

Explanation and description in phenomenological psychopathology

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Summary

The aim of this article is to lay out a number of ways in which the phenomenological approach to psychopathology can be not merely “descriptive”, but contribute as well to the project of “explanation”. After considering some ambiguities and controversies pertaining to the notions of description, explanation, understanding and causality, the article turns to a particular example of psychopathology: schizophrenia. The “ipseity-disturbance” model of Sass & Parnas is presented as a way of illustrating the various explanatory possibilities.

The ipseity-disturbance model postulates a two-faceted disorder of minimal or basic self-experience, involving hyperreflexivity (exaggerated self-consciousness, initially of an automatic kind) and diminished “self-affection” or self-presence (decline in the sense of existing as a vital and self-identical subject of experience), together with concomitant disturbances in one’s “grip” or “hold” on the external world (the clarity and stability of one’s experience of external reality).

Six kinds of explanatory relationships are described and discussed. Three are synchronic relationships, involving phenomenological implication: equiprimordial, constitutive and expressive. Three pertain to diachronic relationships, involving causal or quasi-causal changes over time: basic, consequential and compensa-

tory processes. Whereas the first or synchronic relationships concern forms of mutual implication that clarify the structure of the experiences at issue, the second or diachronic type concerns the development or genesis, over time, of abnormal forms of experience, and related forms of action and expression, in light of the causal or quasi-causal patterns they may demonstrate.

These relationships are considered in relation to several philosophical concepts, including Aristotle’s notion of the four causes or explanatory factors (material, efficient, formal, final), Husserl’s notion of “motivational causality”, and the concepts of downward causation, system (or formal) causation, and epiphenomenalism. A final section takes up the self-critical and eminently phenomenological question of the degree to which phenomenological concepts regarding subjectivity can be considered to have an “objective” status, as opposed to being useful ways for us to distinguish aspects or processes of what is in fact a kind of underlying unity. All this helps to clarify the nature of phenomenology’s potentially explanatory role.

Key words

Explanation • Description • Causality • Phenomenological-psychopathology • Schizophrenia • Phenomenology • Ipseity • Basic-self • Hyperreflexivity • Aristotle’s causes

Introduction

The purpose of this article is to lay out some of the ways in which the phenomenological approach to psychopathology can be not merely “descriptive”, but contribute as well to the project of “explanation”. This may seem a surprising claim, given how frequently phenomenology – which focuses on experience, subjectivity, or the first-person perspective – has, in fact, been characterised as a purely *descriptive* enterprise, and indeed as deriving its essential value and rigor from such a purified focus. In *Phenomenology of Perception*, a classic text, the philosopher Merleau-Ponty¹ characterises phenomenology as a matter of “describing, not of explaining or analysing ... [as an attempt] to give a direct description of experience as it is without taking account of its psychological origin

and the causal explanations which the scientist, the historian, or the sociologist may be able to provide”.

“Phenomenology”, writes Moran, “may be characterized broadly as the descriptive science of consciously lived experiences and the objects of these experiences, described precisely in the manner in which they are experienced”². The general idea seems to be that explanation necessarily involves the provision of causal accounts, whereas phenomenology does not traffic in causal explanations. As noted, phenomenology considers the first-person perspective; supposedly, it is concerned only with the “what” and the “how” of subjective life and its abnormalities (“how” in the sense of describing not only the manifest content of experience, but also the form or style of its appearing) rather than with the efficacious factors or processes that brought it about.

This is often associated with the aspiration toward clarity

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and certitude of traditional phenomenology, which seeks to set aside anything as speculative as a causal hypothesis in favour of a pure and reliable description of what is directly manifest in experience (using the “phenomenological reductions” advocated by Edmund Husserl, the creator of phenomenology; these include a bracketing of all theories *about* experience in favour of direct description of experience)³. More “hermeneutic” or interpretive forms of phenomenology (largely post-Heideggerian) aspire to provide “understanding” as well as description, but “understanding,” too, is often contrasted with “explanation”^{4,5} and with “understanding” sometimes understood as involving the elucidation of reasons or motives, and providing a coherent picture, in contrast with the causal approach of true “explanation”, which aspires toward correspondence with objective reality and/or the ability to alter it.

It can seem, then, that phenomenology is irrelevant to explanation in psychiatry and psychopathology. This is likely to diminish phenomenology’s importance in the eyes of many researchers and practitioners, given the widespread view that science is essentially explanatory. According to the philosophers of science Hempel and Oppenheim⁶: “to explain the phenomena in the world of our experience, to answer the question “Why?” rather than only the question “What?”, is one of the foremost objectives of all rational inquiry; and especially scientific research, in its various branches strives to go beyond a mere description of its subject matter by providing an explanation of the phenomena it investigates (p. 8)”.

