

Pablo Ramos-Gorostiza<sup>1</sup>  
Jaime Adán-Manes<sup>2</sup>

# The problem of psychopathology and phenomenology. What is viable and not viable in phenomenological psychiatry

<sup>1</sup>Hospital de La Princesa

<sup>2</sup>CSM de Coslada

The epistemological underpinnings of psychiatric theory and practice have always been unstable. This reflects the essential contradiction existing between the task (the description and individuation of speech and behavior as psychopathological symptoms) and tools (semiotics). As a result of this contradiction, the history of psychiatry is one of permanent crisis in which there are moments of temporary stability as approaches that aim at organizing this mismatch between tasks and tools gain prevalence. However, these approaches can only offer a false sense of unity, consistency and progress. In this sense, a narrow perspective on a particular period may lead us to believe that psychiatry is just another medical specialty with its own specific theoretical framework like others. However, any such perspective overlooks the coexistence of different schools, disagreements, contradictions, global alternatives, etc. For a certain period of time, phenomenology was assumed to be as the solution for psychiatry's internal contradiction. As we see it, phenomenology was only partially understood. Despite the great influence it exerted upon psychiatry worldwide, it finally fell into disuse as a mere empiricism. Husserl's phenomenology was more thoroughly understood and better assimilated by other psychiatrists, and its influence has persisted to the present day. If we view phenomenology in its proper (Husserlian) sense, it is possible to understand psychopathology as a means of creating intelligibility and clarifying the uniqueness of psychiatry. On the other hand, if phenomenology is understood as a representational theory, it will eventually lead to an unavoidable relapse into psychologism, which has been the main path of psychiatry until now.

**Key words:** Psychiatric semiology, Psychopathology, Phenomenology, Epistemology, Husserl, Jaspers

*Actas Esp Psiquiatr* 2013;41(5):301-10

---

Correspondence:  
Pablo Ramos Gorostiza  
Servicio de Psiquiatría  
Hospital Universitario de La Princesa  
C/ Diego de León 62  
28006 Madrid, Spain

## El problema psicopatológico y la fenomenología. Lo vivo y lo muerto en la psiquiatría fenomenológica

La psiquiatría es un saber y una práctica epistemológicamente inestable desde siempre. Esta inestabilidad se asienta en la contradicción esencial que desde sus comienzos, al configurar la positividad de su referente, se establece entre tareas (descripción e individuación de expresión y conducta) y herramientas (semiología). Por ello la historia de la psiquiatría muestra una permanente crisis, estabilizada por formas transitoriamente hegemónicas de organizar ese desajuste entre tareas y herramientas, que, sin embargo, permite ofrecer la falsa percepción de unidad, consistencia y progreso. Si se escotomiza la mirada sobre su curso puede parecer que se trata de una especialidad médica entre otras atendiendo a los ciclos hegemónicos de equilibrio, obviando las distintas corrientes, disensiones, contradicciones, alternativas globales etc. La fenomenología fue durante un tiempo la ocasión para estabilizar esa contradicción. Pero se trataba de una acepción de fenomenología parcial que a pesar de tener gran influencia se abolió en un empirismo. Hay otra acepción de la fenomenología que comprende la filosofía de Husserl más atinadamente y que no ha dejado de tener influencia hasta el presente. En la permanente necesidad de salvar esa contradicción esencial vio y ve la psiquiatría en la fenomenología la posibilidad de enfrentarse a ella de otro modo. Dependiendo de cómo se asuma, permite la posibilidad de contribuir a entender la psicopatología como forma de crear inteligibilidad, definiendo así la peculiaridad de la psiquiatría, o entendiéndose como una teoría representacional, seguir mostrando las limitaciones que le impiden escapar del psicologismo y recaer en el reduccionismo como ha sido el camino seguido en psiquiatría de forma preferente hasta la actualidad.

**Palabras clave:** Semiología psiquiátrica, Psicopatología, Fenomenología, Epistemología, Husserl, Jaspers

## INTRODUCTION

Phenomenology has been in existence for over one hundred years, and it has been almost one hundred years since Jaspers first mentioned phenomenology in an incipient article.<sup>1</sup> Phenomenology now seems to be experiencing a revival since its association with German-born psychiatry has been severed; this psychiatry once dominated almost all psychiatry in the world except France and the Anglo-Saxon countries, although it has profoundly influenced psychiatric thought in these countries. The return of phenomenological psychiatry has been less hegemonic than in the mid-20th century. However, in any case it now offers more consistent arguments and is better able to establish the mode and manner in which it influences clinical practice. Whereas 20th-century psychiatry was marked by the stability that phenomenology conferred upon it, we are now witnessing the collapse of the stability provided by neuroscience and there is a need to find another stabilizing factor.<sup>2</sup> There thus seems to be a certain rebirth of phenomenological psychiatry and it is pertinent to ask whether it is a true rebirth or revival of a latent remnant.<sup>3</sup> It is relevant to think about the timing of this rebirth, or revival, and whether it has anything to do with a task of psychiatric practice that phenomenological theory can help to resolve properly or if, on the contrary, it is a rebirth or revival related to nostalgia and a mythological conceptualization of psychopathological practice that has remained buried, although still alive, in certain settings. It is as if a kind of knowledge was available at a given time in the history of psychiatry that has now disappeared, drowned out by the noise emanating from merely biological and flagrantly positivist psychiatry. Moreover, it is as if only phenomenological psychiatry could preserve this type of knowledge and the possession of such knowledge constitutes not only an advantage but a canon against which to measure the goodness of any other claim to psychiatric knowledge. In reality, our proposal, which can only be sketched out here, assumes firstly that phenomenological psychiatry only exists if Husserl's phenomenology is assimilated, and secondly that there are two waves of influence, the wave ridden by Jaspers and abolished by biological psychiatry, to which phenomenology contributes, and a more tenuous but more incisive and durable phenomenology that begins with Binswanger and, via Blankenburg, reaches us with the current representatives of phenomenological psychiatry.

