



Phenomenological Method in Clinical Practice of Psychiatry

Pedro Felgueiras*, Odete Nombora, Nelson Almeida and Raquel Ribeiro Silva

Psychiatry Department, Vila Nova de Gaia Hospital Center, Vila Nova de Gaia, Portugal

*Corresponding author: Pedro Felgueiras, Psychiatry Department, Vila Nova de Gaia Hospital Center, Vila Nova de Gaia, Portugal; E-mail: pedro.felgueiras@live.com.pt

Received date: 17 February, 2023, Manuscript No. IJMHP-23-89536;

Editor assigned date: 20 February, 2023, PreQC No. IJMHP-23-89536 (PQ);

Reviewed date: 06 March, 2023, QC No. IJMHP-23-89536;

Revised date: 13 March, 2022, Manuscript No. IJMHP-23-89536 (R);

Published date: 23 March, 2023, DOI: 10.4172/2471-4372.1000216

Abstract

Phenomenology was one of the most influential 20th century philosophical movements. With the absolute prioritization of individual subjective experience, phenomenology seems the obvious philosophical strategy for reinstating the individual within medicine particularly in psychiatry. Our overall objective is to revisit the encounter of phenomenology with psychopathology, in particular the affinity of phenomenological approach with clinical psychiatry.

Non-systematic literature review about the viability of a psychiatric praxis of phenomenological orientation.

Phenomenological psychopathology looks for which manifests for itself and as it manifests the phenomena without any kind of presupposition (phenomenological epoche), and describing all possible perspectives of that (eidetic variations). Sometimes referred as “the heart of psychiatry”, it connects understanding with caring, promoting an exchange of perspectives with the patient and helping him to reflect upon his experiences and take a position on them. This dimension results of an empathic penetration. Psychiatry needs a common ground and a shared language. Phenomenology develops a method for understanding the patient’s own abnormal experience, assessing mental illness nosographic diagnosis and establishing a therapeutic course. Another important aspect of phenomenological method in clinical psychiatry is the opportunity to operate in parallel with the traditional bio-medical approach, reconciling the unique experience of individual with a neurobiological perspective.

In line with that, trainees and early career psychiatrists consider rediscovering phenomenology as a priority of their academic and clinical future, and for their patients to. To that participation of phenomenology in psychiatry it would be necessary more support in literature and larger numbers of experienced psychiatrists aware of this alternative clinical method.

Keywords: Phenomenological psychopathology; Psychiatry; Epoche; Eidetic variations

Introduction

With the absolute prioritization of individual subjective experience, phenomenology seems to be the obvious philosophical strategy for reinstating the individual within medicine particularly in psychiatry [1].

Phenomenological psychopathology looks at the manifestation for what it represents in itself and how it manifests the phenomena without any kind of presupposition (phenomenological epoche), and describing all possible perspectives from that (eidetic variations) [2].

Sometimes referred to as “the heart of psychiatry”, it connects understanding with caring, promoting an exchange of perspectives with the patient and helping them reflect upon their experiences and to take a position on them. This dimension results from an empathic penetration [3].

Psychiatry needs a common ground and a shared language. Phenomenology develops a method for understanding the patient’s own abnormal experience, assessing nosographic diagnosis of mental illness and establishing a therapeutic course.

Another important aspect is the opportunity to operate in parallel with the traditional biomedical approach, reconciling the unique experience of an ill individual with a neurobiological perspective.

In line with that, trainees and early career psychiatrists are considering rediscovering phenomenology as a priority for their academic and clinical future, as well as for their patients. For this to happen, more support in literature and more experienced psychiatrists, aware of this alternative clinical method, would be necessary.

Literature Review

Although the role of phenomenology in the current psychiatric model raises skepticism, it is important to understand this method along with the development of psychopathology and also to try to define the role of a phenomenological approach in the practical needs of psychiatry [2].

The plurality of methodological tools in the field of psychiatry is a result of the heterogeneity of concepts about the “living experience” of the human being. Therefore, in this reflection; we aim to emphasize the importance of the phenomenological method and its role in contemporary psychiatry [1]. For this purpose, we consider some bibliography defending the viability of a psychiatric praxis with a phenomenological orientation, from diagnostic to therapeutic guidelines.

Although we consider the importance of a neurobiological perspective of psychiatry, an approach in which biology is more important than the human experience devalues the lived experience [1].

Focusing only on behaviors and syndromes and describing signs and symptoms guided by arbitrary assumptions led to a dilution of the concept of psychopathology, making it lose its original purpose [1].

However, along with this objective analysis and quantification of symptoms, patients describe their overall perception of how the illness affects their lives. This subjective perspective of symptoms cannot be observed or measured, and for an individual with a disorder, it often seems to produce the most meaningful effects [2].

Even though conventional medicine seems to focus on the illness, there is an increasing awareness of the importance of paying more attention to the individual's own experience [2].

This might actually increase the clinician's understanding of the illness and improve treatment decisions, as well as efficacy and adherence [2].

Phenomenology prioritizes the individual subjective experience, and seems to be an obvious philosophical strategy for reinstating the individual within medicine, particularly in Psychiatry. To defend this statement, it can be important to understand the historical course of psychopathology in order to better define its phenomenological approach [2].