One’s vision of phenomenology and phenomenological psychopathology will immediately be complicated, however, if one considers notions such as that of the “*trouble générateur*” (generating disorder) as formulated by one of the first and greatest of phenomenological psychopathologists, Eugene Minkowski. Minkowski’s^{7,8} use of the adjective “generative” is somewhat ambiguous: it can refer either to the way in which some underlying orientation or theme *brings together* (into a kind of thematic unity) a variety of different symptoms or other aspects of a person or patient, but also to the way in which some central or originating factor may *bring about* a series of other symptoms that it engenders^a. Both would seem to involve more than the “mere description” to which Hempel and Oppenheim refer⁶.

Phenomenology is, on one level, a profoundly *descriptive* enterprise, and it can be justified on this basis alone – in light of what philosopher Franz Brentano called the inherent “dignity of the psychological domain”⁹. Yet phenomenology’s *descriptive* focus does not render it irrelevant for

the allied enterprise of explanation. Phenomenology can help us to articulate and to grasp both the *structure* and the *genesis* of human experience and also of the forms of expression and action that go together with it.

Here I shall discuss the explanatory relevance of phenomenology for the science and practice of psychopathology. It is appropriate to take, as our prime example, the syndrome or illness that has been, historically speaking, the most prominent object of study both in psychiatry in general and in phenomenological psychopathology in particular, namely schizophrenia. But first we must acknowledge some significant ambiguities in the philosophical as well as common sense concepts at issue. There is, for example, no clear consensus on what it means to “explain” a phenomenon.

Explanation, as already noted, is often associated with the providing of a *causal* account. Others broaden the notion to include an analysis of the underlying *structure* of a phenomenon, or even any account that answers a “why?” question or, still more broadly, that increases our “*understanding*” of a phenomenon^{10,11} (which raises the equally thorny issue of what “understanding” involves – but I will resist falling down that rabbit hole here). Even the notion of “cause” is itself the subject of debate, however, with some philosophers insisting (along with common sense) that a cause must be *independent* of the effect and must have some *actual impact* that brings about the effect (as when one billiard ball hits another, making it move), while other philosophers require only that the occurrence of the purported cause “make a difference” in the likelihood of the effect-event¹². Still another issue concerning causality pertains to subjectivism versus objectivism: for a causal account to be valid, must the entities or processes it posits correspond to an *actual* or literally existing state of affairs, or is the account rather to be judged on more human or pragmatic grounds – in its ability to organise our experience, help us make predictions, or guide our actions^{13,14}?

For some thinkers, “description” and “explanation” are radically distinct, since the former captures only surface appearances whereas the latter grasps deeper or broader factors or patterns that play a role in producing these appearances. Others, however, view description itself as typically “thick”, in the sense of going beyond the obvious, and thus as being, in some sense, *continuous* with at least some forms of explanation¹⁵⁻¹⁷. The latter may seem particularly true in the realm of phenomenological psychopathology, given that what we hope to grasp – the patient’s experience – is only indirectly available

^a Minkowski describes “loss of vital contact” (the *trouble générateur*) as “not a consequence of other psychological disturbances, but an essential point [or state] from which spring, or at least from which it is possible to view in a uniform way all the cardinal symptoms” (1927, p. 87 my translation)¹.

to us, mostly through verbal report; and this typically requires considerable interpretation on our part before it can stand even as a description of what we take to be the patient's actual subjective life. According to Simon¹⁵, the "line between description and explanatory laws is not a sharp one, for we may find all kinds of intermediate cases – especially for qualitative explanations."

Some of the complexities as well as ambiguities at issue are apparent in what is the first, and perhaps still the foremost, account of explanation: Aristotle's notion of the so-called "four causes": material, formal, efficient and final. Although the Greek word used by Aristotle – *aition*, plural *aitia* – has usually been translated as "cause" (as in "Aristotle's four causes"), it can be argued that only one, "efficient" – that which makes something happen – corresponds to many modern notions of cause, and that we should speak, therefore, of Aristotle's four explanatory "factors". Be that as it may, it has been argued that all such factors can be relevant, and may even be required, for a truly explanatory account. (The *material* cause or factor refers to that from which something comes to be or out of which it is made – e.g. the bronze of a sword. The *formal* cause is something's form, pattern, or essence: that which defines it as what it is. The *final* cause refers to purpose or goal, to what something is for, its *telos*^{18 19}).

It would, I think, be fruitless to dwell much longer with these philosophical issues – issues that seem, in any case, to be becoming only *more* rather than less controversial in recent philosophical discussion¹². Without attempting precise definitions, let us take the term "description" to refer to a fairly superficial reporting of what seems to be experienced by a patient, while "explanation" refers to an account that claims to elucidate either the underlying processes or mechanisms, *causal or otherwise*, that produce certain phenomena, or else the unifying structure of an event, state of affairs, or phenomenon that allows us to appreciate its essential unity¹⁶. Here I would like to lay out some of the major ways in which, contrary to widespread opinion, a typical phenomenological account of abnormal experience can go well beyond mere description and may even offer forms of explanation that, in fact, not only increase our understanding but are ultimately relevant for causal and even neurobiological explanations.

