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Introduction – Time and Body
Phenomenological and Psychopathological Approaches
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Research on the embodied mind has gained an ever increasing significance in recent decades. It is no longer an outsider position in the cognitive sciences but has made an impact on mainstream science, being applied not only in the biological and psychological realm but also in the cultural sphere (Durt, Fuchs, & Tewes, 2017; Etzelmüller & Tewes, 2016). One particular strand of embodiment research, “classical enactivism,” aims at integrating the first-person perspective of experience into the exploration of the human mind – alongside explorations of autopoiesis and dynamical systems theory. In this regard, phenomenological methods and insights are not only a heuristic tool for studying the intertwinement of mind and world but a necessary ingredient for research on subjective experience (Thompson, 2007).

The fundamental distinction made in the phenomenological tradition between the *subject-body* and the *object-body* points to the need to incorporate different research methods and perspectives into an exploration of the embodied human mind. Thus, the “subject-body,” considered in sensorimotor terms, refers to the smooth integration of action and perception into meaningful Gestalts by means of sense-making activities. In the undisturbed flow of interactions, the body functions as a medium by means of its intentional capacities and experiential perspective on the lifeworld (Merleau-Ponty, 1945/2005). The “object-body,” by contrast, refers to the entangled double structure of the body, which is also disclosed at the experiential level of description (Plessner, 1928/1975). When we get exhausted or injured, the body can become an explicit obstacle for the constant flow of interaction with the environment and lifeworld. We can also *objectify* the living-body by means of our reflexive capacities and specify its organismic processes or its biochemical ingredients (the physical body).

Such capacities are not acquired in solitary ways by individuals separated from the social environment, but have a constitutional basis in the intersubjective cultural realm. Enactivism has defined this intersubjective

foundation as a form of “participatory sense-making.” Such processes are based on the regulated interaction of two or more autonomous agents. One can also describe them as processes of coordination and synchronizing, e.g., when two people take their cues from each other in conversation or adjust their steps when walking side by side. It is a somewhat fleeting (not perfectly symmetrical) synchronization, but it engages them in a mutual adjustment of intentional movements (Dumas, Kelso, & Nadel, 2014, pp. 1–2). When engaging in such coupled actions, the interactors are still involved in individual sense-making processes. But what is decisive is “the coordination of intentional activity in interaction, whereby individual sense-making processes are affected and new domains of social sense-making can be generated that were not available to each individual on her own” (De Jaegher & Di Paolo, 2007, p. 497). What emerges in these interactions is a form of mutually shared meaning or sense-making that leads to an enculturated form of understanding, one that is shaped by the “unfolding of the social engagement” (Di Paolo & De Jaegher, 2017, p. 90).

Famously, the way such processes shape the object-body at the level of social engagement was explored by Jean-Paul Sartre (1943/1956). Sartre differentiates between three ontological dimensions of body constitution. The first dimension comes close to what we have called the subject-body: In everyday interactions I can use things as objects and tools, but my body is not itself an object for me (“I exist my body” Sartre, 1943/1956, p. 351). In the second dimension, my body is also known and “used” by others. This interrelation of Self and Other is then specified in the third dimension: It is where the other is disclosed to me as a subject for whom I am the object. In Sartre’s words: “I exist for myself as a body known by the Other. This is the third ontological dimension of my body” (Sartre, 1943/1956, p. 351).

A significant research field in phenomenological psychopathology is the attempt to explicate and analyze at different levels of constitution the experiential shift between the subject- and object-body in psychopathological disorders. Severe depression, for instance, has been explored at the first-person level of experience in terms of how it affects the double structure of the body. In this context, Thomas Fuchs has coined the term “corporification”: In severe depressive episodes, the patient’s body loses its spontaneous fluidity and becomes an obstacle (it is sometimes felt as heavy or inflexible); every movement requires a disproportionate effort. It can even feel as if the entire body is solidified, as in cases of the so-called depressive stupor (Fuchs, 2016, p. 432).

Another constitutional aspect of the object-body comes into play when one uses phenomenological psychopathology to analyze eating disorders.

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It has been shown that eating disorders can depend on an internalized distorted *body image*, an idea that recalls Sartre's third dimension of the object-body constitution. Thus, anorexia in its various forms can have a foundation in a normatively laden body image resulting from social expectations (the "ideal body shape" one is pressured to conform to). It involves an internalized "objectifying gaze" of the other toward the individual's own body that can lead to life-threatening illness (Stanghellini, 2019; Svenaeus, 2013).