Psychopathology, a science born with the function of recovering the experience of psychic suffering into general and intelligible categories, was mainly disseminated by Jaspers, a pioneer in the scientificity of the subjective symptoms. Its general psychopathology aimed to describe psychopathological phenomena and classify them according to their methodological requirements [1].

The phenomenological method allows for a direct access to phenomena as they appear in conscience, making all that is subjective intelligible. Its ultimate purpose is to understand disturbed human beings and allow them to understand themselves [3].

Emerging with the work of Husserl, phenomenology was further developed significantly by Heidegger, Merleau-Ponty and later by French existentialists [2].

In his exhaustive work about psychopathological phenomena, Karl Jaspers wrote about the subjective manifestations of a pathological psychic life (phenomenology). He reviewed a reflection of Husserl related to a Cartesian doubt "Cogito ergo sum" (I think, therefore I am). Husserl himself wrote about this assumption "If I think, therefore I am, so I'm thinking about something; if I consider the existence of these things, I should consider them throughout the way they seem to me in my thoughts". He considered phenomenology an approach about individual psychic experiences, a descriptive psychopathology of consciousness manifestations [1]. On the other hand, for Jaspers, the most important thing was to differentiate and delimitate in a very precise way and put in words the psychic state of each patient and how they feel it [4].

Minkowski came with a genetic-structural phenomenology, which seems to be a variant documenting concepts like the loss of vital contact with reality as the fundamental disturbance in schizophrenia, the notion of lived time and its importance in many of psychopathological states, with the definition of melancholia as a "disease of time" [5].

Ludwig Binswanger introduced the phenomenological-existential psychopathology, based on Husserl's phenomenological method and Heidegger's conception of human being. His approach was focused in describing and explaining the totality of the disturbed man's psychic being [4].

The phenomenological movement promotes a holistic approach which involves an inductive analysis with naturalistic nature [3]. It tries to globally understand the phenomena, and its naturalistic dimension is mediated by assessing the phenomena as they appear [6]. According to some authors, phenomenological psychopathology requires, firstly, a careful and systematic description of the lived experience and, secondly, the ability to identify and elucidate its meaning for the patient [4].

Another key concept of this movement is the phenomenological epoche the concept of reduction or 'bracketing' assumptions to deal with directly experienced phenomena without presuppositions [3].

The phenomenological approach can alleviate or even prevent the way in which illness and medical treatment compromise the integrity of the individual's sense of self. It not only increases clinicians' empathy with patients, but also provides better insight about the nature of the disease [2]. This approach can both give us access to and justify the importance of the individual's own experience and awareness of the illness. In fact, in a patient centered care model of medicine, the prioritization of the patient's perspective is essential.

There has been a discussion over the years about the evaluation of the subjective dimension of illness and how to reconcile this with some sense of objectivity or general understanding. This mirrors the challenges of including phenomenology in a medical model approach, as it tries to integrate the context and values of individual perspectives into general concepts of illness and treatment [2].

On the one hand, as psychiatrists, we need a common method for assessing mental illness while minimizing theoretical assumptions and prioritizing the forms and contents of the patient's subjective experience [6]. On the other hand, even in psychiatry, we try to integrate neurophysiological, biochemical, endocrinological, neuroanatomical, cognitive or behavioral aspects to improve the diagnosis of mental disorders [3]. Nevertheless, we still need a phenomenological clarification of experiential traits and constructs. As psychiatrists, we aim to understand the disturbed person's inner experience, and phenomenology gives the patient the opportunity to express feelings, instead of assessing their abnormalities according to pre-structured interviews. It is clear that phenomenology can facilitate successful clinical diagnosis as well as the revision of diagnostic categories [3].

Looking forward, citing *The Oxford Handbook of Phenomenological Psychopathology*, we must know that "as clinical psychiatrists, we do not usually sit in front of a broken brain; we sit in front of a suffering person". Taking into account this humanistic vision, we know that our function is to care about a subject that is living in a disturbed state. Therefore, clinician and patient work together in the construction of a meaningful narrative to establish a consensus relating to the patient's experience [3].

Discussing about phenomenology takes us to the Diagnostic and Statistical Manual of Mental Disorders (DSM). After its publication, it was immediately adopted as a diagnostic tool in the whole world, not only by psychiatrists but also by many other professionals in other areas. Perhaps for psychiatry the most critical consequence was that psychopathology lost its importance and fell into decline. DSM started to be used as a Psychiatry textbook, distorting the education of students, reducing mental illnesses to lists of symptoms and removing the history of the disease and its phenomena, dehumanizing the patient and treatments.

Despite that movement, trainees and early career psychiatrists consider rediscovering psychopathology as a priority for their academic and clinical future and for their patients as well [3]. The effort can be seen in charter on training of medical specialists in the EU: Requirements for the specialty of psychiatry (UEMS 2005) which considers that studying psychopathology, particularly phenomenology, would allow assessing psychopathological symptoms, understanding abnormal experiences of patients and helping to establish nosographic diagnosis. It also identified time dedicated to study psychopathology

(73%) and opportunities to discuss patients' psychopathological phenomena (57%) as one of most important unmet needs in current curricular plans [1].