Here I will focus on what seems the most prominent contemporary phenomenological account of schizophrenia, the "ipseity-disturbance" hypothesis put forward by a number of contemporary psychologists and psychiatrists including Josef Parnas and myself^{20 21}. The point here will not be to defend the hypothesis, which postulates as the *trouble générateur* a disturbance of basic or minimal self (ipseity), but simply to *use* it as an example of the potentially *explanatory relevance*

that a typical phenomenological account may have. It should be noted that the hypothesis has important precedents in early 20th century psychiatry as well as links with neurobiological and psychotherapeutic hypotheses (for overviews of evidence and argument, see Nelson et al., 2014²²; Sass, 2014²¹; Sass et al., 2011²³. On relevance for explanation, see Parnas & Sass, 2008²⁴, Sass, 2010²⁵ and Sass & Parnas, 2007²⁶; for psychotherapy see Skodlar et al., 2013²⁷).

Schizophrenia

According to the ipseity-disturbance hypothesis, the fundamental disturbance or "*trouble générateur*" of schizophrenia is best understood as a two-sided disturbance of "core" or "minimal" self – also known as "ipseity"^{20-23 28}. Ipseity refers to the crucial sense of self-sameness, of existing as a subject of experience or *subject pole* that is alive and at one with itself at any given moment, *serv-ing as a vital centre point of subjective life*. The writer Antonin Artaud (who suffered from schizophrenia) was referring to this when he spoke of "the essential illumination" and this "phosphorescent point", equating this vital and illuminating centre-point with the "very substance of what is called the soul", and describing it as a prerequisite for avoiding "constant leakage of the normal level of reality"²⁹.

The first aspect of ipseity-disturbance is *hyperreflexivity* – which refers to a kind of exaggerated self-consciousness, that is, a tendency, non-volitional at its core (termed *operative hyperreflexivity*), for focal, objectifying attention to be directed toward processes and phenomena that would normally be "inhabited" in the sense of being experienced implicitly as a part of oneself³⁰. The second aspect is diminished self-affection or self-presence – a phrase that has nothing to do with diminished liking or fondness, but with a decline in the (passively or automatically) experienced sense of existing as a living and unified subject of awareness. Together, these mutations in the act of awareness are accompanied by alterations in the object or field of awareness, that is by disruption of the focus, salience, or sense-of-reality with which objects and meanings emerge from a background context – what we refer to as disturbed "hold" or "grip" on the experiential world²⁰. Though fundamentally automatic or passive in nature, this basic "*operative hyperreflexivity*" may also give rise to processes of a more intentional, volitional, or intellectual sort, such as the "*reflective hyperreflexivity*" to be described below²⁵.

Shortly I will consider two kinds of relationship, synchronic and diachronic, that can obtain between aspects or processes of experience (They correspond to the two senses of "generative" in Minkowski). Whereas the first concerns forms of mutual implication that clarify the

TABLE I.
Subtypes of synchronic and diachronic relationships.

Synchronic relationships (phenomenological implication)	Diachronic dimension (phenomenological causality)
Equiprimordial	Primary/Basic
Constitutive	Consequential
Expressive relationships	Compensatory processes

structure of the experiences at issue, the second concerns the development, over time, of abnormal forms of experience in light of the causal or quasi-causal (“motivational,” in Husserl’s sense; see below) patterns they may demonstrate^b. Each domain contains three subtypes (see Table I). I am, by the way, sceptical regarding the prospect of finding a mapping of these explanatory possibilities that is wholly satisfying – in the sense of being all-encompassing, non-overlapping and precisely defined. The present classification is perhaps only a provisional sketch. It should nevertheless serve to clarify, for clinicians and researchers, some of the most important ways in which phenomenology can offer considerably more than *mere* description.

The first or equiprimordial type of synchronic connection is exemplified by the mutually implicatory relationship that seems to exist between the two sides of the foundational ipseity-disturbance: hyperreflexivity and diminished self-affection. Hyperreflexivity refers to the (largely automatic, at least in its origins) coming-to-focal-awareness of aspects of oneself that would normally remain in the background of awareness, where they normally have an implicit rather than explicit form of presence (e.g. kinaesthetic and proprioceptive bodily sensations; the verbalizations inherent in our inner speech or thought)^c. Diminished self-affection or self-presence refers to the sheer diminishment of a sense of existing as a subject of experience, that is, a diminishment of the sense of being what Artaud termed the “phosphorescent point” or “essential illumination” – as exemplified by a patient who says, “I was simply there, only in that place, but without being present”³¹.

On superficial consideration, these two phenomena might seem mutually contradictory, perhaps even psychologically incompatible; for whereas one can be described as involving *heightened* self-consciousness, the other implies *diminished* self-awareness. More careful phenomenological consideration suggests, however, that they can better be understood as not only compatible but even mutually complementary^d. Whereas the notion of hyperreflexivity emphasises the way in which something normally tacit becomes focal and explicit, that of diminished self-affection emphasises a complementary or equiprimordial aspect of the *very same process*: the fact that what once was tacitly lived is no longer being inhabited as a medium of taken-for-granted ipseity or basic-selfhood.