In order to trace the back-and-forth weavings of phenomenology in psychiatry and understand why it occurred, highlighting only the most salient points of its beginnings and the present, no approach is better than to describe the situation of psychiatry in the early 20th century. We will briefly describe the core of this school of thought and its innovations, and then point out why phenomenology had to be incorporated into psychopathology. We will explore its years of expansion and decline in relation to the underlying reasons, and the limitations that precluded it

from remaining in use as time has passed. In our view, it is necessary to describe why phenomenology was received as it was in order to be able to focus on why it has persisted. In view of this persistence, special emphasis must be placed on the new interpretation that is being given to phenomenology and on the needs that once again came to light in the course of events in the later decades of the last century in terms of internal deficiencies and inconsistencies in psychiatric knowledge, in what amounts to repeatedly rebottling old problems in new bottles. In this regard, it is important to point out the peculiarity of psychiatric knowledge in order to understand what was and is being asked, and what may be asked of phenomenology in order to say, from our point of view, what is still viable and what is no longer viable in phenomenology, i.e. what it is in phenomenology that marked a path for psychiatric thought and remains valid today and what is unacceptably dead weight in the current state of psychiatric affairs.<sup>4</sup> What we would like to make clear from the first is that we are not going to discuss either a historical problem or, consequently, the history of psychiatry. We are also not going to review all the paths that phenomenological philosophy,<sup>5,6</sup> or psychiatric phenomenology,<sup>7,8</sup> has taken. Finally, we are not going to try to save phenomenology, not even from itself. Our aim is to understand a pivotal moment for psychiatric issues, which was as viable then as now within the context of its internal needs and limitations.

## SITUATION OF PSYCHIATRY AND PSYCHOPATHOLOGY IN THE EARLY 20TH CENTURY

In France, where the development of psychiatry began with Pinel,<sup>9</sup> after the phase of mental alienation<sup>10</sup> we find a number of authors dedicated to characterizing diseases using the psychiatric semiotics that was constituted over the course of the latter half of the 19th century. Parallel to the creation of this psychiatric language, psychiatric theories were developed, such as the theory of degeneration, as a way to establish a causal link between facts and concepts. This was required to safeguard the link between the two once the affirmation of the positivity of the psychiatric object had been firmly established and it was no longer possible to appeal to any transcendental power to ensure it. Consequently, towards the end of the 19th century psychiatry was devoted to the description of mental illnesses as an expression of natural entities. The assumption was that discrete disorders exist and were accessible in their individuality thanks to a medium capable of unifying those differences and expressible through a language that, as mentioned, had been developed over the course of the previous century and was crystallized in 1878 with the work of Emminghaus.<sup>11</sup> However, the instability between words and the states of the things to which they presumably refer

did not allow as much progress as had been expected in the development of positive knowledge in a way similar to how knowledge had been developing in the physical and natural sciences for more than a century. There was a lot of confusion and the responses of both Chaslin and Jaspers were similar, one from the vantage point of the tradition of French semiotics and his own proven clinical experience and the other from the vantage point of an enquiring young man lacking in clinical experience and with the philosophical concerns and decisive influences of Kantianism<sup>12</sup> and Weber<sup>13</sup>. Both the French and German traditions are fundamental in the history of psychiatry and had the same shared assumptions up to 1900, namely that diseases are natural classes and, after the work of the School of Paris and the development of medical semiotics, that it was possible to use language to establish a transparent connection between the appearance of phenomena and what causes them, i.e., that there was a vertical semiotic relation between sign and injury that was directly accessible by observation and could be correctly denominated without theories introducing distortions.

In order to clarify the difference between the positions of Chaslin and Jaspers as enunciated in *Éléments de sémiologie et clinique mentales*<sup>14</sup> and *Allgemeine Psychopathologie*<sup>15</sup> of 1912 and 1913, respectively, it seems appropriate to translate the problem that we have called "confusion" into semantic terminology that clarifies both positions, thus allowing us to understand what phenomenology contributed when it was first accepted in psychiatric practice. The semantic status of medicine was based on a descriptive theory (of reference) that had been extrapolated to psychiatric semiotics, although the reference could not be definitively lined to an effective cause, as pathology or pathophysiology do in medicine. Descriptive notes are never a necessary and sufficient condition for satisfactory individualization, and access to the reference requires the introduction of contextual variables, interruption of the indefinite referral between horizontal notes, or the elimination of uncomfortably atypical particularities in order to make it possible to accommodate them in a predetermined class. Given this situation of the imprecision and ambiguity of descriptive psychopathology language for establishing a lexicon similar to medical semiotics that would be capable of unambiguously naming and referring to verifiable causative lesions, two alternatives emerged that were adopted by Chaslin and Jaspers, respectively.

On the one hand, they tried to craft a well-made language that reduces ambiguity, so that references can be made reliably.<sup>16</sup> Always assuming that language can access the natural class that is the ontological referent of the disease through the meaning named by the sign and that spurious elements typical of natural use can be eliminated, language can be crafted into a translucent medium between

sign and injury, thus achieving an analytical description for classifying clinical types. This is the essence of any psychiatric classification supposedly independent of theory, such as modern classifications based on the belief in the reality of natural classes and the suitability of language for capturing them, as long as the language is properly purged of ambiguity.<sup>17</sup> On the other hand, by considering phenomenology innocuously as a descriptive psychology that is limited to raising an inventory of subjective experiential contents,<sup>18</sup> we are trying to make the psychopathological phenomenon apprehensible "from within." It is an act of simplifying a phenomenon with diverse manifestations by using a formal typifying element that attempts to capture the essence of the object once a nexus of sense has been obtained narratively and makes it possible to obtain access to the actor's intention, being complemented here by Dilthey's descriptive and analytical procedures.<sup>19</sup> Moreover, through empathy the potentially undefined referrals of notes to other notes can be contextualized and a reference can be established.

