

# **Existential Phenomenology, Psychiatric Illness and the Death of Possibilities**

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## **Psychiatry and Existential Phenomenology**

The aim of this chapter is to show how the insights of existential phenomenologists can help us to understand changes in the structure of experience that occur in psychiatric illness. We employ the term ‘existential phenomenology’ to refer to a broad philosophical approach shared by various philosophers, including Sartre, Merleau-Ponty and Heidegger. It is more specific than ‘existentialism’, as one could be an existentialist without being a phenomenologist. It is also more specific than ‘phenomenology’, and is often contrasted with the ‘transcendental phenomenology’ of Edmund Husserl. However, it would be misleading to emphasise the contribution made by ‘existential’, as opposed to ‘transcendental’, phenomenology. Husserl’s later phenomenology has also informed the interpretation of psychiatric illness, and is often appealed to alongside largely complementary insights drawn from the works of Heidegger and others.<sup>1</sup> For current purposes though, we will be focusing upon philosophers such as Heidegger, Merleau-Ponty and especially Sartre, who are generally recognised as ‘existential’ philosophers. Existential phenomenology encompasses a range of interrelated themes. A central concern of the current chapter, which features in the work of Heidegger, Sartre and others, is the manner in which we find ourselves situated in a world that *matters* to us in a range of ways, a world where things show up to us as valuable, functional, interesting, enticing, threatening and so on. Inextricable from this is an emphasis upon how experience is structured by a sense of our possibilities. Associated with both these themes is an appreciation of the phenomenological role of the body.

Existential phenomenology and psychiatry have a long history together, and many existential philosophers had close friendships with clinicians.<sup>2</sup> For example, there is Heidegger's fluctuating friendship with the psychiatrist and philosopher Karl Jaspers and his long-term friendship with the psychiatrist Medard Boss. Heidegger participated in a series of seminars for trainee psychiatrists and psychotherapists, held at Boss's house in Zollikon, Switzerland, over a ten year period (1959-1969).<sup>3</sup> Several others have drawn on Heidegger's work in order to cast light on the phenomenology of schizophrenia and other conditions. For instance, Ludwig Binswanger, inspired by *Being and Time*, advocates what he calls *Daseinanalyse*, a method of interpretation based upon Heidegger's analysis of human existence.<sup>4</sup> Binswanger resists objective, scientific conceptions of the human being, which split us into distinct psychological and physical components. He stresses instead how the whole human person is embedded in a significant world and oriented towards future possibilities. Certain forms of psychiatric illness, he suggests, can be analysed in terms of alterations in the sense of belonging to a world and in the associated ability to pursue possibilities.<sup>5</sup>

Heidegger is far from alone in his interaction with psychiatry. In *Phenomenology of Perception* and elsewhere, Merleau-Ponty incorporates reflection upon anomalous experience into his phenomenological methods, and his work also serves as an interpretive framework through which to makes sense of such experiences. And Sartre corresponded with R. D. Laing, whose analysis of schizophrenia in *The Divided Self* owes much to Sartre's study of interpersonal relations in Part III of *Being and Nothingness*.<sup>6</sup> Numerous others have contributed in important ways to the broad tradition of existential psychiatry and psychology, including Karl Jaspers, Kurt Schneider, Kurt Goldstein, Erwin Straus, Viktor von Weizsäcker, Viktor Frankl, Eugene Minkowski, Willy Mayer Gross, J. H. van den Berg, Rollo May and Eugene Gendlin, and the tradition is still very much alive today. Some existential psychologists and psychiatrists have also either practiced or inspired forms of 'existential psychotherapy', which seek not only to interpret psychiatric complaints in phenomenological terms and to inform therapy in the process but to explicitly integrate themes from existential philosophy into therapeutic practice.<sup>7</sup>

Hence there are three intermingled strands of interaction: (1) phenomenology has been employed as a framework through which to interpret the experiences associated

with schizophrenia and other conditions; (2) reflection upon such experiences has been employed in order to inform phenomenological enquiry; (3) themes in existential philosophy have shaped therapy, an obvious example being existential therapy. Our focus in what follows will be on (1) and (2), on understanding rather than therapeutic application. However, we certainly do not wish to deny that existential phenomenology has a role to play in therapy. Rather than discussing the historical relationship between phenomenology and psychiatry in further detail, our aim here is to illustrate the continuing relevance of themes in existential philosophy to psychiatry and vice versa.<sup>8</sup> Insights from existential phenomenology can assist us in understanding a wide range of experiential changes that feature in psychiatric illness. These insights need not take the form of rigid interpretive frameworks that we impose upon the relevant experiences. We can *do* phenomenology by engaging with psychiatry, rather than just applying it in psychiatry. Reflection upon the descriptions offered by clinicians and psychiatric patients can contribute to phenomenological understanding, helping to further refine, elaborate and revise our phenomenological descriptions.

The fact that we *can* interpret anomalous experiences by drawing on existential phenomenology does not imply that we *should*. However, such interpretations often appear extremely plausible. Indeed, the similarities between patients' reports and descriptions offered by phenomenologists can be quite striking. Mary Warnock concludes that existentialism is a dead philosophical movement and that its demise was largely due to the fact that no arguments could be offered in support of the descriptions and assertions that its proponents offered:

There is no real possibility of *argument* with the deliverances of the concrete imagination. If I see significance in some feature of the world around me, I am at liberty to say so. If I am a poet or a painter or a photographer or film maker, then my vision of the world can be understood, perhaps shared, and may even be analysed, but argument need not come into the matter. But philosophy without arguments is not possible, in the long run.

