

Psychiatry and the poverty of subjectivity: How phenomenology can contribute to the validation of categories of disorder

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Abstract. Psychiatry, and especially psychiatric classification, finds itself in a state of crisis. Recent criticisms have been leveled by patient advocacy groups, psychotherapists, and even psychiatrists (including the chairs of both the DSM-III and DSM-IV taskforces). Most notably, the National Institute of Mental Health (NIMH) announced—just weeks prior to the 2013 publication of the DSM-5—that it will primarily fund studies that *do not use* the DSM-5 categories of disorder. In light of the problems of classification plaguing the field of psychiatry, a number of phenomenologists (including Aho, Parnas, Ratcliffe, Sass, Stanghellini, and Zahavi) have argued that contemporary phenomenological research into psychopathology should be used to guide the project of reclassification. While I agree with this claim, I argue that these phenomenologists have failed to delineate among a number of domains of phenomenological research. And, in failing to make such distinctions, are unable to distinguish between those areas of research that can be used to validate categories of disorder, and those that cannot.

In order to remedy this issue in contemporary phenomenological psychopathology, I here propose three domains of phenomenological research—1) existential structures, 2) modes, and 3) traditions. The first is understood as the domain of phenomenology proper, and consists of the categorial characteristics of human existence (e.g. intersubjectivity, embodiment, situatedness, etc.). The second is understood as the study of the various modes of these categorial characteristics (the modes of Situatedness, for example, include

anxiety, boredom, joy, etc.). The third is understood as the domain of hermeneutics proper, but is often included in phenomenological studies. It consists of the framework of meaning that sediments throughout cultural and biographical developments, shaping what we see things *as* (e.g. people from different religious backgrounds will experience different objects *as* sacred, without actively interpreting the meaning of these objects).

1 INTRODUCTION

Since the 1980s, psychiatric classification has been dominated by the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM). However, the DSM-5, released in May of 2013, was the target of searing criticism from patient advocacy groups, psychotherapists, and even psychiatrists (including Robert Spitzer [1], chair of the DSM-III taskforce, and Allen Frances [2], chair of the DSM-IV taskforce). However, the criticism with the greatest visibility and most significant ramifications came from the National Institute of Mental Health (NIMH). Just weeks prior to the publication of the DSM-5, Tom Insel, head of the NIMH, declared in a public announcement that NIMH funding will be largely reserved for studies that *do not use* the DSM-5 categories of mental disorders [3]. Instead, most funding will be awarded for studies that support the new Research Domain Criteria (RDoC) project in its

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attempt to develop scientifically (i.e. neurologically and behaviorally) validated categories of disorder.²

The major concern held by Insel is that psychiatric research has failed to correlate the diagnostic categories of the DSM with neurobiological mechanisms. In other words, the symptomatically delineated categories of the DSM, drawing primarily on references to patients' lived experience (e.g. cognitive distortions, emotional disturbances, delusions, or hallucinations) and expressions of subjective experience in behavior (e.g. insomnia/hypersomnia, tearfulness, or hyperactivity), have not been adequately correlated with relevant changes in the brain. In order to remedy this issue, the RDoC project seeks to delineate preliminary research categories of disorder using only third-person observable data—including neurobiological data and certain kinds of behavioral data [4][5].³ As currently formulated, studies of the lived world of subjects with psychiatric disorders will play no role in the delineation of the preliminary research categories that will be drawn up by the RDoC project.

While I share Insel's concerns over the disutility of the DSM categories, especially in regard to their failure to map onto neurobiological mechanisms, I believe that the RDoC and other projects aimed at reclassifying psychiatric disorders have been too quick to dispense with a phenomenological orientation. I argue not only that references to lived experience are conducive to the preliminary delineation of abnormal phenomena for neurobiological research, but also that phenomenological psychopathology (with its roots in the tradition of 20th century continental philosophy) is an invaluable tool for obtaining just such data.