In neither of these two cases does this mean that one can access the causal explanation as in medicine, where the cause can be established through semiotics as an essence using the knowledge contained in the biomedical sciences. However, the assumption in both cases does not preclude this possibility in the future, as long as the natural class is delineated empirically and given expression through semiotic language that provides increasingly more precise descriptions. In short, given the opacity existing between language and natural class, one option is to focus on the language in an effort to purify the terminology, whereas the other option is to note the opacity of the patient's subjectivity, the shortcoming that interferes with establishing a coincidence between sign and injury, for which there is now a descriptive and analytical psychology capable of clarifying expressive and behavioral manifestations. As can be seen, there is no doubt regarding the existence of the natural class of mental illness, nor about the infinite possibilities of stretching the meaning of the terms that describe it, no matter how twisted or disorganized it is, until we can make the description explicit.

These two alternatives initially guide the different interpretations of the task of naming and offering a descriptive definition of the phenomena of behavior and expression that are subject to the scrutiny of the psychiatrist, according to the descriptive theory of reference. However, they ultimately converge to abolish psychopathology in the name of empiricism, thereby giving rise to the present state of affairs of psychiatric issues.<sup>20</sup> We see here that the accepted interpretation of phenomenology that became predominant after the work of Jaspers opened up possibilities that phenomenology itself had closed, thus constituting a heritage that ultimately ended up being unusable for psychiatry, as events have made clear. This deficient interpretation of what is understood as phenom-

enology, if examined adequately, was the dominant interpretation and informed what phenomenology was understood to be during its hegemonic influence. It is precisely the confrontation between the first accepted interpretation of phenomenology and later interpretations, particularly since the work of Binswanger<sup>21</sup> after the World War, that is evident in the dispute between Walker<sup>22,23,24</sup> and Wiggins and Schwartz,<sup>25,26</sup> which we have discussed elsewhere<sup>27</sup>. This other view of phenomenology has certainly been less influential and represents the established knowledge of Husserl's thought, especially after the publication of his complete work, which began to gain influence at the end of the 1920s and was crystallized in the work of Häfner<sup>28,29</sup> and Blankenburg<sup>30,31</sup> in the 1950s and 1960s; this view has never really disappeared until the present. This is the phenomenological perspective that has been adopted by the new representatives of phenomenologically oriented psychiatry.

## THE NOVELTY OF PHENOMENOLOGY

The motivation for the development of phenomenology in the panorama of late 19th century philosophical thought was the need to respond to the pretension of science to account for reality in every dimension, including the subjective dimension. The sciences have not achieved their theoretical ideal of providing a foundation for all human praxis.<sup>32</sup> The scientific method so far has involved approaching nature as purely objective, which in and of itself implies dispensing with subjectivity by objectifying it. This claim has been extended to philosophical thought in what is known as psychologism.<sup>33</sup> Husserl's answer was to go to the things themselves, for which one has to be able to remove the layers that have hidden the interpretation of reality, which is the gist of scientific interpretation in our world, which cannot be considered the primary and fundamental way of accessing reality. The aim is to eliminate the assumptions that obscure reality. The phenomenological method focuses on analyzing the constitution of things, or the intentional analysis of how this reality came to be constituted. The problem of phenomenology is thus the problem of the world,<sup>34</sup> of how the manifestations of reality are viewed through interpretations that keep it at the level of how they appear to us, of how the immediate experience of dealing with things has been lost and we have reached this point. The development of phenomenology unfolds from this point. This involved recovering subjective experience, starting from experience as something immediate, and accessing the logic, i.e., the operations that underlie things, which are offered up to us wrapped in the certain sense in which they appear to us. This requires reduction and constitution, which are the core of phenomenology.

It is paradoxical that the search for being-in-itself requires reflection, which is what reduction is, as is

conducting the search through immediate experience and introspection as the way to access what has been constituted and remains folded in the different strata, in their schemes of implication. It is also paradoxical that consciousness is the residue of epoché, which instead of being internal is external, extending outward toward the world. Consequently, the problem of phenomenology is the world, or worldliness, of the subject and not how something is externalized: one is already external. The most important paradox is that of subjectivity, in the sense that subjectivity requires a world, but subjectivity is also required to create a representation of the world; the two are mutually necessary.

Phenomenology is a way of thinking that emphasizes acceding to the truth as an actor rather than as a spectator, so it modifies the actor's perspective on his or her own experiences, allowing them to be analyzed by an actor who becomes a spectator of himself or herself. This is new, above all in view of the fact that the introspective view has been discredited, particularly in light of the preeminence of scientific knowledge, serving as an example for all other knowledge. Insofar as what is observed, what appears occurs once a predetermined framework for appearance is deployed in which the temporospatial variables are known in advance for any potential observer, meaning that it supposedly occurs in an area devoid of subjective elements. The modern invention developed by Descartes consists of the mode of having a place a priori where the presentation of what is presented can occur, which guaranteed the unification of differences by objectifying them. The aim is to put forward something as if it were entirely independent of the observer. At this point, the horizon has entered a critical situation, which is the crisis of European sciences<sup>35</sup> as the only disciplines capable of legitimizing knowledge of all types; phenomenology was a response to this crisis.

Phenomenology parts from experience as a psychological content, a datum in the consciousness to which the actor has direct access. In the act of consciousness, the actor discovers a structure that in any case always has a logical element that possesses an atemporal legality that is necessary a priori. What distinguishes phenomenology from positivism, an opposing philosophy, is that it does not simply adhere to the facts, to the givens, but to how they present themselves. The notion of phenomenon, of all that appears, is expanded into the experience in which it appears; it is what appears and how it appears in itself effectively.<sup>36</sup> Appearing in consciousness is a phenomenon and it allows access in the measure that it appears: it is what appears and how it appears. What appear are the experience and the object of the experience. In effect, in experience there is a necessary correlation between the subjective and objective aspect of experience, in which an act of consciousness is focused on something: the self, others, or things in all their ontological breadth. Implication logic is ready to be deployed here, and the consequences of these implications are going

to be the routes of development of phenomenology. The aim is to apprehend a field of intersubjective validity<sup>37</sup> that takes subjectivity into account, which is especially relevant for psychiatry and psychopathology.