A second form of implicatory or synchronic interdependence is exemplified by the relationship between altered ipseity and concomitant mutations in the experience of the external world. Here we might speak of a certain sort of world (characterised, for example, by qualities of perceptual fragmentation, static-ness, perplexing disorganization, or fading) as being *constituted* by certain forms of basic subjecthood, given that the latter provides the enabling condition for the former. One might speak of a “world-shaping relation” between a certain kind of lived-body or corporeally grounded subjectivity, and the experiential world that it constitutes³². Forms of ipseity characterised by hyperreflexivity and diminished self-presence would imply, and in a sense *constitute*, a certain disorganisation and fading in the field of awareness: distracting and normally irrelevant forms of self-experience (think, again, of kinaesthetic sensations and inner speech), together with a diminished sense of being a witnessing presence, would undermine the coherence, equilibrium, or sheer presence of one’s experience of outer reality – thereby accounting for the “constant leakage of the normal level of reality” to which Artaud referred.

“Constitution” is not easily characterised. It should not be confused with a literal creation nor conceived as a temporal succession. There is not *first* the fact or process of subjectivity and only *then* the associated world. Indeed, the former has no existence except in relation to the latter, and in this sense they co-occur – each lacks the kind

^b The synchronic/diachronic distinction largely corresponds with Husserl’s distinction between static and genetic phenomenology (the latter including what he termed “motivational” issues) (Husserl in Welton 1999, pp. 144, 319)³.

^c The kind of awareness we normally have of our bodies is, writes Gurwitsch (1964, p. 302, describing Merleau-Ponty’s views)⁴⁵, “not ... knowledge in thematized form. [Rather] an inarticulate and indistinct familiarity completely devoid of positional and disclosing consciousness”.

^d This complementarity is confirmed by two recent studies, which show that, like schizophrenia, both intense introspection (an obvious manifestation of hyperreflexivity of the reflective type) and depersonalisation disorder (by definition a manifestation of a kind of diminished self-affection) actually show prominent manifestation of *both* aspects of abnormal ipseity. See Sass et al. (2013)⁴⁶; Sass et al. (2013)⁴⁷.

of independence of the other that is required for most notions of *efficient* causality^{33 e}. Still, in line with Kant's and Husserl's analyses of "transcendental subjectivity" as the grounding of world-experience, it makes sense to think of self-aware subjectivity (ipseity) as "constituting" its world.

A third type of synchronic relationship might be termed "expressive". Here we are thinking of instances in which some quite specific experience, such as a particular delusional claim, with its specific content, seems to reflect or manifest some more general, perhaps formal, structure of experience. The classic influencing-machine delusion experienced by a patient named Natalija illustrates the point³⁴. Natalija's claim (I am not sure it should be called a "belief", at least in any straightforward sense³⁵) that all her actions and experiences were but reflections of the movements and experiences undergone by a machine-like partial replica of herself existing somewhere in a distant room, seems to express her general alteration of ipseity or minimal selfhood, in which she lacked the usual sense of agency and self-possession. It is often possible to trace a sequential progression from early, vague feelings of self-alienation to this sort of "bizarre" delusion (see below). What I am pointing out now, however, is a *synchronic* relationship, namely, the concordance between levels that might be termed specific and general or concrete and abstract. We see how the partial replica of herself seems to *express* her general ipseity mutation – an abnormality that clearly differs from, say, that of a psychotically depressed individual, whose delusions might rather concern, e.g. having committed some irredeemable crime against humanity³⁶.

Here, then, are three forms of the "intentional intertwining" or "mutual implication by meanings" that Husserl identified as the "essence of conscious life"³. In their "form and principle", Husserl writes, such relationships have "no analogue at all in the physical" world. The "synthesis of consciousness", he states, is completely unlike "spatial mutual exteriority": it involves not efficient causality between separate events but a kind of mutual

implication, albeit of an experiential rather than a strictly logical sort. Merleau-Ponty was making the same point when he spoke of "internal links" between aspects of experience that "display one typical structure ... standing in a relationship to each other of reciprocal expression"^{1 f}. To articulate such relationships of implication provides an integrating vision, an understanding not of causal interaction but "of style, of logical implication, of meaning and value"¹⁷; and this does serve an explanatory function. Minkowski characterised phenomenological psychopathology as an attempt to understand symptoms not in isolation or as products of modular defects but as "expression of a profound and characteristic modification of the human personality in its entirety"¹.

Next we turn to three other forms of phenomenological relationship or interaction: these, however, concern relationships over time and suggest something closer to what is usually associated with the (admittedly ambiguous) notion of causality.