What this amounts to is an argument over which kinds of research can contribute towards the project of creating valid categories of disorder. Philosophers and psychiatrists such as Robins and Guze [6], and Jablensky and Kendell [7] have outlined at least four kinds of validity, including construct, content, concurrent, and predictive.⁴ In following with Jablensky and Kendell's breakdown of the various kinds of validity, a category of disorder has construct validity when it "is based on a coherent, explicit set of defining features"; it has content validity when it "has empirical referents, such as verifiable observations for establishing its presence"; it has concurrent validity when it "can be corroborated by independent procedures such as biological or psychological tests"; and it has predictive validity

² It should be noted that the RDoC is not itself a system of classification. As Cuthbert and Kozack state, "It might better be termed 'an experiment toward classification.'"

³ The place of behavior in this debate is a complex one, and I cannot say much about it here. Both the DSM and the new RDoC project rely heavily on observations of behavior. One important difference is that in the DSM-III and later editions, behaviors that show up exclusively—or at least primarily—in a single category of disorder are prioritized. In the RDoC, pathological or abnormal behaviors that show up across the boundaries of disorders drawn in the DSM are prioritized, primarily for the purpose of narrowing down avenues for further research on the neurobiological mechanisms behind such behaviors (rather than mechanisms behind certain categories of disorder, since it is these categories that the RDoC has put into question).

⁴ It might be better to state that each of these aspects—rather than being independent kinds of validity—can be used to enhance or increase the validity of a category of disorder. However, this still leaves open the question of what validity itself is.

when it "predicts future course of illness or treatment response" [7].

I argue that phenomenology can contribute directly to content validity by clearly describing the form of subjectivity and the lived world of a person with the disorder in question, and it can contribute directly to construct validity by differentiating one form of pathological subjectivity from another by clearly distinguishing essential from non-essential features of disorder. By offering rich descriptions of the disorders in question and by drawing clear boundaries around these disorders (at least in the cases where such boundaries exist), phenomenology can indirectly contribute towards the other forms of validity by supplying preliminary, symptomatically homogeneous categories that are more likely to correlate with specific psychological and neurobiological tests, as well as predict treatment response and course of illness.

My argument in this paper is presented in five parts. First, I review the work of the psychiatrist Gordon Parker and his colleagues in order to illustrate how close attention to subjective dimensions of disorder can lead to better systems of classification. Second, I review the recent literature on the role of phenomenology in psychiatric classification, focusing especially on the work of Josef Parnas and Dan Zahavi. In so doing, I bring to light some of the inadequacies in these accounts, showing that they fail to distinguish among a number of domains of phenomenological research, and thus among an array of different *kinds* of changes in subjectivity and human existence. Third, I draw on both historical and contemporary work in phenomenology and hermeneutics in order to delineate the three domains of phenomenological research. Fourth, I revisit each of these domains in light of the particular aims of phenomenological psychopathology, illustrating the kinds of pathological shifts that might be investigated in each domain. Fifth, and finally, I offer a preliminary sketch of how attention to these distinctions can lead to new psychiatric classifications with greater validity.

2 PSYCHIATRIC CLASSIFICATION AND THE POVERTY OF SUBJECTIVITY

In addition to the general criticisms leveled against psychiatry and the DSM, major depressive disorder (MDD) has found itself in the public spotlight following the publication of a number of popular books criticizing issues of classification, diagnosis, and treatment. Topics such as the pathologizing of normal kinds of sadness [8], the extremely low efficacy of anti-depressants [9], and the rapid rise in the number of people who meet the criteria for a diagnosis of MDD [10] have entered into public discourse, adding to the already marred reputation of contemporary psychiatry.

One researcher who has taken such criticisms to heart is the Australian psychiatrist, Gordon Parker. For over a decade, Parker has been pushing against what he calls the unitarian model of depression, which posits that depression is a single category of disorder that may differ along some dimensions (but in most cases is only considered to have one dimension—severity). His dissatisfaction with this model of depression led him to an article written by Kendell [11] that reviewed the historical ways of classifying depressive disorders. Drawing from these historical categories as well as his own research, Parker proposed three categories of depressive disorders (with the third category being

a catch-all for a diversity of depressive disorders that require further delineation) [12–14].