She adds, referring specifically to Sartre, that we “cannot be expected to accept a whole theory of interpersonal relations” on the basis of an “image of the man listening

at the keyhole and caught in the act”, however compelling that image might seem.<sup>9</sup> We reject Warnock’s assessment, on the basis that the illuminating application of existential phenomenology in psychiatry does amount to an argument in support of various claims made by existential philosophers. A substantial body of testimony from patients and clinicians can be cited in support of such claims. To illustrate this, we will focus upon R. D. Laing’s Sartrean interpretation of changes in interpersonal experience that can occur in schizophrenia, especially paranoid schizophrenia. We will then generalise from this example, suggesting that existential thought can assist us in understanding a wide range of psychiatric illnesses.

Our aim is not to promote a specifically Sartrean account of interpersonal experience. As David Cooper’s book *Existentialism: A Reconstruction* demonstrates, it is possible to offer a rough characterisation of the generic existentialist, which incorporates themes that are common to the work of several philosophers, despite their many disagreements. In interpreting the experiences of psychiatric patients, we suggest that a fruitful approach is to focus upon some of these recurrent themes and thus draw on several philosophers, rather than restricting ourselves to the writings of one person. Amongst other things, existential approaches tend to emphasise the phenomenology of feeling, the primacy of practical involvement with the world over voyeuristic contemplation, the way in which the experienced world is imbued with significance and value, the poverty of an all-encompassing mechanistic view of the world, the phenomenology of the body and its inextricability from world-experience, the perceptual, affective and practical aspects of interpersonal understanding, and closely related themes such as freedom, temporality and possibility. All of these are relevant to the interpretation of psychiatric illness. We will propose, more specifically, that the key to understanding many alterations in the overall structure of experience that occur in psychiatric illness is an appreciation that all experience incorporates a changeable sense of the *significance* of things and of one’s own *possibilities*, which is tied up with our bodily phenomenology. We find just this appreciation in Sartre, amongst others.

### **The Death of Possibilities**

In *Being and Nothingness*, Sartre begins his discussion of interpersonal experience or “Being-for-others” by considering the feeling of shame. Consider the example of

spying on someone through a keyhole (BN, p.259). While attending to what is going on in the room, one's body does not appear as a salient object of attention but disappears into the background. One is not primarily conscious of oneself but of what is happening in the room. Now suppose that one then hears the unmistakable sound of a footstep. At this point, one feels shame. What form does this experience take? According to Sartre, our voyeur does not first infer that another person is present, then judge that it is wrong to spy on people or that it is not good to be caught spying on people, and finally feel ashamed. Instead, shame is a bodily feeling that follows perception of the footstep without any intervening thoughts. It is an immediate reaction to the perceived situation, a sudden, intense *bodily* shift in how one experiences oneself: "Shame is an immediate shudder which runs through me from head to foot without any discursive preparation" (BN, p.222). This feeling is not just a change in how one perceives oneself. As one's body becomes conspicuous in shame, it ceases to be a transparent medium through which a scene is effortlessly perceived and instead becomes an object of experience. With this, perception of the scene changes markedly. When the body becomes a salient object of awareness, one ceases to be obliviously immersed in a situation, preoccupied principally with things in the world that are of interest or value.

However, shame is not merely a shift in experience of one's body and, with it, one's surroundings. It also incorporates the sense that another person is present. Bodily conspicuousness, of this kind at least, is inextricable from a sense of being perceived. Experience of one's body as an object is a sense of its being an object for someone else: "I am ashamed of myself as I *appear* to the Other" (BN, p.222). Sartre generalises from such experiences and argues that the capacity to undergo this kind of felt, bodily re-orientation is central to our sense of others. He offers the famous example of walking in the park and seeing someone sitting on a bench (BN, pp.254-6). The appreciation of being in the presence of another person consists, he says, in a gradual "regrouping" of objects around him. The world that was mine slips away and becomes a world for him, in which I appear as part of the scenery. As before, there is a shift from the experience of being immersed in some project to the awareness of one's body as an entity that appears to someone else in the context of her projects.

Shame thus constitutes the relation of “being-seen-by-another”; the “look” of the “Other”. Sartre stresses that this “look” is not a matter of *actually* being seen. Rather, it is about having the *sense* of being seen. Thus, although the look is often associated with perception of eyes pointing in one’s direction, it could just as well arise due to a “rustling in the branches, or the sound of a footstep followed by silence” (BN, p.257). We can of course be wrong about being seen. But Sartre’s account does not claim certainty for every case. We can be mistaken when we think that someone is present and we also can doubt that someone is present even though we feel that she is. What we cannot do though is coherently doubt that there *are* other people. The disposition to experience the look comprises our most fundamental sense of sharing a world with other people and, however many times one might utter ‘I doubt that there are any other people’, the relevant experience cannot be switched off; it is sewn into the structure of our consciousness.

