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From the General to the Particular On the Challenges of Integrating Phenomenology, Hermeneutics, and Psychodynamic Theory

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Abstract: In this review, I consider what is distinctive about Giovanni Stanghellini's work, especially as exemplified in his book *Lost in Dialogue: Anthropology, Psychopathology, and Care*. I show how his enduring concern with the psychotherapeutic encounter sets his work apart from much of the contemporary field of phenomenological psychopathology – motivating a focus on how persons individually cope with mental distress, rather than how they fit into more general diagnostic categories. I argue, moreover, that this person-centered focus generates ambiguities regarding the aims and the subject matter of Stanghellini's work that have yet to be resolved.

Keywords: Stanghellini, Giovanni; phenomenological psychopathology; hermeneutics; psychodynamic theory; narrative; values; schizophrenia; depression.

Giovanni Stanghellini's approach to phenomenological psychopathology is motivated, first and foremost, by a concern with understanding and treating individual persons. This motivation differs from much of the recent work in the field, which is often concerned with understanding general categories of disorder. However, he does not always highlight this motivation and how it shapes the distinctive subject matter of his work. I therefore take the opportunity to show how Stanghellini's emphasis on narrative, dialogue, and personhood shapes his approach and research program.

The contemporary field of phenomenological psychopathology is not entirely homogeneous. But there is arguably a dominant approach in the field today, which is concerned with the question of how basic structures of subjectivity and one's life-world alter in various psychopathological conditions. Such studies focus on selfhood, temporality, affectivity, and

embodiment, among other structures. For instance, Louis Sass and Josef Parnas exemplify this approach by way of their development of the self-disturbance model of schizophrenia, in which they argue that alterations in the structure "of selfhood or self-experience" can result in hyper-reflexivity and diminished self-affectation.¹ Similarly, in a survey of phenomenological studies of depression, Thomas Fuchs concludes that, in melancholic depression, one's experience of lived time can slow down or come to a standstill.² Similar observations are reported by Matthew Ratcliffe who argues that with the lack of conative dynamics,

¹ Louis A. Sass and Josef Parnas. "Schizophrenia, Consciousness, and the Self," *Schizophrenia Bulletin* 29/3 (2003), 427–444, here p. 427.

² Thomas Fuchs, "Temporality and Psychopathology," *Phenomenology and the Cognitive Sciences* 12/1 (March 2013), 75–104, here p. 101.

the sufferer is presented with a future that lacks openness; it no longer appears as a domain of possible activity. Consequently, the effects of past deeds appear fixed; there is no future where they might be compensated for.³

This type of research can advance the field of psychiatry by enriching the researchers' understanding of currently accepted categories of mental disorder—as it clarifies symptoms that are poorly articulated in current diagnostic manuals, identifies core experiential disturbances around which other symptoms might organize, and even highlights potential subtypes of a disorder.

Stanghellini has also produced these kinds of studies in earlier works, including in his investigations of selfhood, affectivity, and embodiment. However, while these studies are valuable—and they have been influential—I do not think they represent what is most distinctive about his work. Stanghellini does not seem to be motivated by a primary concern regarding issues in psychiatric diagnosis and classification. Rather, his work appears to be primarily motivated by the desire to understand—and ultimately enrich—the psychotherapeutic encounter. This enduring concern with psychotherapy can be found throughout his oeuvre, especially in *Lost in Dialogue*, which outlines his most explicit development of a psychotherapeutically informed approach to phenomenological psychopathology.⁴ He opens the book with the following assumption: "*to be human means to be in dialogue*" (LD 1). By this, he does not mean that one always makes sense of things in conversation with others—although this is certainly a common way of sense-making. Rather, he operates with a broad and permissive understanding of dialogue, which even includes how one engages with oneself, with one's own otherness or alterity.

By starting from the assumption that dialogue is essential to who human beings are, Stanghellini brings phenomenological psychopathology closer to its origins. Only in the last few decades has the focus in phenomenological psychopathology increasingly shifted to psychiatric diagnosis and classification.

While this is certainly a valuable way that phenomenology can advance psychiatry, it also strays from phenomenological psychopathology's historical relationship with hermeneutic and psychodynamic approaches—both of which Stanghellini explicitly integrates into his work. At least since Ludwig Binswanger's early attempt to fuse Martin Heidegger's concept of *Dasein*, or human existence, with Freudian psychoanalysis, phenomenological psychopathologists have been concerned with understanding both, general categories of disorder and individuals who are experiencing diverse forms of mental distress. It is this classic brand of phenomenological psychopathology that Stanghellini returns to—and develops—in *Lost in Dialogue*.

One of the clearest examples of Stanghellini upholding this approach is found in his recharacterization of the concept of "symptom" (LD 68–79). He argues that a symptom is not simply "an index for diagnosis" (LD 68), or an external sign of biological dysfunction. Rather, drawing on hermeneutics and psychodynamic theory, he stresses that symptoms have not only a cause, but also a meaning. The meaning, however, is not always immediately apparent. Referencing Karl Jaspers' concept of "cypher," Stanghellini argues:

Symptoms are a special category of cyphers: through them alterity, that is, the hidden yet operative (and perplexing, or disturbing) dimension of our existence, is made manifest. [LD 75]

It is through symptoms that a human being is able to identify alterity or otherness within oneself. And this is because symptoms arise not merely from a conflict between the individual and that person's environment, but from an inner conflict of the individual. It is easy to see how this recharacterization contrasts with the traditional understanding of a symptom within biomedicine as a means of diagnosing a disorder. For Stanghellini, identifying and understanding a symptom is a personal matter, even to a degree an intimate one. The symptom is an opportunity to understand the other—and not merely to determine which general diagnostic category the other belongs to. However, Stanghellini does not seem to acknowledge how his characterization of the symptom also contrasts with other phenomenological characterizations of the symptom. In fact, in his discussion of the symptom as cypher, he presents his view as being consistent with the broader field of

³ Matthew Ratcliffe, "Varieties of Temporal Experience in Depression," *Journal of Medicine and Philosophy* 37/2 (April 2012), 114–138, here p. 118.