The classification he developed is hierarchical, with each subsequent level of the disorder incorporating the features of the level below it while including at least one additional feature. The three categories are, from the top to the bottom of the hierarchy, psychotic depression, melancholic depression, and non-melancholic depression. Non-melancholic depression is characterized simply by depressed mood (which is an admittedly ambiguous and likely heterogeneous symptom reference).⁵ Melancholic depression is, in turn, characterized by “observable (and not merely reported) psychomotor disturbance” [14]. This characteristic, not being found in non-melancholic forms of depression, is an essential feature and a clear marker of melancholic depression. Psychotic depression, being the final category, includes depressed mood and psychomotor disturbance, as well as psychotic features, such as delusions or hallucinations.

Further research on the treatment efficacy and the neurobiological substrates related to these categories supplied evidence for their having a higher degree of validity than the DSM category of MDD [16]. For example, Parker and colleagues show that two-thirds of subjects who meet their criteria for melancholic and non-melancholic depression improve with anti-depressant drugs alone, while only one-quarter to one-third of subjects who meet their criteria for psychotic depression improve with the same treatment. Further data shows that anti-depressants have markedly higher efficacy for people with melancholic depression than for people with non-melancholic depression. Also, the addition of neuroleptics to anti-depressant treatment in the case of psychotic depression shows a marked increase in efficacy (beyond the rates for the same treatments when given to those with melancholic and non-melancholic depressions). Finally, psychotherapy proved beneficial only in non-melancholic forms of depression, having little primary effect on subjects with melancholic and psychotic depressions.

These findings, along with preliminary data pointing to distinct neurobiological substrates related to each category of depression, offer considerable evidence for the validity of Parker’s hierarchical classification (at least when compared with the DSM category of MDD). However, what is most intriguing about this system of classification (at least for the purposes of this paper), is that its divisions and categorizations were originally made without reference to neurobiological causes, instead drawing primarily on subjective and experiential phenomena, such as depressed mood, delusions, and hallucinations.⁶

In spite of the success of Parker’s categorization, it must still be kept in mind that these distinctions were drawn using a fairly superficial account of human subjectivity. This is not to say that the categories or divisions are illegitimate. Rather, I argue that such methods of categorization and classification can be

⁵ See Stanghellini [15] for a phenomenological critique of the symptom of “depressed mood.”

⁶ Some kinds of psychomotor disturbance also fall into the category of experiential or subjective, but in this particular case Parker includes the qualification that it must be observable by someone besides the subject herself. As a result, this particular symptom does not technically count as experiential or subjective. Nonetheless, it does point, or refer, to an experiential phenomenon.

markedly enhanced by traditions that have richer and more robust accounts of human subjectivity at their disposal.

3 CONTEMPORARY PHENOMENOLOGY AND THE RECLASSIFICATION OF DISORDERS

This basic line of argument has been offered by a number of contemporary phenomenologists and phenomenological psychopathologists [15,17–20]. While each of these authors has approached the possibility of using phenomenological research to inform psychiatric classification, I here focus primarily on a paper by Parnas and Zahavi entitled, “The Role of Phenomenology in Psychiatric Diagnosis and Classification,” as it deals with the issue most directly.

In this work, Parnas and Zahavi aim to show how the tools and frameworks developed by the classical phenomenologists—including Husserl, Heidegger, and Merleau-Ponty—can help psychiatric researchers focus in on previously ignored (but often central) features of disordered subjectivity. They even go so far as to claim that “a search for a faithful *description of experience* must be considered as a necessary first step in any taxonomic effort, including attempts of reducing abnormal experience to its potential biological substrate” (2002, 137). They trace this idea back to Jaspers, who stressed the need for careful attention to experience, whether this is achieved by 1) observing “gestures, behavior, [and] expressive movements” in an attempt to perceive the meaning of such bodily engagements, 2) directly questioning or interviewing the subject, or 3) considering written first-person reports by the subject herself [21,22].

According to Parnas and Zahavi, phenomenology’s major contribution towards the elucidation of psychiatric disorders stems from its account of the “essential structures” of subjectivity that were originally delineated by the classical phenomenologists. While there are numerous essential structures that might be discussed, they focus in particular on phenomenal consciousness and self-awareness; temporality; intentionality; embodiment; and intersubjectivity. These make up some of the core dimensions of phenomenological research, and the authors clearly illustrate how phenomenological research on each of these essential structures might contribute towards the project of re-classifying mental disorders.

