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Fundamental concepts of phenomenology and descriptive psychopathology

Abstract

For a better understanding of what psychiatry is all about, the importance and stronghold of phenomenology and descriptive psychopathology in psychiatry has never been overstated. Biological psychiatry has accumulated enough evidences of mental illnesses until now but that does not mean that phenomenology and psychopathology would lose its shine. Rather psychopathology and phenomenology will afoot stronger as it is the philosophy of psychiatry.

Keywords: Psychiatry. Philosophy. Mental Illness.

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Theme

"In any field, find the strangest thing and then explore it."- John Archibald Wheeler.

Introduction

Talking about phenomenology and psychopathology is no mundane, as it can put anyone in a position as if to walk on tightrope because the subject is very interesting and thrilling to understand but at the same time equally complex. Let me begin with a quotation from the writings of Manfred Spitzer, he says, "How the mind should be conceived for the purpose of psychopathology, what its faculties, functions or elements are (if there are any), how these can be distinguished, and how mental disorders can be comprehended by an application of these concepts are philosophical questions".[1]

Mind, soul, and psyche

Mind, soul, and psyche are all abstract. Abstract means existing in thought or as an idea but not having a practical existence, e.g. we can talk about beautiful things; but beauty itself is abstract. It is one's aesthetical ability to perceive it. An old saying, beauty lies in the eye of the beholden. In this write-up, only in that abstract sense, these terms are used. Mind and psyche are interchangeable as John Stuart Mill in 1811 said, "if the word mind means anything it means that which feels."[2]

Concepts of mind

More scientifically, the terms 'mind or psyche' may be defined as a varied range of functions carried out by the brain, from simple motor behaviour to complex cognitive tasks such as conscious and unconscious activities, e.g. speaking, thinking, fantasy, creativity, judgement, etc. are believed to be humane. Precisely, our mind does what our brain dose. However, is this so simple?

Campbell's dictionary states that, "the mind, in modern psychiatry is regarded in its own way as an organ of the person. The psyche or mind like other organs possesses its own form and function, its embryology, gross and microscopic anatomy, physiology and pathology."[3]

In Jungian terminology, the 'soul' is that part of psyche or mind which is directed inwards and it is in touch with the unconscious. Will Durant, while discussing Kantian concept of the mind in The Story of Philosophy writes, "for the mind of man is not passive wax upon which experience and sensation write their absolute whimsical will; nor it is a mere abstract name for the series or group of mental status; it is an active organ which moulds and coordinates sensations into ideas, an organ which transforms the chaotic multiplicity of experience into ordered units of thoughts."[4]

Is there a physical substance of the mind?

Until date, our understanding of physical substance of the mind is not very clear. Eminent psychologist William James (1890) wrote, "We see that the mind is at every stage a theatre of simultaneous possibilities… the mind, in short, works on the data it receives very much as a sculptor works on his block of stone."[5]

When we try to describe the mind in physical sense the best words which may go somewhat like the neurons, which are self-repairing and self-wiring; they multiply, promote, amplify, block, inhibit, or attenuate the micro electrical signals passed on to them, thereby giving rise to complex signaling patterns (CSPs) between networks of cerebral neurons. Inside the brain, which is a bio-electro and chemical lab of infinite possibilities, may be the CSPs produce 'electromagnetic field

energy density' and that may lead to generation of thought. Perhaps this may provide the physical substance of the mind. Eric R Kandel, noble prizewinner for medicine and physiology in 2000, opined (principle one of five), mental processes, even the complexes of all, are derived from operations of the brain and what is called mind is a range of functions carried out by the brain.[6] Thus that means the global functioning of brain is what we call mind!

Of psychopathology

Psychopathology is concerned with the 'diseases of the mind.' Psychopathology is a very complicated subject. Written to buttress the ethos, the tomes have not always been remarkable for their conciseness, lucidity, and clarity in understanding. They are neither in pedagogic way nor in didactic style and are heavily loaded with philosophical thinking. This is a forlorn task, actually, a matter of trying to describe the ultimately indescribable, according to Sims.[7] It is not about saying something simple. Nevertheless, it may indeed help someone to start looking at mental illness in a comprehensive and more observant way with a psychologically oriented mindset and more into a philosophical perspective.

Psychiatry is a subject of inexhaustible complexity. It is as vast as the range of human behaviour and emotions. No one can possibly master all even in his lifetime. However, a master mentor can make it less so.

Having had the temerity, it is just a humble effort to present, what I have understood by going through the essence of fundamental concepts of phenomenology and descriptive psychopathology.

Scope of phenomenology and descriptive psychopathology in psychiatry

German anatomist Johann Christian Riel first coined the term psychiatry. Psychiatry is that branch of medicine, which deals with morbid and both normal as well as abnormal psychological experiences or reaction(s). In fact, it is the medical specialty concerned with the study, diagnosis, treatment, and prevention of neuro-behavioural disorders.

It has long been suggested that a psychiatrist is a non-invasive neurologist who is concerned with disturbances of emotion, cognition, thinking, perception, and behaviour. He is also the physician who has the authority to prescribe medications acting on the central nervous system (CNS), those that can change abnormal behaviour.