I will dwell more briefly on these diachronic and quasi-causal notions since they are, in a sense, but phenomenological variants (emphasising subjectivity) of familiar medical notions regarding forms of physical pathology and their *sequelae*. Thus, we may think of a pathological state or form of subjectivity as being more basic or primary than are certain subsequent or *sequelae* conditions that it somehow engenders as after effects or secondary results. These latter, in turn, may be conceived in at least two ways: as causal *consequences* directly brought about or determined by the more primary condition, or as defensive responses – *compensations* – whereby the organism seeks to protect itself against, or otherwise compensate for, the primary condition. Whereas the former is typically understood in largely causal/deterministic fashion, the latter does assume some kind of teleological or goal-directed factor.

We might think, for example, of a form of operative hyperreflexivity that, from a psychological standpoint, has a primary status – existing as a kind of "basal irritation"³⁷. There might be an abnormal tendency for kinaesthetic

^e Eugen Fink (1995)³³, Husserl's closest associate, warns against "seduction by mundane meanings": for example, talk of "constituting subjectivity" is misleading as long as one is guided by mundane representations of substantial and accidental being and construes the adjective "constituting" as an *accident* in a transcendental subjectivity understood as substance. ... Subjectivity is not something that first is and then constitutes, but... it is in the constitutive process in which the world comes about [*Weltwerdungsprozess*] that it constitutes *itself* for the first time. Indeed, even this conception is encumbered with possible misunderstandings and is in a certain sense *false*. ... The transcendental constitution of the world is not conceptualised by taking one's lead from either a static-substance or a dynamic-process relationship in being. It is just that the "process" conception is more appropriate for an *analogical* presentation; it has a certain *affinity* to the special transcendental "mode of existence" [*Existenzweise*] (pp. 97f). In Fink's view, "every attempt to speak of the transcendental" necessarily encounters conflict and contradiction. This is due to the gap between the intended, transcendental sense of words as used in phenomenology (which aims at subjectivity itself) and the mundane or natural sense, grounded in the "natural attitude", whence they derive their original sense.

^f Merleau-Ponty's use of "expression" in this sentence is broader than mine; it encompasses all three synchronic relationships.

sensations in one's limbs, sensations that would normally be unnoticed (because habitual), to emerge into focal awareness – due, perhaps, to some hitch in the neurophysiological process whereby extremely habitual sensations are normally suppressed (due to salience dysregulation involving abnormal dopamine regulation by a hyperactive hippocampus)³⁸. On the experiential plane, this would be manifest as an abnormal awareness of, say, the muscle innervations or joint linkages in one's arm or wrist, which might now come to seem overly loose, overly tight, or otherwise awry. One can imagine a similar process affecting the inner speech that normally serves as the tacit medium of our thinking.

Emerging salencies of this type are likely to draw more attention, thereby encouraging a natural or “consequential” exacerbation whereby the lived-body (or inner speech) emerges as a target rather than a medium of awareness. There are likely to be affective or mood-like consequences as well, given the disconcerting sense of estrangement all this is likely to invoke. And this, in turn, may engender a range of defensive responses, one of which might be a form of withdrawal and/or directed self-scrutiny – the latter a form of *reflective* hyperreflexivity whereby one hopes to understand and perhaps to pacify or control these disturbing developments. Thus we may think of more *basic* or *basal* forms of hyperreflexivity (*operative* hyperreflexivity) as leading to *consequential* exacerbations as well as to *compensatory* reactions of various kinds. Although compensatory reactions may sometimes help, they may also have a paradoxical effect: the defensive focusing may not interrupt (as intended) but rather *exacerbate* the pathological progression whereby the corporeal ipseity of the lived-body, or the more linguistically grounded ipseity of the thinking/speaking self, is undermined or fragmented. This, in any case, is a very plausible scenario, and one that corresponds closely to the findings of longitudinal research as well as to many patient accounts³⁴. All these processes will, in all likelihood, have their own neural correlates, warranting study. The crucial (and perhaps obvious) point here, however, is that the consequential and compensatory *sequelae* are, at least to a significant extent, responses to *subjective experiences*, to the *what-it-is-like* of subjective life – something that is not reducible to physical events in the brain and nervous system. Experience is not *epiphenomenal* here;

it is not a mere by-product or secondary effect without causal influence⁸, given that the way in which things are experienced (not neural events *per se* but the emergence of certain kinaesthetic sensations into focal awareness) has clear impact on behaviour and thus on the world. It is the “Object [that] stimulates me in virtue of its *experienced properties* and not its physicalistic ones”, wrote Husserl³. “The world [that motivates my action and mental activity] is *my surrounding world*. That is to say, it is not the physicalistic world but the thematic world of my, and our intentional life”. Husserl goes on to clarify that the “surrounding world” of our experience includes not merely the ostensible objects of our awareness, but also the general form or structure of a given way or mood-like *mode* of experiencing: it includes “what is given to consciousness as extra-thematic ... my thematic horizon”. The latter incorporates such formal or structural features as time, space, causal relationships, as well as the overall feel or quality of reality or the lack thereof – all of which provide a field of possibility for progressive experiential developments such as the gradual evolution from mild operative hyperreflexivity toward Natalija's full-blown influencing-machine delusion.