However, because of the plethora of recent research in phenomenological psychopathology and the ensuing divergence of phenomenological frameworks and emphases among those working in the discipline, there is a different sort of clarification that is in sore need of attention. This is what I refer to as the *layers of phenomenological research*. The delineation of these layers does not amount to an alternative way of distinguishing among the essential features of subjectivity discussed by figures such as Parnas and Zahavi. Rather, all of these essential features are encompassed by just the first of three layers of phenomenological research.⁷

⁷ The layers I sketch here were originally articulated in a paper with Giovanni Stanghellini. However, I here use slightly different terminology and draw the divisions in a slightly different manner. This is done in part because the original paper was written with a focus on Jaspers, while this paper focuses more directly on the philosophical tradition of 20th century transcendental phenomenology. However, it is also the case that I have realized that the characterizations of some of the layers in the earlier

4 LAYERS OF PHENOMENOLOGICAL RESEARCH

I refer to the three layers of phenomenological research as 1) existentials⁸, 2) modes, and 3) tradition. These layers are related to each other in a particular manner, which is to say, they are not *merely* distinct. They are in some sense hierarchical, with the subject matter of each domain being a condition for the subject matter of the following domains (e.g. modes are modes of existentials). However, they can also be related in terms of degrees of particularity. The existentials that are discussed in the phenomenological canon are typically understood as applying to any and all human subjectivities, thereby being universal. Modes, on the other hand, tend to be available to all subjects, but at any time a subject finds herself only in particular modes. The term “tradition,” on the other hand, may refer more directly to the subject matter of hermeneutics, but is also taken up in phenomenological studies of how culture and even personal narratives shape the way a world shows up to us. In this sense, existentials are the most universal, while tradition is the most particular.

4.1 Existentials

Existentials (sometimes referred to as “existential structures,” “essential structures,” or just “structures”) comprise the first layer of phenomenological research, and are typically considered to be the subject matter of phenomenology proper. Phenomenology, with its Husserlian goal of discovering the *eidōs*, or essence of the phenomenon under investigation, seeks out the necessary, universal, and invariant characteristics of human consciousness and existence. It is these characteristics that we call “existentials.”⁹

Another important, but oft ignored characteristic of existential structures is that they are categorial. That is to say, existential structures are categories of characteristics of human existence. To take an example from Heidegger’s *Being and Time*, the existential that he calls *Befindlichkeit*, typically translated as “situatedness,” “affectedness” or even “so-findingness,” refers to the fact that human beings always already find themselves situated in and attuned to the world. However, there are a variety of ways one can be situated in and attuned to the world. Situatedness, then, refers not to my particular way of being situated and attuned, but to the category that encompasses all the possible ways of being situated, such as through fear, anxiety,

paper were not adequate to the task at hand, and needed to be updated and revised. The divisions and definitions of these layers are still, to some degree, a work in progress.

⁸ Existentials are typically understood as the subject matter of phenomenology proper. In some cases they are referred to as structures, rather than existentials, but the term “structure” [*Struktur*] is used in a variety of ways, both within and amongst the works of each phenomenologist. In light of the possibilities for confusion that are opened up by the sometimes loose definitions of “structure,” I have decided to use the narrower term, “existential.”

⁹ Heidegger often speaks of “ex-sistence” as a standing outside of, transcending or, simply, openness. Understood in this way, we can take “existentials” as categorial characteristics of human existence that play a role in the openness of the lived world, or the way in which the lived world is opened up and articulated for us.

wonder, or boredom. It is this categorial characteristic that is considered an existential.