What phenomenology allows us to do is to understand the psyche in a new way, opening outward and focused on the world, as we mentioned above. Phenomenology gives us access to the psyche through reduction, showing us the fundamental aporia of human subjectivity, which consists of being in the world and only knowing of the world through the representation that one has of it. In intentional experience, something appears to the consciousness, specifically favoring conscious acts. Intentional life shows us that it refers immediately to something other than experience itself. This intentional and prereflective consciousness of world is what we can recover of its being as it is referred to the world or to something in the world, with all its content thanks to reduction, to reconducting it to mere being per se, as the product of constitution. Reduction brings us precisely to the original place in the world; it brings everything to the transcendental place from which it acquires the sense with which it appears in the natural attitude. Constitution involves different entities: subjectivity, the body, the life-world and intersubjectivity. These entities working together constitute transcendental structures that allow objectivity.<sup>38</sup> Constitution involves a relation that cannot be apprehended by ontic concepts. The concept of experience<sup>39</sup> inherited from empiricism is thus expanded, which is analogous to the way that it is assumed that there is an excess of intent in any intentional act, including the perceptive act, for which an objective correlate cannot be given.<sup>40</sup> This excess involves a remnant that conserves semantic value in relation to forming individualized judgments for psychopathology.

Once something is in the consciousness, it is accessible to reflection, which takes what appears, the object and the experience, together. This completely breaks with the notion of the content of consciousness and phenomenological description, for the first time, proposes to refer to things themselves and not to mental constructs, or representations. This permanent reference to the material is what makes individuation possible; no concept can be reduced to a mere logical or linguistic concept.<sup>41</sup> The matter of phenomenology is contained in experience as the subject. Matters referring to objects are in the realm of ontology. All experience has an intentional object, which is what the experience refers to. The same object can be experienced in different ways, as a mention, representation, or an intuition, constituting variations in the experience that depend on the way they are focused on. What appears of the object is always a fragment, a sketch, a view, so that the appearance of a thing derives from the vantage point of a horizon, and it is only the horizon that allows the continuity of meaning. Therefore, everything appears on a horizon that is open to perceptive

potential, a horizon established beforehand and constituting a web of compacted meaning in which the relations between self and world are already implicated, correlated, and susceptible to analysis.

As we see, the novelty of phenomenology is the proposed recusal of psychologism, which is a thoroughly modern notion. It is open to a setting of phenomenonism and empiricism that is difficult to assimilate with the usual way of understanding the psychiatric enterprise that is historically built on positivism. As we will see, these peculiarities result in a complex, zigzagging course of phenomenology in psychiatry, with diverse forms of more or less direct modes of assimilation ranging from the reduction to positivity and the critical approach, with the paradox of subjectivity always interwoven with the contradiction of psychiatry.

## THE DEVELOPMENT OF PHENOMENOLOGICAL PSYCHIATRY CONSISTS OF EXPANSION, DECADENCE, AND PERMANENCE

The paths of phenomenological psychiatry inspire surprise, maybe even amazement, especially for those who have some knowledge of them, because of the disproportion between the former epoch in which phenomenology was hegemonic and its current demise. Whereas it was once a counterpart to contemporary psychiatric clinical practice, phenomenology has disintegrated into a transient epiphenomenon of current practice, changing from something with a supposedly weighty load of the requisite arguments into a bloodless pool of theory into which it has been diluted, and losing the presumptive discriminative precision it was once postulated to have and now showing a lack of real diagnostic specificity. These contradictions are what require at least a minimal explanation, which we will try to address in the following sections. However, we wanted to review the truly phenomenological background that began after World War I and that, without disappearing or losing ground to theory, again faces similar structural problems in contemporary psychiatry. This specifically highlights the affinity of phenomenology around the core of psychiatry, a reason why the conceptualization of phenomenology is of special significance for psychiatry and psychopathology, regardless of whether one adheres to it or rejects it outright.

## The needs met by phenomenology when it was first received by psychiatry

Establishing a medium between the knowledge accumulated by clinical psychiatry and neuropathological requires a semiotic theory that, according to Kraepelin as commented by Wundt, could be articulated as the set of clinical knowledge constituted in the first decades of

psychiatry in an orderly way. Phenomenology in the sense of Jaspers, and later thanks to Grulhe, Mayer-Gross, Bürger Prinz and K. Schneider, among others, made it possible to reinforce this response. It did so because, as noted above, Jaspers centered his attention on the subjective aspect of the opacity between descriptive language and natural classes. Considering subjectivity as accessible to the narrative aspect of unifying the diversity of psychic phenomena, phenomenology in this limited sense allowed pathological phenomena to be organized into internally consistent contexts of meaning without the reductionism of positivist psychology, in which subjectivity was considered exclusively in terms of mechanical performance and divested of the significance that brings it back to its meaning. Thus, for example, through the fecundation of Gestaltic psychology, which overcame atomization by aiming at wholeness, it has been possible to access the world of perception and thought in relation to its worldly significance, with results like those that the work of Conrad<sup>42</sup> offered. Corporeality, estrangement, will, etc., have benefited from this way of looking, significantly enriching our understanding of fields of pathology. Above all, we have briefly described the background from which the sense that points toward the transcendental component of subjectivity and the need to explore its constitutive moments in the corporeal and intersubjective spheres emerge.

## Expansion and abolition

The expansion of phenomenology, in the loose sense of the first accepted meaning, took place in the first half of the 20th century, preferentially in Heidelberg. The culminating product was the publication of the *Handbuch des Geisteskrankheiten*, directed by O. Bumke, especially volumes I<sup>43</sup> and IX,<sup>44</sup> where general psychopathology and the psychopathology of schizophrenia, respectively, were discussed in the "Heidelberg style" (*die Heidelberger Weisen*)<sup>45</sup>. This in no way means that its consideration is linear or straightforward. On the contrary, the scant delimitation with which this modality of psychiatric practice is identified allowed psychiatrists of very diverse origin to find shelter and be recognized for superficial similarities. What interests us, in any case, is to understand the journey that took place in the abolition of phenomenology as an empiricism, which is assumed to be just the opposite of what phenomenology intends in a more or less strict sense. This requires admitting that the problem had not been well identified, meaning that the semiotics or descriptive psychopathology were insufficient and, therefore, had not taken clear note of the reasons why phenomenology came to be. This fact allows us to understand precisely why the phenomenology of Jasperian origin was abolished whereas phenomenology was retained where there was a genuine acceptance of phenomenological problems. Remember that the act of identifying the phenomenon as it appears instead

of what does not appear, i.e., as a sign or symptom, is a misinterpretation of phenomenon in the phenomenological sense, which is that what appears is as it appears and only in the sense in which it appears.<sup>46</sup>