Husserl, in his later work, speaks of all this as involving forms of what he terms “motivational causality”, which he considers the “fundamental lawfulness of spiritual life” and which Merleau-Ponty describes as a “fluid concept” indispensable to the study of phenomena. This is the process (Husserl distinguished it from “natural causality”)³, whereby subjective meanings and horizons involve, engender, and inspire various forms of reaction: “One phenomenon releases another, not by means of some objective efficient cause... but by the meaning [*sens*] which it holds out”¹. The latter would include forms of attentional response and of behavioural comportment, e.g. staring intently, or withdrawal from action into, say, grandiose fantasies and a solipsistic mood—all of which have actual effects, both experiential and behavioural, and thereby participate in the causal nexus of the world.

Philosophical reflections

The synchronic and diachronic factors I have been discussing correspond to the two possible ways of understanding Minkowski's classic notion of a *trouble généra-*

⁸ The *Stanford Encyclopedia of Philosophy* describes epiphenomenalism as follows: “the view that mental events are caused by physical events in the brain, but have no effects upon any physical events. Behaviour is caused by muscles that contract upon receiving neural impulses, and neural impulses are generated by input from other neurons or from sense organs. On the epiphenomenalist view, mental events play no causal role in this process. Huxley (1874), who held the view, compared mental events to a steam whistle that contributes nothing to the work of a locomotive. James (1879), who rejected the view, characterized epiphenomenalists' mental events as not affecting the brain activity that produces them ‘any more than a shadow reacts upon the steps of the traveller whom it accompanies’”⁴¹.

teur: whereas the synchronic factor helps us understand the essential unity, something like the defining form or overarching theme of the condition, the diachronic factor helps us to grasp how a core disturbance (e.g. of ipseity) can develop over time, giving rise to a full panoply of symptoms.

We might think, as well, of the most classic of all accounts of explanation, that of Aristotle, and recall that whereas his formal and material “causes” are often assumed to refer to synchronic aspects, the “efficient” and “final” factors may pertain to the diachronic dimension of explanation. The synchronic relationships I have delineated (equiprimordial, constitutive, expressive) seem to concern the “formal” cause or factor, for they purport to capture the essence of the phenomenon, the core defining features of schizophrenia, those that (one may claim) make it what it is. A description of the *normal* form of human experience, with its world-directed and implicit/explicit structure, might be understood as capturing the “material” cause (though not material in the sense of “physical”), given that it is this which provides the medium, that out of which, schizophrenia is carved via distinctive transformations of ipseity (e.g. whereby the implicit is rendered explicit³⁰). The diachronic factors I have described also seem to fall into place, with the consequential relationships involving something close to Aristotle’s efficient cause while compensatory ones seem to involve something more akin to the final cause, in the sense of being teleologically directed.

As I have argued above, the diachronic transitions that I labelled “consequential” and “compensatory” both involve responses to the “what it is like” of the subjective domain. It is the *lived* experience of hyperreflexive processes that elicits a sense of strangeness that, in turn, has effects on both experience and behaviour. Exactly how to conceive the relationship between these experiential changes and the neurophysiological plane is by no means clear, however. This should not be surprising, given that to answer this question with confidence would be tantamount to having solved the mind/body problem. And the reality of contemporary neuroscience and philosophy of mind is that, in fact, *we simply have no idea regarding how to solve the infamous mind/body problem*, nor is there even any prospect of doing so. This is a point that is widely, indeed almost universally acknowledged in the philosophy of mind^b.

One possibility would be to speak of “downward causation”, a process whereby experiential processes entrain or otherwise have an impact on the neurophysiological

plane. Evan Thompson³⁹, a philosopher largely in the phenomenological tradition, has argued that we might conceive downward causation as a sort of metaphor for the way in which larger systemic features or global processes, involving experiential states, can impose “organisational constraints” on the operation of their component parts. He quotes analytic philosopher John Searle on the notion of “system causation”: “The system, as a system, has causal effects on each element, even though the system is made up of the elements”. Thompson himself speaks of “dynamic co-emergence [whereby] part and whole co-emerge and mutually specify each other”. And this, he says, allows for a “recuperation” of something like Aristotle’s notion of formal causation”, a form of causation in which cause and effect are not “external to one another” since part and whole are complementary or intertwined (pp. 423, 427, 431, 433). This, in effect, implies a linking of the two senses of “generate” in Minkowski’s notion of the *trouble générateur*, and perhaps, as well, a bridging of the gap between the synchronic and the diachronic.