4.2 Modes

Modes make up the second layer of phenomenological investigation, but they are not, strictly speaking, the subject matter of phenomenology proper. This is because modes are, by their very nature, contingent and variable. They do not make up essential, categorial characteristics of human existence. To continue the example above, I can be attuned and situated by fear, anxiety, wonder, or boredom. But the very fact that I can be attuned through a variety of moods means that no particular mood is part of my essential, existential structure.¹⁰

There are at least two ways modes can be approached in phenomenological research. First, they can be approached for their own sake, which is to say, a particular mode can be studied with the express purpose of learning more about that mode. An example of this kind of study is found in Heidegger’s lecture on boredom, in which he conducts a lengthy phenomenological investigation of this mood for the express purpose of understanding the ways we can be bored, and the ways boredom shapes the meaning and significance of our world. Second, modes can be investigated for the sake of discovering characteristics shared by all modes included in a particular category. For example, in this same lecture course, Heidegger distinguishes among three different kinds of boredom based on whether they are directed towards an object, a situation, or disclose the world as a whole. While these distinctions were derived from a study of boredom, they proved useful in understanding moods in general, and in this sense his investigations were able to shed light on the existential structure of situatedness as a whole [23].

4.3 Tradition

Along with existentials and modes, phenomenological research often involves the study of what may be termed “tradition.” This term is used throughout the phenomenological canon, receiving considerable treatment in Heidegger’s early lecture courses, as well as in *Being and Time*. It plays an important role in genetic and generative phenomenology more generally, especially in Husserl’s later works, such as *The Crisis of European Sciences and Transcendental Phenomenology* and “The Origin of Geometry” [24]. The term is typically understood in a broad sense, referring to one’s “totality of presuppositions.” There is a range of terms that are related to, or sometimes used as synonyms for, tradition. Some of these are facticity, thrownness, hermeneutical Situation, history, culture, and prejudice.

In addition to the myriad ways of referring to tradition, there are at least two reasons it is made the object of phenomenological research. The first, which we perhaps see most often in Heidegger’s early works (but also in the works of

¹⁰ Besides moods, there are a number of other modes that have been discussed in the phenomenological literature. However, most of the classical phenomenologists fail to offer clear and careful definitions of existential structures and modes, so I rely on *Befindlichkeit* (situatedness) and *Stimmung* (mood) here because they offer the clearest distinction between existentials and modes in Heidegger’s texts.

Husserl and Merleau-Ponty), is the explicit interrogation of our (mostly) tacit presuppositions that shape our interpretation of whatever the phenomenologist is interested in investigating. In *Being and Time*, for example, Heidegger engages in explicit interrogations of our presuppositions with respect to our concepts of time, truth, and being. In order to approach these concepts as phenomena—which is to say, as the proper subject matter of phenomenological research—we need to first make explicit the presuppositions that are at play in determining our everyday, scientific, or even philosophical conceptions of these phenomena. In the absence of such an interrogation—taken as a pre-phenomenological investigation, or an investigation conducted for the purpose of preparing for a phenomenological investigation proper—the phenomenologist risks (or perhaps risks more severely) falling back into illegitimate conceptions of the phenomena at hand, thereby failing to return “to the matters themselves.”

The second way in which tradition is approached in phenomenological investigations is simply for its own sake, or for the sake of better understanding the form of the lived, meaningful world within which a person (or a people) finds herself. In this sense, one’s totality of presuppositions is not made explicit for the sake of escaping the presuppositions and developing our concepts anew. Instead, these presuppositions are made explicit in order to better understand the meaningfulness of the world one resides within. While such investigations are neither phenomenologically preparatory, nor phenomenology proper, they have held a central place in the canon since the advent of genetic phenomenology.

An example of this latter kind of phenomenological study of tradition is found in the work of Iris Marion Young. In her essay, “Throwing Like a Girl,” [25] she discusses the modes of feminine embodiment, but she also discusses the fact that such modes are tied up with a kind of tacit cultural background that shapes the meaningfulness of certain entities within our world or the kinds of meanings things have for us. As she explains, many women in the contemporary, western, affluent world have a sense of their bodies as fragile, weak, or even as an obstacle. The body is not actively interpreted in these ways, but simply shows up *as* fragile or weak in everyday experience. Young speaks of some of the biographical and historical conditions that led to such senses of the body, but this genealogical aspect is not particularly important here. Rather, what I wish to stress in Young’s work is that the various modes of feminine body comportment that she outlines cannot be adequately understood without reference to the traditions in and through which one is able to come into contact with the world. In other words, in order to actually understand the form of one’s lived world, we need to include an account of one’s existentials, modes, and traditions.