After World War II, he assumed the direction of the Kurt Schneider Clinic, which corresponds to the zenith of the influence of the Heidelberg school in Germany and continental Europe. Through Mayer-Gross, it also had influence in the United Kingdom and, to some extent, in the English-speaking world. There is an orthodox line represented by Kranz, Weitbrecht and Huber, and then there are different diverging lines. What we are saying is that, parallel to the hegemonic version of Jaspers-Schneider, there are some lines of thought that mix the first Jasperian version with elements that are increasingly influenced by Binswanger's acceptance, and other lines under the influence of V. Baeyer and in relation to an anthropological perspective of varied origins ranging from medical to philosophical anthropology, and even psychosomatic medicine, particularly Zutt, Wyss, Portmann, Plessner, Buytendijk, etc. Authors such as Tellenbach, Feldmann, Matussek, Bräutigam, Kulenkampff, Kisker, Glatzel, Häfner, Blankenburg, and others stood out in the magma of ideas. All of them contributed bit by bit to dilute the unity of phenomenology and undermine its influence on the rest of the world.<sup>47</sup> The increasing importance of psychiatric pharmacology and the incipient, but influential, antipsychiatry are factors that are bound to be important when making it harder to assume that set of elements within a whole that seeks to be systematic, as befits knowledge that aspires to be scientific in the usual sense of the term. The unity of psychiatric experience, if not monolithic then at least consistent, that had prevailed in German psychiatry was thus lost and in the domain of interest the external factor becomes the stabilizing element, especially compared to phenomenology, in which it had been an internal factor. This external element has presided in recent decades by force of the efforts of the pharmaceutical industry, which is slowly imposing its practices, and the need to standardize the diagnostic criteria that insurance companies require to compute costs for each psychiatric process. If we add to this the influence of analytical philosophy in U.S. of psychiatrists who begin to escape the influence of psychoanalysis and want to rely on neuroscience, cybernetics, artificial intelligence and cognitive psychology, we have the explanation for how phenomenological psychiatry was initially received and assimilated, and then discarded. All of this is very modern, as can be seen.

The decadence of the model became evident as their claims to validity were discredited and the desire to unify clinical differences lost its wind observation was strictly submitted to concepts that were baseless a priori. The shadow of causality was noted after the description, not noting more than a ghost lacking in consistency and always deferred. Nonetheless, this view is now decaying because the

rigidity required of the psychopathological apparatus turned out to be inefficient. It is still being required to behave like medical semiotics, following the historical constant. It is evident that as increased specificity is being sought, the ability to penetrate the interstices between thought and judgment is lost. For example, viewing delusion as a sign that refers to a particular cause to explain it comes at the cost of the ability to see it as part of the transition from normality to excessive emphasis or to what is clearly obsessive. The class of obsessiveness, for example, is found in so many clinical conditions (anxiety, depression, schizophrenia, autism...) that no known causality can account for it. The descriptive model of reference from which we have to escape in order to achieve a stable meaning of the sign is rendered impracticable by the fact that there is no efficient cause to replace that model with another one that can directly and effectively individualize the case. We also see that the pathognomonic ambition of psychopathological diagnosis characteristic of the Jasperian mode of phenomenology, i.e., the assumption that descriptive language can access the natural class unconditionally, is closely related to the pretensions of the philosophy of language and logic that come into play when diagnostic systems are based on operational criteria, i.e., the descriptive theory of the reference, which is finally shown to be insufficient from an internal perspective. This was made explicit by the development of the first WHO classification, which presupposed a descriptive theory of reference, leaving the way open for the entry of formal semantics.<sup>48</sup>

## Permanence

What is important to make clear is that phenomenology was not truly accepted by psychiatry with Jaspers, but with Binswanger and, to a lesser degree and indirectly, with Storch<sup>49</sup> and Boss.<sup>50</sup> However, it is curious that initially the step from phenomenological psychology to transcendental phenomenology could not be made other than through Heidegger as expressed in *Being and Time* where he, in the Marburg preparatory courses and in *Being and Time* itself, assimilated the transcendental viewpoint of Husserl by means of an analysis of the factuality of *Dasein*. The model of perception was replaced by a model of understanding, radicalizing intentionality and deactivating the subjective pole, which was still conserved in the phenomenology of the first stage, trapped in the paradox of subjectivity toward antepredicative and preontological structures. It is no coincidence that in the 1950s, when it was known that the work of Husserl was being edited in *Husserliana*, attention was again directed toward Husserl. The new acceptance of phenomenology has lasted until today,<sup>51</sup> as an assimilation in which it was evident that representation was discarded. The acceptance of phenomenology then took the winding path of fundamental ontology, and it was only after the 1950s that the debt to Husserl was fully acknowledged.

What occurred is that the effort to ontologically characterize subjectivity was transformed by the possibility of genetically analyzing the paths of constitution. To the extent that the possibility of addressing the fundamental contradiction of psychopathology was spoiled for the same reasons that the path of *Being and Time* became impracticable for Heidegger once it was evident that he was asking about the transcendental genesis of *Dasein*, it became a transcendental strategy without a transcendental subject and sought an outlet in what has come to be called *Khere*. This means that following existential analysis it would seem to be possible to achieve the genesis of the sense of a total form and thus dissolve the essential contradiction, making or proposing to make the consciousness of self fully transparent.