Husserl (1977, p. 39)³ does seem, in any case, to have been very justified when he spoke, in his lectures on phenomenological psychology of 1925, of “ultimate unclari- ties concerning the mutual relation of nature and mind and of all the sciences which belong to these two titles. ... What seems at first obviously separated, upon closer inspection turns out to be obscurely intertwined, permeating each other in a manner very difficult to understand”. It should hardly be controversial to say that greater understanding of the nature and structure of a phenomenon is likely to contribute to our scientific grasp of it. Indeed, this would be true even if we imagined the phenomenon at issue to be itself an epiphenomenon – a pure by-product or consequence, without causal impact of its own⁴⁰. Suppose that the hyperreflexive and diminished-self-affection of schizophrenia were *entirely and only* the result of some biological abnormality in the brain of certain individuals. It would *still* be relevant to have recognised their possible complementarity as two sides of a single experiential mutation. For, at the very least, this would save us from thinking we should be looking for the neurobiological bases of two *distinct* abnormalities, when, in fact, they may well be two sides of a single coin. Phenomenology gives us essential conceptual tools with which to consider such possibilities. This is one way in which it can contribute to cognitive neuroscience: by helping us to re-conceive the field of play regarding what, in fact, may need to be explained, even reductionistically.

But a second point would involve questioning the very

^b According to Fodor, we have not “even a glimmer [of understanding] of how anything physical could be a locus of conscious experience” (1998, p. 83)⁵¹. Most philosophers-of-mind would agree; see e.g. Chalmers 1995⁴⁰.

idea of the causal inertness or irrelevance of a supposed epiphenomenon (i.e. “the view that mental events are caused by physical events in the brain, but have no effects upon any physical events”⁴¹). Consider the classic example of an epiphenomenon, which is a shadow¹. A shadow may well be entirely the product of a light source and a light-blocking object; this does not mean, however, that it is *itself* causally inert: it may, after all, cool the pavement, or – more to the point, since subjectivity plays a role – may contribute to the occurrence of a significant event, such as an automobile accident. But, in fact, there is little reason to consider the experiential change in schizophrenia as being purely epiphenomenal. We must remember that each and every metaphysical account of the mind/body or mind/brain relationship is deeply problematic, indeed seemingly impossible when given careful consideration⁴⁰. There is simply no compelling reason to prefer an eliminativist, epiphenomenal, or other purely reductive account – especially since all such accounts fly in the face of what seems the experiential undeniability of subjective life and of the possibility of acting on its basis.

Finally, it should be obvious that both synchronic and diachronic understanding might be helpful in the psychotherapy of schizophrenia – so long as one accepts that, other things being equal, it is better to have, and to convey, an empathic grasp of the patient than not to do so. Modular approaches are popular now (e.g. the NIMH “Research Domain Criteria”), and there is a general inclination to reject the more holistic accounts that were inherent in some traditional forms of diagnostic practice. No human being is, however, likely to experience him or herself in a purely additive or fragmentary way, but as constituting, subjectively, some kind of consistent mode or way of being, an “organized and living unity” (Minkowski 1927, p. 12)³ even if, as in schizophrenia, this mode can *itself* be experienced, from within, as having qualities of fragmentation and alienation. He or she is likely, as well, to have some sense of continuity over time, and perhaps also some sense of progressive change. He or she is likely, in turn, to prefer interacting with mental-health professionals who appreciate all this, rather than being viewed as a meaningless conglomeration of symptoms that can only be captured in the mechanistic vocabulary of deficit and the irredeemably bizarre.

Self-critical reflections

Before concluding, I would like to raise an issue that is perhaps ill advised in an introductory article: namely, the

question of the objective reality of all the distinctions I have just been making. I have done my best to clarify phenomenology’s potential contribution to explanation and the scientific enterprise. I wish now to ask to what extent the distinctions I have been laying out should be understood to correspond to *objective* reality – which in this case refers to the objective reality of something subjective, the experiential flow – as opposed to being imposed by *us*, the phenomenological investigators. Eugene Minkowski once stated, “I attempt a subjective study here, but one that strives, with all its force, toward objectivity”⁴². But to what extent is this ambition realistic? Indeed what *is*, in fact, the nature of objectivity within the realm of subjective life?

The issue concerning objectivity is not unique to the study of experience, for as I noted at the outset, it is a prime controversy concerning the nature of explanation in the natural or physical sciences as well. The prominent philosopher of science Bas van Fraassen⁴³, thinking mainly of the natural sciences, stresses that what we may legitimately call the “*causes*” of an event always depend crucially on the particular context and interests of we who seek to understand and explain; and that it is on this always-somewhat-subjective basis that we select, from a multiplicity of interdependent factors (or *seemingly* independent factors) to create a kind of causal account that not only makes sense for us in a given context but helps us to make predictions and to cope.