⁴ Giovanni Stanghellini, *Lost in Dialogue: Anthropology, Psychopathology, and Care*, Oxford, UK: Oxford University Press, 2017. [Henceforth cited as LD]

contemporary phenomenological psychopathology. He writes:

Phenomenology is essentially concerned with laying bare the structure of the life-world inhabited by a person. A symptom is a feature of a person's life-world whose meaning will be deciphered by grasping the deep architecture of the life-world itself and the person's invisible transcendental structure that projects it. [LD 76]

Here he presents his goal as to identify how the structure of the individual's life-world has altered, and to identify the core disturbance around which the other symptoms organize.

When taken at face value, this characterization of symptoms of mental disorder seems to align with the contemporary Husserlian approaches in phenomenological psychopathology. However, upon careful analysis of the book, I find that Stanghellini—at least in his *Lost in Dialogue*—conceives of these basic structures in a way that is different from many other researchers in the field—for example, regarding their interpretation of alterations in the basic structures of subjectivity and one's life-world.

Consider, for instance, how some of Stanghellini's interpretations of pathological conditions differ from the kind of interpretations often seen in contemporary phenomenological analyses of schizophrenia. For example, Mads Gram Henriksen, Josef Parnas, and Dan Zahavi argue that minimal selfhood—that is, the basic sense of for-me-ness that accompanies all experience—is disturbed or altered in schizophrenia. One outcome of this alteration is a person's sense of self-alienation, which can culminate in delusions of thought insertion, where one's thoughts seem so strange and unfamiliar that they are experienced as not being one's own thoughts at all.⁵ This interpretation suggests that there is an alteration in one of the most fundamental structural features of subjectivity—one that brings about an array of confusing and potentially unsettling experiences of self-alienation to an individual.

By contrast, Stanghellini often interprets psychopathological disturbances differently to this, as can be demonstrated in his brief study of post-partum depression. Here, he also acknowledges that there

can be an occurrence of self-alienation when the new mother does not feel as if she were living up to the standards and obligations that she holds herself to, ultimately leading to feelings of guilt and exhaustion that are generally considered to be paradigmatic signs of depression. Stanghellini is quite explicit that these feelings arise from a conflict of values that reflect the mother's beliefs. The woman now feels that she should be, all at once,

a mother, a working woman, a good-enough wife, and a daughter faithful to her mother's legacy. [LD 82]

Clearly, this woman's sense of self is being disturbed or altered. But her disturbance seems to be fundamentally different from the kind of disturbance that is seen in the above example of schizophrenia that illustrates a disturbance in a basic, fundamental structure of subjectivity, where the very capacity to distinguish between self and other is being altered or diminished. In Stanghellini's study of post-partum depression, by contrast, the disturbance seems to be less fundamental—which is not to say that it would be less important to or distressing for the affected person. It is a disturbance of values, rather than what phenomenologists have traditionally interpreted as basic or essential structures of subjectivity and one's life-world. It is therefore unclear whether he considers a person's value structures and self-narratives to be just as fundamental as, for instance, the minimal self and other basic structures. If they are not as fundamental, then effectively distinguishing among these different kinds of structural alterations may help to clarify key differences between psychopathological conditions, as well as provide a means of understanding how these different kinds of alterations intersect and interact with each other.

I am not sure whether there is a satisfying answer to be found in the contemporary psychopathological literature; yet there may be some helpful resources in the history of phenomenological psychopathology. For example, Binswanger struggled throughout his career to explain how his project of existential analysis was distinct from, yet related to, Heidegger's analytic of Dasein. This struggle was owed, at least in part, to Binswanger's integration of hermeneutics and psychoanalysis with phenomenology. Much like Stanghellini today, Binswanger recognized an immense value in integrating these traditions—not least for the ability of better understand the lives of his individual patients. He articulated the "world-

⁵ Mads Gram Henriksen, Josef Parnas, and Dan Zahavi. "Thought Insertion and Disturbed For-Me-Ness (Minimal Selfhood) in Schizophrenia," *Consciousness and Cognition* 74 (September 2019), 1-9, here p. 6.

designs" through which his patients interpreted and made sense of their lives,⁶ much like Stanghellini unfolds and analyzes the values and narratives that shape the meaningfulness of one's life. I think that one can see here a shift from phenomenology's typical concern with the general or the universal to a concern with the individual or the particular. It is only through this shift that phenomenological psychopathology can enrich the psychotherapeutic encounter in the way that Stanghellini desires;

phenomenology must be able to help the therapist to understand the individual as an individual, not just as an instance of a general diagnostic category. *Lost in Dialogue* certainly demonstrates the value of studying the life-worlds of individual persons. But it still leaves readers with the question of how to reconcile this kind of investigation with phenomenology's more traditional studies of the general or universal structures of subjectivity and life-world.

⁶ Ludwig Binswanger, "The Existential Analysis School of Thought," transl. Ernest Angel, in *Existence: A New Dimension in Psychology and Psychiatry*, eds. Rollo May, Ernest Angel, and Henri F. Ellenberger, New York, NY: Basic Books 1958, pp. 191–213, here p. 213.