The permanence of phenomenology after it was accepted for the second time was reinforced in the late 20th century in relation to the perception of the difficulties encountered by the dominant psychiatry and its practices was made manifest by means of diagnostic manuals, namely, the renewed dissolution of subjectivity and the inability to individualize. It became clear that the descriptive formulas for subsuming phenomena to categorize them in a reductive and simplistic way as identities between concept and thing, sign and lesion, were inviable. A number of psychiatrists from around the world appeared on the scene who saw a need to rethink the philosophical problems underlying the putatively atheoretical positions of the dominant psychiatry. Phenomenology clearly returned to the spotlight in this situation. Authors such as Parnas,<sup>52</sup> Sass,<sup>53</sup> Fuchs,<sup>54,55</sup> Stanghellini,<sup>56</sup> Rossi Monti,<sup>57</sup> Pelegrina,<sup>58</sup> Varela,<sup>59</sup> Thompson and others joined philosophers like Zahavi,<sup>60,61</sup> Gallagher<sup>62,63</sup> and others around journals (e.g., *Philosophy, Psychology & Psychiatry* and *Psychopathology*) and scientific societies with publications and conferences in search of official recognition, resuming a proper psychopathology task.

The intention is that phenomenological psychopathology not only be a way to make clinical judgments, to conduct psychiatric experience, but that it tend to become a form of positivity capable of delivering not only sense, linkage, compression and complexio, as well as genesis and turns into a repertoire of content with a process of application incorporated. However, it is precisely in the application that phenomenology teaches us that we cannot lose sight of the appearance of things, the matter that allows individuation to be achieved.

## THE INTERNAL CONTRADICTION OF PSYCHOPATHOLOGY

Psychiatry shows an erratic, changing and ultimately failed course because it has been unable to emulate other branches of medicine and replace clinical semiotics as a merely descriptive clinical procedure with a causal theory

that allows us to directly apprehend the essence as a cause, to be aware of what appears to be and is established by universal and necessary knowledge. It has not been able to match, as the pursuit of knowledge requires, the material and formal considerations regarding what is managed, sign and lesion. There is thus a contradiction between the clinical task of accessing the case, the individual, and naming and recognizing it and the tool available, which is only semiotics or descriptive psychopathology. This keeps it on the plane of superficial elements, unable to access a cause that establishes and stabilizes the meaning of the class terms without semiotics even being able to individualize cases descriptively, recognize them, and group them into syndromes that are sufficiently stable and reproducible. For even more compelling reasons, however, without realizing this serious main essential flaw, one believes it is advancing along the secure path of science without restrictions, without noticing the opacity between words and the states of things, concepts and facts, as if one could dispense with the work needed to understand the formation of terms and how they refer to the natural classes with which they supposedly correspond or correlate and that, in any case, since its inception, have always been assumed to be obvious<sup>64</sup>.

Psychiatry and the psychiatrist, whenever one acts as such and every time the psychiatrist issues a judgment about a case present in a clinical situation, make a procedure of generally apprehending the patient by bringing into play the available repertoire of knowledge. This covers historical, terminological, and conceptual dimensions of all kinds, as a counterpoint to the conduct, expression and language that the patient exhibits. The psychiatric experience occurs in this encounter and only there. This means that the process of judgment, or individuation, required of the psychiatrist by which he or she implements knowledge involves a series of perceptual, conceptual and exploratory operations aimed at understanding the other that is presented with the pretension of submitting it to concept. Thus, this conceptual work, in which the alpha and omega of the psychiatrist's task are distilled, requires professional expertise to discern a possible judgment using the elements given. In this task, the given elements are the characteristics present, missing elements, previous definitions, official prescriptions, a variety of contextual factors, situational restrictions, legal and ethical constraints, etc. However, only the encounter with the patient in situation and with the primer elements anchors the psychiatrist's vision of all that is apparent and allows the reflective judgment to be made that saves the individuality of what is presented without rigidly subjecting it to concept, but also not allowing it to fluctuate without conceptual stabilization in pure indeterminacy. Conceptual work thus consists of outlining<sup>65</sup> and linking datum and concept without predetermining the meaning in order to create a concept that is consistent with what is presented and not overdetermined or narrowly labeled from the outset in a determinant way. The aim is not to allow the remnant

that the universal concept leaves, which is necessarily implemented, to constrain the living presence of the patient in the psychiatrist's notes on the patient, taking into account the hidden, passive and transcendental elements that represent nothing, but without which the context in which the sense is possible for the patient and the psychiatrist cannot be constructed. That remnant, the excess of intention, the sense of being, has semantic value for individuation, which is what clinical judgment is, and can only be brought into play as a result of practice.<sup>66</sup>

We say that phenomenology is erratic and changeable, in addition to failed, because these contradictions are apparent in its own history and alternatives to the dominant positions are brought to light in the form of alternative theories and even movements, such as antipsychiatry, which have inexorably revealed, both synchronously and diachronically, the inconsistency of psychiatry in the terms in which it is usually understood. To the extent and measure that this opacity resists being considered systematically by psychiatric theory as a whole is part of the state of affairs that dominates the view of reality in which psychiatry has been trapped since its inception as a modern product.

## WHAT IS VIABLE AND NOT VIABLE IN PHENOMENOLOGICAL PSYCHIATRY

Speculative thought consists of establishing the opposition, which results in this thought establishing it itself; in contrast, representative thought allows the opposition to dominate it. It allows the opposition to handle its own determinations only in others or in nothing.<sup>67</sup> This reminder by Croce in his book on Hegel sets the pace of what phenomenology can contribute to psychiatry that is viable, and what is not viable if the inherent contradiction is not confronted. In the measure that the internal contradiction of psychopathology remains open and persists in questioning the essential opacity established by psychiatric signs, the task of psychiatry will require a tool capable of producing intelligibility without falling prey to the temptation of being positive knowledge, which has in calculation and representation the mode and basis for revealing the differences that present themselves in ways that can infuse meaning into the matter.