For Sartre, a bodily feeling just *is* at the same time a sense of oneself as an object before the gaze of another. In order to understand how this might be so and to further clarify what the look involves, it is important to appreciate the phenomenological role that Sartre assigns to the body. For Sartre, our consciousness, the “for-itself”, does not consist in an experience of being a kind of object with some fixed essence, rooted wholly in the present. Instead, it consists in the way our surroundings are revealed to us. Consciousness is an opening onto the world, rather than a thing in the world.<sup>10</sup> It is quite different in character from an entity that is revealed to consciousness, an “in-itself”. But this should not be taken to imply that consciousness is distinct from the body. Indeed, Sartre says that the “for-itself” is not merely associated with a body; it must *be* a body: “the very nature of the for-itself demands that it be a body” (BN, p.309).<sup>11</sup>

The world that consciousness reveals is not neutral, detached and indifferent but shaped by values, projects and goals. Amongst other things, it is a world of potential activities, and the activities that things are perceived to offer reflect the contingent limitations of our bodies. Sartre points out that, without these limitations, we would not be able to make distinctions such as that between wanting something and getting it. For the unconstrained will, to want would be to get: “I could never distinguish within me desire from will, nor dream from act, nor the possible from the real” (BN,

p.327). Without the structure provided by a background sense of one's contingent bodily capacities, experience would lose all structure. Sartre goes so far as to say that it would simply disappear (BN, p.328). The body, in playing this indispensable phenomenological role, is not an *object* of experience. Instead, it is experienced *as* the world we inhabit. The significance we perceive in things – their appearance as practically accessible, functional, useable, inaccessible, immovable, dangerous, threatening or otherwise practically relevant - reflects our bodily capacities and vulnerabilities.<sup>12</sup> So a background awareness of the body just is an awareness of the significant world, a sense of the possibilities that it offers, which we might choose to take up or resist. We are our bodies and so we are our possibilities.

In shame, the way in which possibilities fall away is at the same time the feeling of being confronted by a source of possibility distinct from oneself. Experience of the look incorporates “the solidification and alienation of my own possibilities”; “in the look the death of my possibilities causes me to experience the Other's freedom” (BN, p.263, p.271). Hence tied up with our experience of others as people, as sources of possibility rather than mere things, is the effect that they have upon a sense of our own possibilities. We cannot perceive someone as a person or as the ‘other’ (for current purposes, we treat the two terms as synonymous) without being somehow affected by them, without feeling to some extent the contingency and erosion of our significant world and thus our own possibilities. However, Sartre does not regard our experience of others as an unpleasant addition to our phenomenology, which we would be better off without. Rather, the experiential interplay between the “for-itself” (or experience of oneself as one's possibilities) and the “in-itself” (the object-self that appears to the other) is central to the structure of human experience. As Sartre says, “I need the mediation of the Other in order to be what I am” (BN, p.289).

### **Interpersonal Experience in Schizophrenia**

Sartre's view of interpersonal relations is rather bleak. Fundamental to a sense of other people is a feeling of threat, of being in danger of losing one's possibilities and thus one's freedom to them: “through him I am perpetually *in danger*” (BN, p.275). It is arguable that he presents a somewhat one-sided view, which captures only some human relations and perhaps not those that are most fundamental to our sense of others. Merleau-Ponty, for instance, claims that Sartre's account accommodates only

certain breakdowns of intersubjectivity, where “each of us feels his actions to be not taken up and understood, but observed as if they were an insect’s” (PP, p.361). Even assuming that some experiences do involve this erosion of possibilities, it is debatable how far the erosion actually goes. When encountering someone in a park, even if one does start to feel like an object before her gaze, many possibilities are preserved. It would be implausible to maintain that items of equipment dotted around the place all appear as ‘for him but not for me’. The bin, the signs, the swings and so on offer possibilities that are ‘there for me as well as him’ or rather ‘there for us’. Furthermore, although one’s body might become uncomfortably conspicuous, it is still a far cry from a mere thing. It remains a locus of perception and action, able to actualise some of the numerous possibilities that remain.

There are also many instances where sharing an environment with someone else seems to enrich a scene rather than drain our possibilities out of it. As the phenomenologist and psychiatrist J. H. van den Berg observes:

One who often shows the same town to different people will be struck by the ever new way in which the town appears in the conversation that is held about the sights during such a walk. These different ways are identical with the people with whom one walks, they are forms of subjectivity. The subject shows itself in the things.<sup>13</sup>

However, although Sartre’s account may not accommodate all kinds of interpersonal encounter, it does serve as a helpful interpretive framework through which to make sense of forms of interpersonal experience that can occur in psychiatric illness. The relevance of Sartre’s phenomenology to psychiatry is most evident in the work of R. D. Laing, whose interpretation of schizophrenia in works such as *The Divided Self* is heavily influenced by Sartre.<sup>14</sup> Laing was a controversial figure and we do not wish to endorse all or even most of what he said. Nevertheless, we think that his application of Sartrean phenomenology to experiential changes that occur in some cases of schizophrenia is very plausible. The kinds of experiences that Laing describes in Sartrean terms are frequently documented and well established features of the condition, rather than artefacts of Laing’s interpretations. To illustrate this, we include in what follows excerpts from an interview with JB, a young man diagnosed with schizophrenia, who was interviewed by one of us (Broome) in September 2008. As



we will see, much of what JB says can be plausibly interpreted in terms of Laing's Sartrean phenomenological analysis.