Phenomenology and descriptive psychopathology permeates all the spheres of clinical psychiatry, it has been there as a subtext to everything we clinicians do and say day in and day out. It includes:

a. Minor emotional disturbances that are meaningful reactions to environmental stimuli or psychological stress.
b. Profound psychological change without significant or meaningful stress.
c. Disorders of personality that have a pervasive influence on behaviour such that the person or the others suffers.
d. Psychological and behavioural changes that are directly associated to demonstrable organic brain changes.
e. Psychological or behavioural consequences due to use or abuse of substances both licit and illicit.

In order to describe, delineate, and differentiate these conditions, the morbid psychological phenomena that constitute the subjective experience of patients needs to be carefully elicited and neatly recorded. These all falls under the 'realm of descriptive psychopathology'.

At least for the following three reasons, the precise application of descriptive psychopathology and phenomenology in psychiatric practice is necessary. Descriptive psychopathology (1) is fundamental and possibly the only diagnostic skill unique to a psychiatrist, (2) is considerably more than just carrying out a clinical interview or even listening to the patient, although it necessarily involves both, (3) has clinical usefulness and application.

What is psychopathology?

Psychopathology is the systematic study of abnormal psychological experiences, cognition, and behaviour. That is the study of the 'product of a disordered mind'. It includes the 'explanatory psychopathologies' in which there is assumed explanations according to theoretical constructs (e.g. on theories of cognition, behavioural, psychodynamic, or existential psychology) and 'descriptive psychopathology' which is the precise description, categorization, and definition of abnormal experiences as recounted by the patient and observed in his behaviour. It is indeed a systematic study of various psychotic phenomena and not some kind of hair splitting pedantry. According to Femi Oyebode, "it is the preeminent foundation for rational practice of clinical psychiatry."[8]

Descriptive psychopathology is only description without the arguments of causation. It guards against and avoids theory, presumption, or prejudice.

Explanatory psychopathology often assumes that mental phenomena are often meaningful, e.g. in psychoanalysis, at least one of the several basic mechanisms psyche has been considered taking place and the mental state becomes understandable within this framework. Explanations of what occurs in thought or behaviour are based on theoretical processes such as 'transference' or 'ego defense mechanisms'.

Analytic or dynamic psychopathology, however, would be more likely to attempt to explain (e.g. a delusion) in terms of early conflicts repressed into unconscious. Now in psychosis, because of projection it has gained its expression.

Berrios in 1996 has described two views of descriptive psychopathology, i.e. continuity view and discontinuity view.[9] In continuity view, psychologist and brain scientists predominantly tended to regard morbid phenomena as 'quantitative variations' on normal mental functions. In discontinuity view, psychiatrists working directly with patients considered that some symptoms are 'too bizarre to have a counterpart in normal behaviour'.

Both of these concepts have contributed to the understanding of current state of descriptive psychopathology. Conceptualisations of abnormal psychic phenomena are indeed influenced until now by these two formulations.

Parts of descriptive psychopathology

Keen and accurate observation is extremely important, and is a much more useful exercise then simply counting symptoms; sometimes the slavish use of symptom checklist for their presence or absence may misguide a genuine clinical observation into astray. Objectivity is crucial but there is a need also to get beyond the observation of behaviour alone and assessing the patient from 'outside the self'. According to Sims, "Empathic assessment of subjective experience is the most difficult part of descriptive psychopathology."[7]

Empathy is an important psychiatric term that literally means 'filling oneself into' and emphasises the imaginative experiencing of another person's world. It is important to distinguish it from sympathy, which is 'filling along with'.

The concept of empathy in descriptive psychopathology is used as a skillful clinical instrument by using observer's own cognitive and emotional capacity. If the subject does not recognise the observer's account as his internal experience, then the questioning must continue until it become recognisable. According to Daniel Goleman, "empathy is the personal ability to read other people's emotion."[10]

What is phenomenology?

The Greek stems 'phainomenon' to appear and logia 'discourse' were first combined in 1764 into the German word 'ph*a*nomanologie' by JM Lambart to refer to his "theory of illusion or appearance."[11]

Phenomenology is the being and time, which is immediate determinant or the things as it is. The term 'phenomenology' refers to a set of philosophical doctrine loosely sharing the strings of (a) assumptions to what the world is like (metaphysical) and how it can be known (epistemological), (b) strategies for the descriptive management of the mental entities relating to such a world.[12]

Careful and inquisitive readers must have the two fundamental questions in their mind, i.e. what is a person who is obviously disturbed with a mental illness actually experiencing? In addition, in what ways are his experiences like and unlike the experience of others – both those who are well and those who are ill?

To answer above question phenomenology comes into handy.

The word phenomenology

At the beginning of 20th Century Edmund Husserl (1859-1938) introduced the idea of 'phenomenology', simple in terms, to study the subjective psychological events. Karl Jaspers, the doozy German philosopher psychiatrist and one of the founders of existentialism, introduced the concepts of phenomenology and understanding into psychiatry. In 1984, Barrios define phenomenology as "the identification of classes of mental act."[13]

Phenomenology is a term that is closely allied to descriptive psychopathology and has a long tradition in philosophy started by Husserl and continued by the work of a motley group of writers collectively called the 'phenomenological movement'.