If the novelty that occurred at the beginning of psychiatry was that of delimiting a field of positivity amenable to empirical-analytical scientific inquiry, the aim of exhausting that positivity by examination procedures that try to address non-thought until it is made fully explicit, in order to obtain an explanation for any act, expression and experience without any break, had and still has to take the form of directly viewing objects (*prima intentio*). This was the vision that Jaspers and most of the so-called phenomenological psychiatry adopted. However, the truly



phenomenological vision is an oblique vision (*secunda intentio*) that asks about the sense, in the measure that phenomenology thus understood contributes to facing this essential contradiction without focusing on any position is a viable contribution to psychiatry. The phenomenological vision is a vision that requires us to escape from the natural attitude and leads us to the phenomenological approach, which is a critical attitude, like any position that follows empiricism or positivism, and is aware of what is transcendental and reflectively discovers the human duplicity<sup>68</sup> that perceives the paradox of subjectivity and realizes that it is inevitable to reflectively manage relationships. This links Husserl's phenomenology to Hegel, because this movement critical of Hegel from a natural attitude toward the phenomenological attitude is the same as the relation between knowledge and truth that frames the experience of consciousness.<sup>69</sup>

The new return of phenomenology, although it seems to advocate that transcendental and antepredicative character, tends dangerously toward the abstract determination of positivities, toward annulling the intentional nature of correlation unmediated by meanings, and toward returning to a repertoire of stock phrases and assessment and treatment practices that degrade the oblique vision that is capable of diluting and penetrating the interstices of the process of judgment and individuation. For that reason it is something inviable, old and rigid that will inexorably fall into the essential contradiction since it wants to exchange one point of view for another with hegemonic pretensions, replacing one determinist attitude with another or with nothing.

To continue understanding phenomenology as a deficient way of capturing essences that allow the descriptive theory of reference to be replaced by a direct reference is what is inviable about phenomenology. We propose that phenomenology should be considered as a moment in the path that led us to discard the nonsemiotics of psychopathology in order to confront the contradiction between psychiatry and the subjectivity paradox and the need to carry out the task of finding intelligible meaning and individuation without appropriating content that annuls it, by anticipating an identity for which it wishes to be the guarantor and that not cease to act as virtual reality just because it is a supposition.

## REFERENCES

- Jaspers K. Phänomenologische Forschungsrichtung in der Psychopathologie. *Z Neur.* 1912;9:391-408.
- Bracken P, Thomas P, Timimi S, Asen E, Behr G, et al. Psychiatry beyond the current paradigm. *Br J Psychiatry.* 2012; 201:430-4.
- Ramos Gorostiza P, Portela Vicente M. Un momento crucial de la Psicopatología: la recensión por Heidegger de la Psicología de las concepciones del mundo de Jaspers. *Actas Esp Psiquiatr.* 2005;33:46-54.
- Ramos Gorostiza P. Intencionalidad y antipsicologismo. *Permanencia y trasgresión en la psiquiatría fenomenológica. Monografías de Psiquiatría.* 2006;18:38-47.
- Spiegelberg H. *The Phenomenological movement.* Dordrecht: Kluwer, 1994.
- Ströker E, Janssen P. *Phänomenologische Philosophie.* Freiburg/München: Alber, 1989.
- Spiegelberg H. *Phenomenology in Psychology and Psychiatry.* Evanston: Northwestern University Press, 1972.
- Moreno C. *Fenomenología y Filosofía Existencial.* 2 vols. Madrid: Síntesis, 2000.
- Pinel P. *Traité médico-philosophique sur l'aliénation mentale,* ed 2. Paris: JA Brosson, 1809.
- Lanteri-Laura G. *Ensayo sobre los paradigmas de la psiquiatría moderna.* Madrid: Triacastela, 2000.
- Emminghaus H. *Allgemeine Psychopathologie. Zur Einführung in das Studium der Geistesstörungen.* Leipzig: FGV Vogel, 1878.
- Presas MA. *La situación de la filosofía de Karl Jaspers.* Buenos Aires: Depalma, 1978.
- Kirkbright S. *Karl Jaspers a biography. Navigations in truth.* New Haven and London: Yale University Press, 2004.
- Chaslin P. *Éléments de sémiologie et de clinique mentales.* Paris: Asselin & Bouzeau, 1912.
- Jaspers K. *Allgemeine Psychopathologie,* ed 9. Berlin Heidelberg New York: Springer, 1973.
- Chaslin P. Is 'psychiatry' a well-made language? *History of Psychiatry.* 1995;6:398-405.
- Zachar P. *Psychiatric disorders are not natural kinds.* *Philosophy, Psychiatry and Psychology.* 2000;7:167-82.
- Waldenfels, B. *De Husserl a Derrida. Introducción a la fenomenología.* Barcelona: Paidós, 1997; pp. 103.
- Martín Santos L. *Dilthey, Jaspers y la comprensión del enfermo mental.* Madrid: Paz Montalvo, 1955.
- Glatzel J. *Die Abschaffung der Psychopathologie im Namen des Empirismus.* *Nervenartz.* 1990;61:276-80.
- Binswanger L. *Über Phänomenologie.* En: Binswanger L. *Ausgewählte Vorträge und Aufsätze.* Bern: Francke, Bd 1, 1947; pp. 13-49.
- Walker C. Karl Jaspers as kantianan psychopathologist I: The philosophical origins of the concept of forma and content. *History of Psychiatry.* 1993;4:209-38.
- Walker C. Karl Jaspers as kantianan psychopathologist II: The concept of forma and content in Jaspers' Psychopathology. *History of Psychiatry.* 1993;4:321-48.
- Walker C. Karl Jaspers, Edmund Husserl I-IV. *Phylosophy, Psycholgy & Psychiatry.* 1994;1:117-33, 1994;1:245-65, 1995;2:65-82, 1995;2:247-66.
- Wiggins OP, Schwartz A, Spitzer M. *Phenomenological/descriptive psychiatry: The methods of Edmund Husserl and Karl Jaspers.* En: Spitzer M, Uehlein F, Schwartz M, Mundt C (eds). *Phenomenology, language & schizophrenia.* New York: Springer, 1992; 46-69.
- Wiggins OP, Schwartz MA. *Chris Walker's Interpretation of Karl Jaspers' Phenomenology: A Critique.* *Phylosophy, Psycholgy & Psychiatry.* 1995;2(4):319-43.
- Ramos Gorostiza P, González Calvo J. *En sentido de la psicopatología y el papel de la fenomenología. Contribución a una controversia.* *Actas Esp Psiquiatr.* 1995;23:281-6.
- Häfner H. *Prozess und Entwicklung als Grundbegriffe der Psychopathologie.* *Forsch Neurol Psychiatr.* 1963;31:393-438.
- Häfner H. *Psychopathen.* Berlin Göttingen Heidelberg: Springer, 1961.
- Blankenburg W. *Der Verlust der natürlichen Selbstverständlichkeit.* Stuttgart: Enke, 1971.