Laing insists from the outset that, without the aid of an existential approach, it will not be possible to understand the experience of schizophrenia: "The mad things said and done by the schizophrenic will remain essentially a closed book if one does not understand their existential context" (DS, p.15). He stresses that we do not understand each other as minds that are hidden inside bodies or indeed just as bodies but as persons. We do so through a distinctive kind of implicit attitude, a felt, bodily receptiveness to each other. He criticises the commonplace tendency to assume that a scientifically respectable approach to human beings must consist exclusively in a mechanistic account of how a certain kind of complicated object behaves. In place of such assumptions, he suggests that persons should be recognised as a basic ontological category and that a science of the personal is just as legitimate as a science of the impersonal (DS, p.21).<sup>15</sup> Laing notes that an inability to recognise others as persons and to instead experience them as complicated mechanisms often features in psychiatric illness. A science that adopts the same approach is, he suggests, no less pathological.

According to Laing, we need to start off with an existential appreciation of persons and how they find themselves in a world. Unless we recognise the inextricability of our experience of body, other people and surrounding world, and also the fact that the sense of belonging to a world can change quite dramatically in structure, we will not be able to interpret the predicaments of many psychiatric patients: "one has to be able to orientate oneself as a person in the other's scheme of things rather than only to see the other as an object in one's own world" (DS, p.25). With his interpretive framework in place, he then turns to schizoid people and to those with full-blown schizophrenia, to offer an account that emphasises changes in bodily phenomenology and the loss of possibilities. He notes that such people are unusually "exposed", "vulnerable" and "isolated". In effect, they are over-sensitised to the look of the other, which in their case really is experienced as an eradication of possibilities that are integral to a sense of their being: "a schizophrenic may say that he is made of glass, of such transparency and fragility that a look directed at him splinters him to bits and penetrates straight through him" (DS, p.38). The patient may quite literally *feel* the

gaze of the other as something that invades him and threatens the sense of self: “in psychotic conditions the gaze or scrutiny of the other can be experienced as an actual penetration into the core of the ‘inner’ self” (DS, p.113). Laing refers to this predicament as one of “ontological insecurity”, where all interpersonal relations are perceived in terms of threat, that threat being the loss of one’s identity, which is swamped by the other person’s possibilities (DS, p.45). Consider the following comments offered by JB, which convey a pronounced sense of vulnerability to others:

I used to think my neighbours were watching me, [as] if they could see me through the walls, possibly a window a long way away they could see me from. [...] I didn’t have any privacy anyway because I thought people wanted to play with my mind and different things, and I just felt very violated and I just felt lost like I was being used by people, I was being watched by other people and you felt very guilty, there was a very strong feeling of guilt.

JB later describes feeling that others were a threat to his very identity. He reports having been convinced that they could manipulate his thoughts, removing his moral attributes and replacing them with their own thought contents. He also refers to a conversation with the devil during which there was “a feeling that something was taken from me”.

An extreme form of this vulnerability is what Laing calls “implosion”, where the whole social world takes on the form of existential threat, offering only the possibility of one’s own annihilation. The sufferer experiences “the full terror of the experience of the world as liable at any moment to crash in and obliterate all identity, as a gas will rush in and obliterate a vacuum. The individual feels that, like the vacuum, he is empty. But the emptiness is him” (DS, p.47). The world as a whole becomes a threatening gaze from which there is no escape, before which all of one’s own possibilities and thus the potential for any kind of purposive action are eradicated. The sufferer’s response to this threat is either to surrender to it and become an object for others or to build defences, retreating into a private realm that cannot be touched by them. These strategies are structurally similar to what Sartre calls “bad faith”. For example, Sartre’s café waiter tries to make his social role his essence; he becomes the object that he is in the eyes of the diners. In contrast, the woman whose hand is taken

by a male dinner companion distances herself from her hand. She thus avoids having to acknowledge his amorous intentions and face up to the situation (BN, pp.55-9).

Laing is clear that, in schizophrenia, the strategy of distancing oneself from the threat of the other is ultimately ineffective. He describes how a false self is constructed, a mask that is worn to shield oneself from others. Everyday conformity to situational norms of politeness can involve a degree of effort and attentiveness, but what Laing describes is much more extreme than this. The patient self-consciously performs all those acts that most of us unthinkingly and effortlessly carry out. She thus becomes hyper-conscious of her own body, her behaviour and even her thoughts, all of which are constantly monitored.<sup>16</sup> But this process of cutting herself off from a fake self fails because altered bodily experience and associated detachment from other people also add up to a loss of possibilities and thus a diminishment of self and world. Laing quotes a patient as saying that:

I've been sort of dead in a way. I cut myself off from other people and became shut up in myself. And I can see that you become dead in a way when you do this. You have to live in a world *with* other people. If you don't something dies inside. (DS, p.145)

JB describes a slightly less severe version of this. He reports a kind of bodily rigidity or 'coldness' that inhibited social activity, and explains how he attempted to compensate for a lack of natural social rapport by resorting to self-conscious 'tricks' in place of spontaneous, unthinking social interaction:

...there was the stiffness of the body, there was a general feeling of coldness. I was very, very cold all the time and I know it was a cold winter but I was very, very cold and I had to learn how to make myself un-cold by using my mind. In a strange way, I remember I started using these tricks to talk to people and I started using them when I wasn't talking to people. I was just using them. It was like a conscious thing in my mind against this stuff. [...] I used to try and say things on the same level when people say things.