It has already been indicated in enactive and dynamic terms that time plays a major role in constituting the body at the subjective and intersubjective levels of description. In the tradition of phenomenological psychopathology too, temporality has been a major issue since the work of Binswanger (1960), Blankenburg (1992), Minkowski (1970), Straus (1960), Tellenbach (1980), and von Gebsattel (1954), who in turn drew upon the philosophical works of Bergson, Husserl, and Heidegger. These authors analyzed psychopathological disturbances in the patient's experience of time, specifically in severe depression, obsessive-compulsive disorder, and schizophrenia. Due to the complex interplay between the subject- and the object-body, the various types of psychopathological disorders affect quite different constitutional levels of temporality. Crucially, such concepts may also be applied to psychopathological disorders that display temporal dissociations or damage to embodied interpersonal synchrony. Mental disorders are not only accompanied by the interruption of the continuity of daily life, but frequently by a destabilization of the temporal constitution of the Self too. This becomes obvious in cases such as *dementia* where patients progressively lose their autobiographical or declarative memory (Hydén, 2014; Lindemann, 2014). But it is also detectable in *schizophrenia* where phenomenological analyses reveal a *temporal fragmentation* of self-experience (Stanghellini et al., 2016).

Let us explain these temporal dimensions in a bit more detail. In *dementia*, the *explicit* temporal integration of the narrative self is fragmented and ultimately lost. This means a gradual loss of the capacity to integrate biographical items from linear time (one's birthday, schooldays, date of marriage, etc.) with episodic memories. In persons affected by major depression, empirical findings confirm the relevance of distinctive features of abnormal time experiences, supporting the hypothesis of an intrinsic disordered temporal structure in depressive symptoms (Stanghellini et al., 2017). In *schizophrenia*, by contrast, the *implicit* micro-temporal order of inner time consciousness (including what Husserl [1969] termed the "passive synthesis" of "presentation," "retention," and "protention") is disturbed,

creating the so-called micro-gaps of awareness and disconnected fragments which may be experienced as inserted thoughts or voices (Fuchs, 2013, p. 86). These fragmented experiences are often described by schizophrenic patients as extraneous to their sense of selfhood (ipseity) (Stanghellini, 2009). This exemplifies the constitutive function of temporality for the continuity of the embodied Self.

As already indicated, phenomenological and embodied dynamical approaches to time consciousness have the potential to help us analyze mental disorders in terms of their co-constituting intersubjective dimensions. Thus, any psychopathological destabilization of the human mind has repercussions for intersubjective temporal relations, as in the case of depression, where an individual's shared intersubjective time is *desynchronized*, leading to a loss of bodily resonance, and culminating in depressive delusions where the patient is unable to take the perspective of others (Fuchs, 2013, p. 99). Likewise, *traumatic experiences* that are deeply entrenched in body memory can also have effects on the (re)organization of autobiographical memories, resulting in the further destabilization of social interaction (Brown & Reavey, 2015). Both of these examples indicate the intertwining of individual and interpersonal temporal factors in psychopathological disorders.

Moreover, research has shown that these concepts can be extended to psychotherapeutic encounters as well. Thus, interpersonal synchrony is itself highly significant for the successful outcome of psychotherapeutic treatment at different levels of study, such as synchronic movements or the regulation of emotions between patient and therapist (Fuchs, Messas, & Stanghellini, 2019; Koole & Tschacher, 2016, pp. 10–11). Today, researchers in the field have further differentiated and analyzed the properties of time consciousness and begun to apply them in a diagnostic and explanatory way to a broader range of mental disorders (Stanghellini & Aragona, 2016).

It is the aim of the present volume to sharpen and deepen an understanding of the intertwining of time and bodily experience and to contribute to the further development of an embodiment-based phenomenological psychopathology. To this end, the volume elaborates and discusses key notions and findings from the research fields mentioned above. Each of the authors uses the methods and insights of *phenomenology* and *embodiment research* to explore the interrelation between psychopathology, temporality, and the embodied mind. They investigate how temporal processes contribute to the constitution of embodiment and selfhood, as well as to their destabilization in psychopathological disorders. Thus, it is the aim of the volume to present new insights from phenomenological psychopathology

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and enactive research while demonstrating these research fields' applicability to different illnesses and their relevance to treatment and clinical practice.

The volume begins with an introductory chapter on the interrelations between time, embodiment, and intersubjectivity in psychopathology by Thomas Fuchs, who is one of the leading researchers in phenomenological psychopathology and enactivism. Each of the following chapters in the book is supplemented with a commentary to discuss questions raised, controversies, or further prospects for research. The volume is divided into four parts.