5 LAYERS OF RESEARCH AND PHENOMENOLOGICAL PSYCHOPATHOLOGY

With the distinctions among these layers of phenomenological investigation clarified, we can reexamine them within the explicit context of phenomenological psychopathology. First, investigations into existentials, because their aim is to discover those characteristics of human existence that are considered necessary and universal, seem to have no place in

phenomenological psychopathology. Psychopathology is, by definition, concerned with those aspects of human existence that can and do change. If existential structures are, in fact, invariant, then rather than being the objects of study for phenomenological psychopathology, they might instead act as the background, or framework, within which phenomenological studies of disorders can be conducted.

However, taking such an orthodox stance ignores some of the major developments of 20th century phenomenology—specifically those of Merleau-Ponty [26]. Through his engagement with cases of subjects with severe psychiatric and neurological disorders, Merleau-Ponty came to doubt the absolute necessity of the existentials discovered and articulated by Husserl and Heidegger. By reassessing the case of Schneider, a WWI veteran who underwent profound changes in his perception and motility after being struck in his occipital lobe by a piece of shrapnel, Merleau-Ponty was able to show that phenomenology could not do justice to Schneider’s disorder if it remained bound to the belief in absolutely necessary existentials, or structures of human existence. In order to adequately articulate Schneider’s disorder, he had to appeal to changes in certain categorial characteristics of human existence that neither Husserl nor Heidegger would have allowed for.

Merleau-Ponty’s insights fundamentally altered the kinds of investigations open to phenomenological psychopathologists. However, the distinction between this new layer of investigation and the layer in which we can examine modes is not immediately clear in light of Merleau-Ponty’s work. In order to adequately express the difference between changes in an existential structure itself, and changes in the mode of an existential structure, I here briefly outline two ways in which phenomenologists might characterize certain forms of depression.

One account might characterize the affective dimension of depression as a severe change in ground-mood, which is a pre-intentional, world-disclosive affect or feeling. This account, because it refers primarily to certain kinds of moods, and the role that these particular moods play in the disorder, is a modal account of depression. That is to say, it portrays depression as a distinctive mode of finding oneself situated in and attuned to the world.

An alternative account might characterize the affective dimension of depression not as a particular mood, or mode of situatedness, but instead as an erosion of situatedness and attunement as a whole. In other words, depression can be characterized by a degraded or diminished capacity for being situated in and attuned to one’s world at all. Such an account better explains the loss of meaning or significance in the world of the depressed person, as well as the lack of intense moods, degraded affect, emotional insensitivity to context, and even diminished capacity for sensory stimulation.

Both accounts seem to capture important features of the experience of being depressed. However, what is important to note here is that the former account characterizes depression as a particular mood, or mode of attunement, while the latter account posits a change in the category of moods as a whole or, in other words, a change in the existential of situatedness. This illustrates the difference between phenomenological studies of changes in existentials, and phenomenological studies of changes in the modes of these existentials.

With the distinction between existential and modal changes made, we can examine the role that tradition, or one’s totality of

presuppositions, plays within the context of phenomenological studies of psychopathology. Cooper [27] offers one such example in the context of a criticism of phenomenology's role in psychiatric classification. In order to undermine the role of phenomenology in delineating categories of disorder, she considers the possibility of "masked depression," a condition that received considerable attention in the mid 20th century, but is still discussed to some extent today. These conditions are described as "depressions that do not make people feel depressed" [27]. As she explains, "Those who believe in masked depressions claim that cultural conditions can make it the case that certain individuals manifest depression in atypical ways. For example, in a society that sees sadness as unacceptable weakness, patients might instead report somatic complaints" [27].