He adds that the sense of others as threatening and his consequent lack of emotional openness resulted in his feeling cut off from others, including his family. The relevant

emotions were not altogether *gone* but, having detached himself from any engagement with other people, he was unable to express emotion, to connect with them:

..... I couldn't interact with [my family] properly. I only really learnt how to interact with people recently in the last sort of six months or so. [...] I couldn't even interact with my mum if she was crying next to me and telling me about how ill I was. I couldn't really connect with them, I didn't have the level of empathy that I would have had. [...] I felt sad but I didn't feel like I could express to her how sad I felt about it. [...] There was sort of a mental block, I couldn't really interact. I had so much stuff going on in my head - so much fear and paranoia - that I couldn't talk and I couldn't show people how I felt about them. [...] . It was more of an anxious state of, I'd be sitting there and would probably be shaking a little bit or I would be very vacant. I wouldn't be able to connect with someone, I wouldn't be able to speak in a very, you know, people go, like, you know they have emotions and you can see it through their body language. I wouldn't be able to express myself very well.

Vulnerability to others and alienation from the social world are not the only problems that might be faced. Laing also suggests that the parts of the body that one ceases to experience the world *through*, ceases to fully inhabit, can then be experienced as possessions of the other. They can see through one's eyes, interfere with one's thoughts and activities, and play tricks. So the detachment is at the same time a disposition to develop certain kinds of delusion. Furthermore, social isolation in itself tends to make delusions and hallucinations, core symptoms of psychotic disorders such as schizophrenia, more intense and frequent.

Laing stresses that healthy interpersonal encounters need not take the form of threat. The loving gaze of a parent is essential to healthy development, and adults too have a need to be perceived. This, he says, is not just about being seen: "It extends to the general need to have one's presence endorsed or confirmed by the other, the need for one's total existence to be recognized; the need, in fact, to be loved (DS, p.125). So, unlike Sartre, he clearly distinguishes the phenomenology of healthy mutual perception from the death of possibilities. This is not to suggest that Sartre's view is applicable only to schizophrenia though. Although it most likely does not encompass the full range of human social experience, less extreme variants of what Laing describes no doubt occur throughout our daily lives.

Sartre's analysis succeeds in accommodating aspects of interpersonal experience that orthodox approaches in philosophical psychology and cognitive science are ill-equipped to make sense of. Such approaches assume that the core achievement of everyday interpersonal understanding (or 'folk psychology' as it is often called) is the attribution of internal mental states, principally beliefs and desires, to other people on the basis of behavioural observations, the primary goal being to predict and explain their behaviour. The main issue with which debates are concerned is *how* we manage to do this. The current consensus is that we employ some combination of 'simulating' others' mental states and deploying a largely tacit 'theory' of other minds. A curious feature of the literature on folk psychology, theory of mind and simulation is that it concentrates on the perspective of a *detached* observer watching someone else's behaviour, rather than the usual case of two or more people *interacting* with each other in a shared situation. Much of the literature also construes interpersonal understanding in a strangely impersonal way. The observed individual is seemingly presented as a kind of complicated object, the internal workings of which one attempts to figure out.<sup>17</sup> Sartre, in contrast, emphasises that our sense of others *as* others is inextricable from how we are affected by them. It does not consist principally in an understanding of internal mental states, arrived at by theorising, simulating or some other cognitive process. It is a matter of affective, bodily and perceptual relatedness. Most importantly, it involves a transformation in the experience of possibilities. His analysis thus serves as a plausible interpretive framework through which to approach kinds of interpersonal experiences that are intelligible in principle but not in terms of presuppositions that typify much current philosophical discourse. This, we think, significantly adds to its appeal.

### **The Structure of the Possible**

So far, we have suggested that Sartre's account of Being-for-others can help us to understand experiential changes that often feature in schizophrenia. Of course, not all psychiatric illnesses involve the same kinds of changes. In this section, we propose that a more generally applicable interpretive framework for understanding changes in how one *finds oneself in the world and with other people* can be drawn from existential phenomenology, which preserves Sartre's core insights. Central to it are the interrelated themes of significance, possibility and bodily feeling. We begin by

sketching this framework. Then we show how it can be applied to make sense of alterations in the overall shape of experience that are often reported in severe depression.

We noted, in discussing Sartre's view, that the possibilities offered by people and things reflect a background sense of one's bodily potentialities. For example, things might appear as graspable, manipulable, tangible or intangible, inaccessible or too cumbersome to manipulate effectively. Our bodies are equally implicated in our experiences of other people and the kinds of possibility that they offer, from communion to threat. JB describes a variety of anomalous bodily experiences, which seem to be closely linked to changes in his experience of self, others and world. For example:

I had become very stiff and rigid and I couldn't, I felt very, because I was so anxious my body sort of felt very stiff, very lifeless. [...] I found it harder to do anything. There was a time when I couldn't even walk particularly well. I had to keep stopping and starting when I was moving around and I couldn't really function well.<sup>18</sup>