Consider in this light our own parsing of the diachronic factors in schizophrenia. I have already noted the fact – well-known in medical pathology – that both consequential and compensatory reactions may serve, in turn, to instigate later developments. We may certainly speak of basic, fundamental, or primordial factors, but this is only a kind of relative truth, valid within a certain context. For it is obvious that the factor in question must *itself* have come into being in some fashion, and that it too could therefore also be considered an effect rather than origin or cause; and further, that *its sequelae* can also play an instigating role in later developments. Even the distinction *between* consequential/determined and compensatory/defensive reactions should not be understood too strictly, as if the latter were wholly intentional or entirely goal-directed; for it seems likely that defensive reactions typically call upon and exploit what comes most easily or naturally, indeed quasi-deterministically, to a given individual. (The latter point is discussed by David Shapiro in his indispensable book, *Neurotic Styles*).

Similar points apply in the synchronic domain. It may well be that what we conceptualise as “expressive” relationships between a symbolising dimension and a more fundamental

¹ See William James, quoted in Robinson (2012)⁴¹ in a previous endnote.

structural level could, in many instances, be seen simply as *our* way of describing, in more concrete/specific versus more abstract/general terms, what is really but one indivisible reality. It is not, after all, as if there were *first* the general mode and only *then* the specific manifestations; often, at least, they are probably simultaneous and inseparable.

And what of the “equiprimordial” aspects, hyperreflexivity and diminished-self-affection? I have described them above as complementary *aspects* of a single process rather than as two distinct but co-dependent processes. But perhaps even to call them “aspects” risks projecting, onto a certain kind of lived experience, a duality that stems mostly from ourselves, from our *own* attempts to parse and come to grips conceptually with a phenomenon that, so to speak, is perfectly unitary in itself. The final kind of synchronic relationship – “constitution” – is perhaps the most problematic of all. I have already criticised any tendency to view the constituting factor as existing *prior* to or *independently* of that which is constituted. But perhaps, at the limit, this brings the distinction itself into question, for it implies that the “constituting” process or factor is itself only constituted within the act of constituting itself. Does this not suggest that constituting subjectivity is, in a sense, constituted by world-making itself?

There is a certain risk in recognising the subjective dimension of our concepts or the looseness of their correspondence to what they are presumed to describe. The risk is that of a discouraging scepticism, or perhaps even nihilism regarding knowledge of the realm of subjectivity. The slide into scepticism should be quickly arrested, however, when one recalls that many such questions apply no more to phenomenology than to physics, a field whose validity we are less likely to doubt^m. One of phenomenology’s strengths as an approach to psychology is, in fact, precisely its willingness to question the adequacy of the concepts it uses to characterise the psychological domain (see Merleau-Ponty 1962, Introduction¹; Carman 2008, p. 44f⁴⁴). This is part of phenomenology’s project of auto-reflection, indeed of attempting to provide something like a cautionary phenomenology of phenomenology itself³³. It contrasts with the tendency, in much of analytic philosophy-of-mind as well as cognitive-behavioural psychology, simply to accept the standard, common-sense or folk-psychological vocabulary

for describing mental life; and to justify this tendency, if at all, either by fiat or by a rather facile and un-self-critical form of pragmatismⁿ. It is, by contrast, very much in the spirit of phenomenology, especially *hermeneutic* phenomenology, to recognise that our vocabulary and conceptual capacities are derived from, and most naturally suited to, mundane physical reality (the realm of middle-sized everyday objects), rather than to the plane of consciousness or subjective life; and that we are, as a result, always in danger of missing our target precisely because we take it (subjectivity itself) too much as being some kind of targetable entity.

To reject phenomenology because of the inherent difficulty of capturing the subtleties of subjective life makes little sense. It would be as if a cosmologist were to refuse to consider the existence of black holes on the grounds that they are just too difficult to observe or conceptualise. Phenomenology is, in this respect, both less and more difficult than physics: less because it does not address scales of reality (micro or macro) that are so utterly beyond the human; more because it turns, even more decisively, back upon itself in attempting to know the ground of all knowing, which is the nature of experience itself – the ultimate instance of what eludes us by being, in a sense, both everywhere and nowhere. Phenomenology is committed to recognising subjectivity as an objective fact of the universe. There is simply no alternative for a sophisticated and truly ambitious psychopathology than to accept this recognition and the consequences it brings. One such consequence is the need to seek concepts and methods adequate for describing subjectivity while at the same time recognising the limits of this necessary enterprise.

Conflict of interest

None.

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¹ A similar point may apply to the notions of ipseity disturbance and basic temporality – which, as various phenomenologists have argued, may amount to the same thing^{21 48}.

^m Contemporary physics and cosmology also challenge our intuitive understandings grounded in mundane experience of the object world. Consider, for example, the challenge to standard notion of physical causality inherent in the notion of “quantum entanglement”, a.k.a. “spooky action at a distance”.

ⁿ Analytic philosopher-of-mind Jerry Fodor is known for calling common sense psychology or common sense belief-desire psychology, joined with computational model of mind, “the only game in town” (for critiques see Hutto & Ratcliffe 2007⁴⁹). Cognitive Behaviour Therapy tends to advertise its efficacy without much consideration of the prospects of more subtle forms of psychological understanding; see critiques by Varga (2014)⁵⁰ and Skodlar et al. (2013)²⁷.

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