The need to focus on abnormal human subjectivity has recently been advocated for, and it has been referred as the need to go back to fundamentals: The psyche. It is about considering abnormal experiences lived in a first person perspective, embedded in pathological forms of existence, and structured according to unusual meaning patterns [7].

As clinicians, we can support the idea that this process of understanding all the details of patients experience is the essential "psychiatry object". This method brings us the acknowledge that the patient is a specific person with meaningful and unique specificities, who manifests symptoms based on a singular structure of experiences, beliefs and actions, influenced by the biographical course [3].

Another important aspect of phenomenological method in clinical psychiatry is that it also works with the traditional biomedical approach. We are able consider abnormal phenomena as a symptom caused by an organic dysfunction but additionally including the exploration of personal meanings. It considers mental symptoms as the outcomes of an association between the person and their phenomena [3].

Any symptom, in order to be casually explained, must be described in the greatest detail. So, this is a principle of how phenomenology helps clinicians to understand what the patient feels, and why. It is about investigating the fundamental elements of the human experience, and that is based on the in-depth experience of the contact with the patient, specifying time-spatial, corporeality and inter-subjectivity characteristics [1]. This dimension of experience, together with a phenomenological perspective, is a result of an "empathic penetration" a process that allows us to understand the particularities of patient's experience and the recognition of the pathology in its universality.

For us, psychiatry trainees, it would be "easier" to look at patients, fit them in a DSM diagnosis and start treating them according to the recommended guidelines. Addition-ally, in order to find a diagnosis, we are forced to standardize patients and to minimize all the information we are provided with, which might not be the best way of caring for them. Nevertheless, with a phenomenological method, we can propose therapeutic strategies based on the findings of the empathic encounter.

As described in literature, we move from phenomenological psychopathology to phenomenological psychiatry the moment we address patients' own experiences, recognizing their mental health suffering and defining a therapeutic plan based on this [8].

Although we believe the phenomenology method to be the most adequate approach to help our patients, the evidence related to its applicability in clinical practice is not substantial. The establishment of phenomenological guidelines for diagnosis and treatment of mental disorders still requires greater support in literature [9].

Discussion and Conclusion

We believe phenomenological method can assume a central position in contemporary psychiatry; however, to fully integrate the phenomenological approach in psychiatry, greater and more robust scientific evidence is needed along with experienced psychiatrists and

psychiatry trainees. In particular, this process requires larger support in literature, and for this purpose it would help if its usefulness was tested empirically in clinical decision-making practice. Moreover, it can also be encouraged by organizing training programs for clinicians about the phenomenology method and developing bridging techniques between the criteria of diagnostic manuals and the clinical staging model.

Although the most influential application of phenomenology was in the field of psychopathology, some limitations of this approach were mentioned in literature as a gap between the theoretical method and its empirical version.

One of the main practical issues is the accuracy of the phenomenological method in capturing the patient's experiences and its meanings, rather than opinions of it. Thus, this approach depends on participant's accounts and the experiences or perspectives of interviewers which results in an increased risk of misinterpretation, particularly in patients with difficulties in expressing their feelings and poor communication skills.

Another argument is that phenomenology focus on understanding the lived experiences but doesn't seek to explain why they occur. This phenomenological attitude towards the conception of the patient's subjective reality can sometimes lead to the notion that the etiological and precipitating factors of their psychopathological experience remain unexplored.

The contact between phenomenology and psychiatry is a fascinating topic, which is worth a reflection. As a way of concluding, we bring a sentence that summarizes everything discussed. The world is about all the objects of a possible experience and all the possible knowledge about this experience, with the objects liable to be known based on actual assumptions of the theoretical thought.

References

1. Tamellini M, Messas G (2017) Phenomenological psychopathology in contemporary psychiatry: Interfaces and perspectives. *Rev Latinoam Psicopat Fund* 20(1): 165-180.
2. Gergel T (2012) Medicine and the individual: Is phenomenology the answer? *J Eval Clin Pract* 18(5): 1102-1109.
3. Stanghellini G, Broome M, Raballo A, Fernandez A, Poli FP, et al. (2019) *The Oxford Handbook of Phenomenological Psychopathology*. 1st edn, Oxford University Press.
4. Teixeira J (1997) Introduction to phenomenological and existential approaches to psychopathology: The existential approaches. *Psychological Analysis* 9(4): 621-627.
5. Minkowski E (1970) *Lived time: Phenomenological and psychopathological studies*. 1st edn, Northwestern University Press.
6. Ponty MM (2002) *Phenomenology of Perception*. 1st edn, Routledge, London.
7. Jaspers K (1997) *General Psychopathology*. 1st edn, Johns Hopkins University Press, Baltimore.
8. Drozdowicz A (2020) Increasing the role of phenomenology in psychiatric diagnosis the clinical staging approach. *J Med Philos* 45(6): 683-702.
9. Tuffour IA (2017) Critical overview of interpretative phenomenological analysis: A contemporary qualitative research. *J Health Commun* 2(4): 52.