Changes in our bodily phenomenology can also be changes in the perception of salient possibilities. For the person who is effortlessly situated in a context of activity and whose activities are regulated by a backdrop of goals and projects, the world is perceived as a realm of salient opportunities for action. But in the case of the seemingly lifeless, stiff, conspicuous body that is not comfortably immersed in a context of goal-directed activity, the world does not reflect the same kinds of possibility. The relevant changes do not simply involve expansions or contractions of some undifferentiated possibility space. Importantly, not all the possibilities we experience are of the same *kind*. There are a variety of different ways in which things and people can appear to us as significant. For instance, something can appear as enticing, dangerous, useable or not useable, accessible to others but not to me or vice versa, achievable with effort, easily done, inaccessible and so on. People can be threatening, interesting or boring, and one can feel practically and emotionally related to them in a range of different ways. To find oneself *in a world* is to inhabit a space of various different *kinds* of significant possibility, a space that is inseparable from our bodily phenomenology. This general theme is common to the works of Merleau-

Ponty, Sartre and Heidegger. For instance, Merleau-Ponty indicates that the body is not just responsible for which concrete instances of possibility appear on which occasion (such as ‘that currently perceived cup is graspable’). It also constitutes the ‘universal horizon’, ‘world horizon’ or ‘horizon of horizons’, meaning a space of possibilities that determines, amongst other things, the ways in which things can matter to us:

The natural world is the horizon of all horizons, the style of all possible styles, which guarantees for my experiences a given, not a willed, unity underlying all the disruptions of my personal and historical life. Its counterpart within me is the given, general and pre-personal existence of my sensory functions... (PP, p.330)

Sartre makes a similar point in maintaining that the world is the “correlate of the possibilities which I am”, taking the form of “the enormous skeletal outline of all my possible actions” (BN, p.322). And Heidegger, although avoiding any explicit phenomenological engagement with the body, does maintain that the sense of belonging to a world involves inhabiting a space of possibilities where things can be encountered as mattering in a range of different ways. For instance, we might find a piece of equipment “unserviceable, resistant, or threatening”. These kinds of significance, Heidegger says, are “ontologically possible only in so far as Being-in as such has been determined existentially beforehand in such a manner that what it encounters within-the-world can ‘matter’ to it” (BT, p.176).

In order to understand the kinds of *existential change* (by which we mean a shift in the background sense of belonging to a world, which affects experience of self, others, world and the relationship between them) that can occur in psychiatric illness and in other contexts, we suggest that it is fruitful to reflect upon what happens if certain *kinds* of possibility are overly salient, diminished or unstructured. The experiences discussed by Laing involve one kind of possibility, threat, becoming a form that all experiences take on. A kind of bodily feeling is at the same time an altered space of possibilities, where possibilities for social and other activities drop out of the world. In their place, everyone and everything takes on the character of a danger before which one is passive, helpless, bereft of the potential for whatever action might have given one reprieve.

Various other conditions can also be understood in the same general way, as involving altered feeling and, with it, a change in the experience of what is possible. For example, people who are severely depressed often complain not of feeling threatened by others so much as feeling irrevocably disconnected, incapable of being moved by them and thus strangely, unpleasantly cut off from everyone and everything. It is not just that sufferers *happen to be* unaffected by people but that the *possibility* of being affected in this way is gone from experience. The possibility of objects appearing as practically significant in the usual way is similarly gone. The resultant transformation in the space of possibilities is often referred to in autobiographies and works of literature as a prison, glass wall or container, from which escape is impossible. William James describes it as like being “sheathed in india-rubber”. He adds, “nothing penetrates to the quick or draws blood, as it were. [...] ‘I see, I hear!’ such patients say, ‘but the objects do not reach me, it is as if there were a wall between me and the outer world!’”.<sup>19</sup> Sylvia Plath’s protagonist, Esther, in her semi-autobiographical novel *The Bell Jar*, describes something very similar, when she says, “wherever I sat – on the deck of a ship or at a street café in Paris or Bangkok – I would be sitting under the same glass bell jar, stewing in my own sour air”.<sup>20</sup> Almost everyone who describes an episode of major depression reports something along these lines.

What limits possibility in this kind of depression is the inability to be affected by others and a painful awareness of this inability, rather than being excessively vulnerable to others. Importantly, the sense that one might be affected by other people (and by impersonal events too) in a range of significant ways is partly constitutive of the appreciation that one’s current predicament, the way the world appears right now, is contingent, fragile and changeable. Without it, experience would cease to incorporate the sense of there being significant alternatives to how one is now, alternatives that might be pursued and actualised. We thus arrive at another feature of severe depression that is reported in almost every case, the inconceivability of alternatives to how one currently finds oneself in the world and the conviction that recovery is thus impossible. For example, Lewis Wolpert recalls how, when his psychiatrist assured him that he would recover from his depression, “I did not believe a single word. It was inconceivable to me that I should ever recover. The idea that I



might be well enough to work again was unimaginable”.<sup>21</sup> The interplay between actuality and possibility that is presupposed by everyday thought, experience and activity is thus altered.