Cooper argues that if psychiatric conditions such as masked depressions exist, then phenomenological investigations of disordered subjectivity are not particularly important for psychiatric classification (although she admits that there are a few cases in which such investigations might be useful). She is able to come to this conclusion because masked depression is meant to illustrate the possibility of disorders with a single cause manifesting—and being expressed—differently within different traditions or cultural contexts. In other words, the experiences of depression can differ in important respects (even to the extent that one might be said to *not* experience his own depression), and this is used to claim that phenomenology—understood broadly as any analysis of subjective experience—is of little to no use in such cases.

In contrast to such arguments, I believe the distinctions I have drawn among the layers of phenomenological research can be used to overcome such a criticism and show how phenomenology is sensitive, at least in principle, to the implications of cultural differences in the manifestation of psychiatric disorders. Insofar as phenomenologists are actually considered with making explicit and overcoming our traditional prejudices, or totality of presuppositions, they are not simply describing lived experience or offering an account of the way things seem or appear to us. In order to get at the changes in existentials and modes involved in a particular disorder, phenomenologists need to attend to the possible ways in which such a disorder might be misinterpreted. Such an investigation might involve detailed studies of cultural norms and prejudices, along with standard characterizations of disorders in the DSM and other psychiatric literature, as well as historical studies of the characterizations and classifications of disorders.

6 VALIDITY AND THE LAYERS OF PHENOMENOLOGICAL RESEARCH

In light of these distinctions, and the possibilities they open up for phenomenological research into psychopathology, we can return to the earlier discussions of phenomenology's role in the project of reclassifying psychiatric disorders with the intention of increasing validity. We can ask about which layers of phenomenological research contribute to the various kinds of validity, and especially towards the project of neurobiologically validating disorders. While it may be the case that research in all three layers can enhance validity, the primary contributions are likely to come from descriptions of the existential, and in some

cases modal, changes that comprise a particular kind of disordered subjectivity.

For example, modal investigations, such as phenomenological studies of the features of anxious moods or feelings in generalized versus social anxiety disorders, might enhance construct validity by showing that the moods and feelings associated with these disorders do not differ in any important respect. In this case, the only relevant distinction between the two kinds of disorders may be that the population diagnosed with social anxiety interprets large groups or social events as threatening or imposing. Because this account would characterize these two anxiety disorders as analogous in terms of modes, but dis-analogous in terms of traditions or tacit presuppositions, scientific research into the neurobiological correlates of moods and feelings may not need to distinguish between the two disorders in their investigations. However, psychotherapists may still find accounts of traditions and presuppositions relevant in order to change how people with social anxiety interpret and experience large groups or social events.

The history of phenomenology offers us even more evidence for the role that distinctions based on existential changes might play in the neurobiological validation of psychiatric disorders. As mentioned above, the possibility that such existentials, or existential structures, might be capable of changing (or even being absent) was not broached until Merleau-Ponty's *Phenomenology of Perception*. In this work, Merleau-Ponty takes Husserl and Heidegger to task for their transcendental assumptions that prove to be unjustified in light of the case studies of subjects with severe neurological disorders that he reexamined.¹¹ The fact that our only examples of such existential changes come from case studies of subjects with severe neurological disorders gives us reason to believe that other existential changes might also have relevant neurobiological correlates.

In sum, I have argued that phenomenology, specifically in the form of phenomenological psychopathology, is capable of offering accounts of disordered forms of subjectivity that can offer us preliminary categories of disorder that are likely to have greater validity than the categories currently available in the DSM. However, in order to properly engage in such a task, phenomenologists must be clear about the layers of their research.

Studies such as those discussed above can contribute *directly* towards enhancing both content and construct validity by supplying rich descriptions of disordered subjectivity, and by clearly distinguishing one kind of disorder from another by pointing out essential versus non-essential features of each disorder. Such clarifications can contribute *indirectly* towards other kinds of validity by offering symptomatically homogeneous categories of disorder that can then be used in neurobiological research, drug trials, outcome studies, and even psychotherapeutic interventions. While phenomenology may not be where psychiatry should end, it is certainly where it should begin.

¹¹ The particular example I have in mind is the case of Schneider, considered in detail in Part I of *Phenomenology of Perception*. However, Merleau-Ponty considers a number of other cases throughout this part of the text that may also prove useful as a model for phenomenological research into psychopathology.

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