Part I, *Body and Time: General Aspects*, explores the key concepts of the volume in more detail. In Chapter 3, Dorothee Legrand considers the intersubjective constitution of the “body” and its role in clinical practices, drawing upon the ideas of Maurice Merleau-Ponty and Jacques Lacan. Legrand explores the body not only as the lived-body but also as the body that incarnates otherness. Otherness is explained in a twofold way: On the one hand, the body as a living organism is a generality and its functioning hosts a “germ of depersonalization”; on the other hand, the body is that which keeps another subject away from me, separate from me, and irreducible to me. According to this approach, the body is both a concretion of alterity and of singularity. On this basis, Legrand outlines the possibility of developing a clinical practice informed by the ideas of both Merleau-Ponty and Lacan.

In Chapter 4, Giovanni Stanghellini offers a detailed phenomenological analysis of the various manifestations of corporeality in order to show how the body is apprehended in different psychopathological conditions. He argues for a distinction between the “body-object,” the “lived-body,” and the “living body.” He defines the latter as the immediately felt, pathic, non-representational, experiential, and invisible manifestation of one's corporeality. A further manifestation of corporeality is the “body-for-others” that is the experience of feeling one's corporeality when looked at by another person. Stanghellini proceeds to relate these different profiles of corporeality to specific anomalous psychopathological conditions, for example, the body as restricted, inhibited, and rigid in melancholia or the body apprehended through the gaze of the other as in eating disorders.

In Chapter 5, Natalie Depraz examines different aspects of the peculiar temporality of “chronic time” considered in light of its pathological dimensions. She does so by applying different methods and resources and interweaving them: clinical literature on the topic, conceptual philosophical frameworks, and first-person micro-phenomenological interviews. The inquiry is based on a research program at the University of Rouen Normandy which investigates three chronic diseases in teenagers: diabetes,

anorexia, and schizophrenia. The broad hypothesis of her contribution is that chronicity may be not only a property of these illnesses but also a more global pathology with social and civilizational consequences.

Wolfgang Tschacher develops a quantitative approach to the exploration of psychotherapy on the basis of dynamic systems theory. Tschacher notes how high-resolution time series allow the mapping of therapeutic processes at a timescale of seconds, the “here-and-now,” the present moment. The demand for high-resolution data can be satisfied with the help of measurements such as body movement or physiological signals. As the embodiment approach has shown, mental processes are reciprocally connected to bodily variables, so that the mind can be analyzed via the body. Tschacher gives the example of the time series of respiratory activity measured in naturalistic psychotherapy sessions. From this data, he shows how the nonverbal synchrony of the present moment can be derived.

In Part II, the phenomena of *Grief and Anxiety* are investigated from existential and phenomenological perspectives. Allan Køster’s contribution focuses on the experiences of persons who have been bereaved of an intimate other and left with profound feelings of emptiness. Feelings of emptiness are, however, difficult to specify in detail and are not exclusive to bereavements (they are reported across a range of psychopathological conditions, such as schizophrenia and borderline personality disorder). Køster provides an existential-phenomenological analysis of feelings of emptiness, arguing that in the context of bereavement such feelings should in no way be interpreted as merely metaphorical, but rather as (often profoundly embodied) feelings of actually being emptied. This is not meant as an experience of abstract nothingness but a profound vacancy in the absence of a concrete presence.

In Chapter 8, Shogo Tanaka focuses on the relationship between social anxiety, bodily experiences, and interpersonal contact with others. He starts by revisiting the phenomenology of bodily experiences and clarifies the difference between the body-as-subject and the body-as-object. Tanaka distinguishes the experience of one’s body-as-object for others from those of one’s body-as-object for oneself. As already pointed out, among phenomenologists, Sartre emphasized the former aspect of bodily experiences, calling it the “third ontological dimension of the body.” On the basis of this notion, Tanaka develops a phenomenology of social anxiety and its disorders.

Part III concentrates on the psychopathological conditions of borderline personality disorder (BPD) and eating disorders. Matthew Ratcliffe and Anna Bortolan start with a contribution on BPD by examining the phenomenology of emotion dysregulation. They emphasize how emotions ordinarily arise within the context of a structured experiential world, how

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they play a role in maintaining, repairing, and reshaping that world, and how both the world's stability and the workings of emotion processes depend on our being able to relate to other people in certain ways. Ratcliffe and Bortolan go on to show how emotion dysregulation (of the kind associated with BPD) is *implied* by way of experiencing and relating to the social world as a whole. Given that other people play essential roles in sustaining a structured, practically meaningful world and regulating the emotions that arise within it, emotion regulation and dysregulation turn out to be interpersonal, rather than wholly intrapersonal, in structure.