With the experience of depression, we therefore have a seeming reversal of Sartre’s claim that the other is the death of my possibilities, an experience that differs from the excessive vulnerability to others that Laing describes. However, the possibilities are not all gone from experience. Certain other kinds of possibility remain. For instance, many sufferers complain of an all-enveloping feeling of dread, anxiety or impending doom. Hence, although the experience of depression can be contrasted with a Sartrean death of possibilities, it may well be that the two sometimes co-exist. A sense of being cut-off from others and unmoved by them could refer to only certain *kinds* of significant relations, such as emotional communion, effortless conversation and so on. Other kinds of possibility involving people, such as that of being threatened, might remain. Even so, reflection upon depression illustrates that, just as other people may take away our possibilities, they also give us possibilities. Despite Sartre’s emphasis on others as threatening rather than enabling, he does recognise that they are also a source of possibility, as exemplified by his remark that “to die is to lose all possibility of revealing oneself as subject to an Other” (BN, p.297). In fact, depressed people frequently describe the experience as akin to a living death. Without the possibilities of meaningful contact with other people and also of practical significance, of things ‘mattering’ in the sense of being worth pursuing, the structure of experience is radically transformed.<sup>22</sup>

Depression thus involves a change in the constitution of the “for itself”, in what Sartre calls freedom. Sartre claims that consciousness does not reside in the present but inhabits possibilities, always projecting ahead into potential futures. Thus, in a sense, we are what we are not, as our experience is directed towards and structured by the non-actual. To quote Sartre, the “for itself” is always an “elsewhere in relation to itself”. It is a being “which is not what it is and which is what it is not” (BN, pp.78-9). The sense that we do indeed have these different possibilities to choose from, that they are really there for us, is at the same time the sense that we are not deterministically constrained by the present or shackled by our past actions. If we were, we would not have any possibilities for action. But, in severe depression, the

future no longer appears as a space of possibilities that are different from one's current predicament in any significant way. That predicament thus loses its sense of contingency, of changeability. So there is a profound alteration in the structure of consciousness. This includes a change in the experience of time. Without significant differences between past, present and future, without a sense of possible activities transforming one's situation in a meaningful way, the phenomenological distinction between past, present and future is eroded. There are various ways of describing this. People might complain of a torment without end, an eternity, timelessness, the absence of time or of time slowing down.<sup>23</sup>

We could similarly interpret the relevant experiential changes in terms of the structure that Heidegger calls "thrown projection" [*geworfenen Entwurfs*] (BT, p.188). For Heidegger, as for Sartre, we do not experience ourselves or the worldly entities we encounter merely in terms of the present and the actual. Rather, all experience is structured by possibilities. We experience ourselves in terms of potential ways in which we might be, some of which we pursue through our projects. As Heidegger puts it, human existence or Dasein is "existentially" what it is "not yet"; it is always "*ahead* of itself", "beyond itself" (BT, pp.p.185-6). But this "projection", this orientation towards the possible, is not unconstrained; we do not pluck our projects out of nowhere. The kinds of possibility that we are able to coherently pursue are determined by our 'thrownness', by how we find ourselves situated in a realm where things matter to us in different ways, such as their being practically significant, enticing, inaccessible, available, pertinent to a project, threatening, terrifying and so on. If all sense of practical significance were eradicated from experience, along with any sense of potential emotional connectedness with others, the structure of projection would be radically altered along with that of thrownness. One would no longer be able to take up certain kinds of possibility. Indeed, one could not pursue a project at all, seek to become something or strive for significant change, as the kinds of mattering that such pursuits presuppose would be altogether absent. The entire structure of experience, the sense of Being-in-the-world, would shift.

Another kind of experiential change that can occur in psychiatric illness does not involve feeling cut off from others or threatened by them but instead the loss of something that both these experiential shifts continue to presuppose – the ability to

experience others as people at all. Without some sense of people as a distinctive phenomenological category, there is nobody to feel vulnerable before or estranged from. A loss of personal experience is vividly described by an author known only as Renee in *Autobiography of a Schizophrenic Girl*. Everything, she says, looked strangely artificial and, with this, there was a loss of functionality and practical significance more generally. Eventually, this shift in the structure of experience came to encompass other people. She describes being confronted with something that “appeared strange, unreal, like a statue”, “a statue by my side, a puppet, part of the pasteboard scenery”, which became “more a statue than ever, a manikin moved by mechanism, talking like an automaton. It is horrible, inhuman, grotesque”. She reports how her therapist became her last connection to an interpersonal world whether things mattered; “the precious little oasis of reality in the desert world of my soul”, but eventually even this connection is lost.<sup>24</sup> Again, an alteration in the space of possibilities seems to be central here. In brief, the seeming artificiality of things and people consists in an absence of the possibilities that they usually offer, with the result that they look somehow different, not quite right, fake.<sup>25</sup>

Changes in the shape of interpersonal experience can therefore take quite different forms. Here, we have offered only a brief sketch of three of them (people as threat; disconnectedness from people; loss of a sense of others as people), so as to hint at the interpretive potential of an existential approach. What unites these experiences is an alteration in the sense of belonging to a world and being with other people, central to which are shifts in the experience of worldly significance, one’s own possibilities and one’s body. More detailed analyses are of course required, and there are also plenty of other forms of anomalous experience to explore. In the process of studying them, we can seek to refine our phenomenological analyses by drawing on psychiatry. Thus, what we have here is not a dead historical movement but an ongoing programme of research in existential phenomenology.

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<sup>1</sup> For example, Wolfgang Blankenburg draws on both Husserl and Heidegger, in order to argue that schizophrenia involves a loss of “natural self evidence”, an erosion of the habitual, practical orientation that ordinarily operates as a backdrop to experience and thought. See Sass, “Self and World in Schizophrenia”, for a discussion. See also Ratcliffe, *Feelings of Being*, for a phenomenological approach to psychiatric illness that draws on complementary themes in Husserl, Heidegger, Merleau-Ponty and Sartre.

