  
Neuroimaging Research Center and the Mental  
Health Clinical Research Center,  
The University of Iowa Carver College of Medicine

The Maudsley Hospital is much to be admired for its blend of clinical and conceptual research out of which this reader arose. It is likely to be uniquely useful to those interested in the interface between philosophy and psychiatry. It brings together texts from both philosophers and clinicians which are otherwise difficult to access; many are newly translated. The editors have done excellent work in selecting, explaining and abbreviating the basic philosophical texts, including those of Jaspers and Heidegger, who are notoriously long-winded and intentionally obscure authors. I found it absorbing and illuminating.

Baroness Mary Warnock House of Lords

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People get sad, angry, euphoric, delusional – and sometimes they are sick. How can we tell whether someone has a disease or not? How can these experiences be understood as part of psychiatric diagnoses? When are they simply human experiences? These important questions – which are the basis of phenomenology – are infrequently asked in a psychiatry of checklists and drugs for symptoms. *The Maudsley Reader* provides classic historical sources that can begin the process of asking these questions again, and beginning to answer them.

*Nassir Ghaemi*  
*Mood Disorders Program, Department of Psychiatry,*  
*Tufts Medical Center, United States and Tufts*  
*University School of Medicine, Boston, MA, USA*

This reader is a delight. The collective who produced the book have gone beyond compiling texts to produce a challenge to contemporary psychiatry and psychology. For many clinicians, the best place to begin reading may be with Chapter 16 on schizophrenia then move to the theoretical basis. It is traditional in a book boost to recommend all one’s fellow professionals to buy it and read it. In this instance it is my heartfelt prayer. If only. . .

*Paul E. Mullen*  
*Department of Psychological Medicine, Monash*  
*University and Victorian Institute of Forensic*  
*Mental Health, Victoria, Australia*