To be very precise, phenomenology is the study of events happenings in their own right, rather than their inferred causes, i.e. the study of a phenomenon. The theory that behaviour is determined by the way in which the subject perceives the reality at any given moment of time and not by reality as it can be described in physical or objective terms. It is to do only with the current 'existential experience' at that moment of the person per se. However, the speed of perception by the subject may be so fast that it is beyond the hold of his consciousness and so, the complexity of understanding by the subject in first person.

In other words, phenomenology is the study of events, either psychological or physical, without trying to explain them with causes or functions. In fact, phenomenological descriptions only apply to subjective experiences. That is why it involves the 'observation' and categorisation of abnormal psychic events, 'the internal experience of the patient' and his consequent behaviour.

Now the question is, "How can one use the word 'observation' about someone else's internal experiences?" This is where the process of empathy becomes relevant. Truly, the patient and his complains deserve our scrupulous attention.

There is still considerable confusion over the meaning of the term, phenomenology. Berrios (1992) have described four meanings of phenomenology in psychiatry. Among all four, Jasperian meaning of phenomenology is more relevant and concerned in psychiatry. It says, "Phenomenology refers to the idiosyncratic usage started by Karl Jasper who dedicated his early clinical writings to the description of mental status in a manner which (according to him) was theoretically neutral."[14] In 1959, Jaspers said, "Phenomenology, though one of the foundation stone of psychopathology, is still very crude."[15]

Application of phenomenology in psychiatric diagnosis

What can happen when there is failure of application of sound knowledge of phenomenological psychopathology? An example of this is 1973 Rosenhan's experiment to determine, what happens when a cavalier neglect of abnormal phenomena occurs. How it can have serious repercussions for patient's care?

Although the ethics and good sense of the experiment is questionable but what comes out clearly is not that the psychiatrists should refrain from coming to a diagnosis but that their diagnosis should be based on a sound psychological basis. With adequate use of phenomenological psychopathology this failure of diagnosis would not have occurred.

Phenomenology, the empathic method for the eliciting of symptoms, is next to impossible to learn from a book. Patients are the best teachers, but it is necessary to know what one are looking for. The aphorism is "our eyes don't see what our mind does not know." Hence, the guidance of a good teacher is always mandatory in this phase of learning.

As Pope (1688-1744) says, "if the proper study of mankind is man, the proper study of his mental illness starts with the description of how he thinks and feels inside- chaos of thought and passion, all confused".[16]

Leveling in psychiatry

Both fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and International Classification of Diseases (chapter-F, dedicated to mental and behavioural disorders)-10th edition are based upon phenomenological approach. Description of disorders and diagnostic guidelines it laid are theoretically neutral.

Leveling a person with a major psychosis (e.g. schizophrenia), must be done with utmost caution as because it may be a lifetime diagnosis. Some authors also believe that diagnosis in psychiatry is usually a review diagnosis.

The subject of psychiatry is the person, not an organ like liver or kidney, or even the brain. Psychiatric diseases are distinct from mere neurological diseases in the sense that in neurology the disease process 'leaves the self, the personhood of an individual remains intact'. For example, we can speak of a person who suffers from multiple sclerosis or motor neuron disease. In psychiatry, the disease 'afflicts the self; affect the person in a deep and not superficial sense'. For example, mood disorder or schizophrenia have a pervasive influence on aspects of the self in a way that strikes at what it means to be humane.

In clinical practice, diagnosis has nothing to do with the patient only prognosis counts. They do not delve quit far long. Diagnosis is nothing but a communication between care giving professionals. However, the value of correctness is always desirable for flawless communications.

Conclusion

Following the advances in imaging sciences like magnetic resonance imaging (MRI)/functional MRI (fMRI), in recent years, there is a paradigm shift in our understanding how the brain works. The past ten years have seen advances that we would never have anticipated and incredibly, the next five or ten hold the potential to continue this exponential progress.

In the name of biological evidence, psychiatry first lost its soul, then psyche, and lately the mind. Now it has been newly termed as behavioural neuroscience, true in the sense to the application of scientific information, related to research on brain and its functions. Hope that we are going to live in an interesting time.

Recently, however, there is a resurgence of phenomenological understanding of mental disorders in European psychiatry, especially in Britain and I think it is the new insight; that if we ignore the art of science, then adequate and appropriate application of knowledge and evidences will not be justified. Phenomenology and descriptive psychopathology is the art of psychiatry and other neuro-behavioural sciences.

This is the philosophy and in this sense, this discussion attempted to investigate the mind and its disturbances by the sufferer and the behaviour that results. It is impossible to go into the depth of psychiatry without mastering phenomenology and descriptive psychopathology.

Let us learn to earn the knowledge of human behaviour in a batter way so that we can put our wisdom to release the unfortunate 'prisoners of their own mind'.[17]

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