In Chapter 10, Philipp Schmidt addresses how three kinds of instability associated with BPD, namely, instability in identity, affect, and interpersonal relationships, display aspects of disturbed self-experience in relation to the body. He emphasizes the ways in which these aspects of disturbed self-experience are experientially interconnected and interwoven. He also discusses how the experience of the body features in these aspects of disturbed self-experience and suggests that BPD involves a fourth kind of instability: a significant instability in embodiment. Finally, he shows how an analysis of the experiential interconnections between BPD-related phenomena and the bodily dimension of disturbed self-experience not only helps us describe and understand BPD experience but also allows significant insights into how the clinical picture of BPD emerges and persists over time. This can lend support to a holistic understanding of BPD: a Gestalt-like complex of intertwined experiential structures.

In Chapter 11, Lanei M. Rodemeyer argues that there are several levels to the constitution of experience presented in Husserl's phenomenology and that they are much more systematically treated in his work than it might first appear. After providing an overview of each of these levels, Rodemeyer argues that a Husserlian view of phenomenological constitution can help us understand the experience of gender and, more specifically, the gendered character of eating disorders. In doing so, Rodemeyer demonstrates that these different levels of experiential constitution can be applied to areas beyond phenomenology, providing frameworks and terminology that can, for instance, have therapeutic application.

Otto Doerr-Zegers and Héctor Pelegrina-Cetran offer an analysis of the intertwining of the anorexic patient with their body and the world. According to their approach, three fundamental anthropological dimensions are severely disturbed in anorexia nervosa: corporeality, spatiality, and temporality. The authors explore how these dimensions constitute an existential form of anorexia that presents the self-image of a disembodied subject in a purely physical world of rationalistic thoughts.

In Part IV, the authors focus on illnesses such as depression, schizophrenia, and *dementia*. Edward A. Lenzo and Shaun Gallagher offer a phenomenologically inspired enactivist interpretation of how disordered temporal experience relates to the structure of intrinsic temporality, which much of phenomenological psychopathology takes as its starting point. They point to a long-standing view in phenomenological psychopathology, reinforced by empirical studies, which understands depression in terms of a disruption to the intrinsic human experience of time. A growing consensus in the field now links psychopathologies to disorders of affect, affordances, and the narrative aspects of experience. Lenzo and Gallagher interpret these links in terms of enactive approaches to cognition and dynamical systems theory.

In Chapter 14, Tom Froese and Joel Krueger address the peculiarity that people with schizophrenia not only report feelings of dissociality but also the opposite: an unusual fluidity of the self-other boundary as expressed in experiences of ambiguous body boundaries, intrusions, and even merging with others. Here the person has not lost access to the socially extended mind but has instead become lost in it, possibly due to a weakened sense of self. Froese and Krueger argue that this neglected aspect of schizophrenic social dysfunction can be usefully approached via the concept of “genuine intersubjectivity”: One normally participates in a shared experience with another person by implicitly co-regulating how the interaction unfolds. This co-regulation integrates the dynamical bases of each person’s experience into one interpersonal process and gives the interaction an ambiguous second-person character. The upshot is that reports of abnormal self-Other fluidity are not indicative of hallucinations without any basis in reality, but of a heightened sensitivity and vulnerability to processes of interpersonal alignment and mutual incorporation that form the normal basis of social life. Froese and Krueger conclude by discussing implications of this view both for the science of consciousness and for intervention and therapy.

In Chapter 15, Zeno Van Duppen and Pascal Sienaert deal with the psychopathological phenomenon of catatonia: a severe psychiatric syndrome characterized by specific motor abnormalities such as immobility, mutism, staring, rigidity, or psychomotor agitation. Until recently, catatonia was often thought of as a subtype of schizophrenia. Today it is recognized that it can be a symptom of different medical and psychiatric illnesses, as well as occurring independently of them. Despite the fact that catatonia is encountered remarkably often by clinicians, and has been a subject of study for decades, it remains poorly understood. Until now, phenomenological psychopathology has also devoted little attention to the phenomenon. To redress this imbalance, Van Duppen

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and Sienaert investigate the phenomenology of catatonia, i.e., its subjective and intersubjective presentation. The authors present a clinical vignette and clarify its phenomenology with emphasis on fear, embodiment, and temporality. Indirectly, their investigation sheds new light on how trauma can affect subjectivity, in both its embodied and temporal dimension.

In Chapter 16, Christian Tewes explores the intertwinement of embodied selfhood and personal identity over time in dementia. According to the cognitivist picture of personal identity prevalent in the scientific literature and public debate, severe cases of dementia, where there is a loss of declarative memory, linguistic capacities, and social orientation, effectively turn the patient from a person into a non-person. After critically analyzing the arguments and assumptions behind this view, Tewes introduces the concept of “embodied selfhood” as a counterview. He argues that even in severe cases of dementia – such as late-stage Alzheimer’s disease – the manifold expressive forms of embodied selfhood justify the continued ascription of embodied personal selfhood in its qualitative and temporal dimensions.

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