31. Blankenburg W. Psychopathologie des Unscheinbaren. Berlin: Parodos, 2007.
32. Galimberti U. Psichiatria e fenomenología. Milano: Feltrinelli, 2006.
33. Husserl E. Investigaciones Lógicas, Madrid: Revista de Occidente, 1976.
34. Blankenburg W. Psychiatrie und Philosophie. En: Kisker KP, Meyer JE, Müller C, Strömberg E, eds. Psychiatrie der Gegenwart. Band I/1 Grundlagen und Methoden der Psychiatrie. Berlin Heidelberg New York: Springer, 1979.
35. Husserl E. Krisis der europäischen Wissenschaften und die transzendente Phänomenologie. Den Haag: Nijhoff Husserliana Bd VI, 1976.
36. Heidegger M. Sein und Zeit. Tübingen: Niemeyer, 1979; pp. 34.
37. Husserl E. Zur Phänomenologie der Intersubjektivität. Den Haag: Nijhoff Husserliana Bd. XIII, 1973.
38. Husserl E. Ideas relativas a una fenomenología pura y una filosofía fenomenológica. Libro segundo Investigaciones fenomenológicas sobre la constitución. México: UNAM, 1997.
39. Husserl E. Phenomenologische Psychologie. Den Haag: Nijhoff Husserliana Bd. IX, 1968.
40. Vigo A. Intuición categorial. Themata. 2002;28:187-212.
41. Follesdal D. Husserl's Notion of Noema. En: Dreyfus H, ed. Husserl, Intentionality and Cognitive Science. Cambridge (Mass) and London: The MIT Press, 1982; pp. 73-80.
42. Conrad K. La esquizofrenia incipiente. Madrid: Alhambra, 1961.
43. Bumke, O. (Hrsg.), Handbuch der Geisteskrankheiten Bd I. Berlin: Springer, 1928.
44. Bumke, O. (Hrsg.), Handbuch der Geisteskrankheiten Bd. IX. Berlin: Springer, 1932.
45. Bürger-Prinz H. Ein Psychiater Bericht. Hamburg: Hoffmann und Campe, 1971; pp.82.
46. Husserl E. Ideen zu einer reinen Phänomenologie und phänomenologische Philosophie. Erstes Buch. Allgemeine Einführung in die reine Phänomenologie. Den Haag: Nijhoff Husserliana Bd. III,1, 1976; pp. 51.
47. Janzarik W. Temas y tendencias de la psiquiatría alemana. Madrid: Triacastela, 2001.
48. Hempel CG. Fundamentals of taxonomy; En: Sadler JS, Wiggins OP, Schwartz MA, eds. Philosophical Perspectives on Psychiatric Diagnostic Classification. Baltimore: Johns Hopkins Press, 1994.
49. Storch A. Wege zur Welt und Existenz des Geisteskranken. Stuttgart: Hippokrates Verlag, 1965.
50. Boss M. Psicoanálisis y análisis existencial. Madrid: Morata, 1958.
51. Kisker KP. Die phänomenologische Wendung Ludwig Binswangers. Jb. Psychol- Psychother. 1962;8:142-53.
52. Parnas J, Sass L. Self, consciousness and schizophrenia. Schizophrenia Bulletin. 2003;29:427-44.
53. Sass L. Madness and modernity. New York: Basic Books, 1992.
54. Fuchs Th. Das Gehirn –ein Beziehungsorgan. Eine phänomenologische-ökologische Konzeption. Stuttgart: Kohlhammer, 2010.
55. Fuchs Th. Leib und Lebenswelt. Neue philosophisch-psychiatrische Essays. Kusterdingen: Die graue Edition, 2008.
56. Stanghellini G. Psicopatología del senso comune. Milano: Raffaello Cortina Editore, 2006.
57. Rossi Monti M. Forme del delirio y psicopatología. Milano: Raffaello Cortina Editore, 2008.
58. Pelegrina H. Fundamentos Antropológicos de la Psicopatología. Madrid: Polifemo, 2006.
59. Varela FJ, Thompson E, Rosch E. The embodied Mind. Cambridge (Mass) and London: The MIT Press, 1993.
60. Zahavi D. Husserl's Phenomenology. Standford: Standford University Press, 2003.
61. Zahavi D. Subjectivity and Selfhood. Investigating the First-Person Perspective. Cambridge (Mass) and London: The MIT Press, 2006.
62. Gallagher S, Zahavi D. The Phenomenological Mind. An Introductio to Philosphy of Mind and Cognitive Science. London and New York: Routledge, 2008.
63. Gallager S, Schmicking D. Handbook of Phenomenology and Cognitive Science. Dordrecht New York Heidelberg London: Springer, 2010.
64. Zachar P. Real Kinds but No True Taxonomy: An Essay in Psychiatric Systematics. En: Kenderl KS, Parnas J, eds. Philosophical Issues in Psychiatry. Explanation, Phenomenology and Nosology. Baltimore: John Hopkins University Press, 2008; pp. 327-55.
65. Ramos Gorostiza P, Rejón Altable C. El esquema de lo concreto. Una introducción a la psicopatología. Madrid: Triacastela, 2002.
66. Ramos Gorostiza P, Adan Manes J. Misunderstanding Psychopathology as Medical Semiology. An Epistemological Enquiry. Psychopathology. 2011;44:205-15.
67. Croce B. Lo vivo y lo muerto de la filosofía de Hegel. Buenos Aires: Imán, 1943; pp.34.
68. San Martín J. La estructura del método fenomenológico. Madrid: UNED, 1986; pp. 209.
69. Hegel GWF. Fenomenología del Espíritu (ed. bilingüe). Madrid: Abada, 2011.