<sup>2</sup> Some important writings in phenomenological psychiatry are collected in Broome, Harland, Owen and Stringaris, eds, *The Maudsley Reader in Phenomenological Psychiatry*.

<sup>3</sup> There is an English translation of these seminars (Heidegger, *Zollikon Seminars: Protocols – Conversations – Letters*).

<sup>4</sup> See, for example, Binswanger, *Being-in-the-world: Selected Papers of Ludwig Binswanger*. It was Binswanger who introduced Boss to Heidegger’s work.

<sup>5</sup> Heidegger liked the idea of a psychiatry grounded in his philosophy but disapproved of the specific way in which Binswanger appropriated his ideas. See Askay, “Heidegger’s Philosophy and its Implications for Psychology, Freud, and Existential Psychoanalysis” for further discussion.

<sup>6</sup> Some of Laing’s later works are similarly inspired by Sartre’s later philosophy. See Raschid ed., *R. D. Laing: Contemporary Perspectives*, especially the essays by Jenner, Poole and Kirsner, for discussions of the relationship between Sartre and Laing.

<sup>7</sup> For examples of existential psychotherapy, see Frankl, *Existentialism and Psychotherapy*; van Deurzen-Smith, *Everyday Mysteries*. See Spiegelberg, *Phenomenology in Psychology and Psychiatry*, and Halling and Nill, “A Brief History of Existential-Phenomenological Psychiatry and Psychotherapy”, for historical surveys of the relationship between phenomenology, psychiatry and psychotherapy. See Ratcliffe, *Feelings of Being*, for discussion of some current work in phenomenological psychiatry.

<sup>8</sup> The fact that there remains considerable interest in phenomenological psychiatry is illustrated by the steady stream of publications in the area. See, for example, the 2007 special issue of *Schizophrenia Bulletin* (33:1) dedicated to ‘Phenomenology and Psychiatry for the 21<sup>st</sup> Century’.

<sup>9</sup> Warnock, *Existentialism*, p.139.

<sup>10</sup> See also Sartre’s essay *The Transcendence of the Ego*.

<sup>11</sup> Sartre’s lengthy discussion of the body complements much of what Merleau-Ponty says in *Phenomenology of Perception*. Both insist that the body is experienced in terms of the possibilities that the world offers and that our bodily phenomenology cannot be adequately accounted for by any approach that treats the experienced body primarily an object of perception.

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<sup>12</sup> Like Heidegger in Division One of *Being and Time*, Sartre discusses our experience of entities as pieces of equipment, embedded in wider systems of functions and purposes (Sartre, *Being and Nothingness*, pp.321-3).

<sup>13</sup> Van den Berg, “The Human Body and the Significance of Human Movement”, p.166.

<sup>14</sup> Laing is not the only psychiatrist to draw on Sartre. For instance, van den Berg, *A Different Existence*, adopts a Sartrean account of consciousness and the body in order to interpret what he refers to as the typical psychiatric patient.

<sup>15</sup> Heidegger (*Zollikon Seminars*, p.135), amongst others, similarly criticises the project of modelling an account of human beings on impersonal, mechanistic science: “The unavoidable result of such a science of the human being would be the technical construction of the human being as machine”.

<sup>16</sup> Sass (e.g. *The Paradoxes of Delusion*) offers a largely complementary account of what he calls “hyperreflexivity”, an involuntary excess of attention directed at one’s own bodily activities, experiences and thoughts. This can involve, according to Sass, a loss of everyday practical significance and connectedness to others, leading to a quasi-solipsistic retreat into an impoverished, delusional, subjective realm.

<sup>17</sup> For a summary and critique of recent work on folk psychology, theory of mind and simulation, see Ratcliffe, *Rethinking Commonsense Psychology*.

<sup>18</sup> This refers to a time before JB had received any medication. Hence the changes in bodily feeling that he reports are not attributable to the side-effects of medication.

<sup>19</sup> James, *Principles of Psychology, Volume II*, p.178.

<sup>20</sup> Plath, *Bell Jar*, p.178.

<sup>21</sup> Wolpert, *Malignant Sadness*, p.154.

<sup>22</sup> See Ratcliffe, “Understanding Existential Changes in Psychiatric Illness”, for a more detailed discussion of autobiographical accounts of depression and the phenomenological changes that are consistently described. See also Tellenbach, *Melancholy*, Stanghellini, *Disembodied Spirits and Deanimated Bodies*, and Fuchs, “Corporealized and Disembodied Minds”, for recent work of the phenomenology of depression.

<sup>23</sup> For recent discussions of altered time-consciousness in depression, see Wyllie, “Lived Time and Psychopathology”, and Broome, “Suffering and Eternal Recurrence of the Same”

<sup>24</sup> Sechehaye, ed, *Autobiography of a Schizophrenic Girl*, pp.36-8, p.46. There are striking parallels between some of Renee’s descriptions and the unpleasant revelation of contingency that Sartre calls ‘nausea’ (see Sartre, *Nausea*).

<sup>25</sup> See Ratcliffe, *Feelings of Being*, Chapters 2, 4 and 5, for further discussion of this kind of experience.