A FUTURE FOR PHENOMENOLOGY ?

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I. THE MENTAL HEALTH QUIZ

«*A young doctor at Columbia University's New York State Psychiatric Institute has developed a tool which may become the psychiatrist's thermometer and microscope and X-ray machine rolled into one*»

Source: The mental health Quiz. Question and Answer Approach Holds Promise for Standardised Diagnostic Aid - *New York Post* (July 28, 1963)

Quiz: Who's this smart guy?
Answer: R. L. Spitzer

The *real* quiz is the following: "Are clinicians still necessary?"

II. THE *PUZZLE* OF OPERATIONAL CRITERIA+STRUCTURED INTERVIEW

«*Interviewing a patient can be compared to two people assembling a puzzle where the patient has the pieces and the interviewer the image of the completed design*» (Othmer and Othmer, 1994)

The value of a diagnostic process relies on two domains:

l) *operational criteria*: instrumental in achieving high validity and reliability in the domain of the diagnostic scheme, mainly by *reducing criterion variance*.

2) *structured interview methods*: improve the reliability of diagnostic assignment by *reducing information variance* (Spitzer, 1983)

→ Interviewing is conceived as *stimulus-response* pattern of questions formulated in such a way as

→ to *reduce information variance* (Kirk and Kutchins, 1992)

→ and to elicit only "*relevant*" answers to establish a diagnosis according to pre-defined diagnostic criteria (Mishler, 1986).

III. Self-Criticisms of the Technical Approach: Procrustean Errors and Tunnel Vision

The main drawbacks of interviews following a rigid pattern of diagnostic operationalised criteria are:

1) "*procrustean errors*", *i.e.* «to stretch and strim the patient's symptomatology to fit criteria» (McGuffin and Farmer, 2001) and

2) "*tunnel vision*", *i.e.* to avoid the assessment of those phenomena which are not included in standardized interview instruments since do not reflect operational diagnostic criteria (Van Praag, 1997).

They entail the perpetuation of the ignorance of all those features of a disorders which are not included diagnostic schemas, impeding psychiatric nosology to evolve.

IV. Self-Criticisms of the Technical Approach: Ineffectiveness of Research Interviews for Clinical Practice

1) structure interview deliberately seek to *uncouple* assessment procedures (getting information) from therapy – an untenable principle in practicing clinical psychiatry.

2) since it mainly relies on nosographic diagnostic categories, it may be *ineffective in guiding therapeutic* and especially drug decision-

making which need more subtle subgrouping and sometimes trans-nosographical categorisation (Van Praag, 1997).

V. Self-Criticisms of the Technical Approach: Empirical Data Suggesting the Insufficiency of Pure Theoretical Knowledge

To conceive of the psychiatric interview as a technique entails the presupposition that actual interviewing skills are to be related to the *cognitive understanding* and *application of interviewing schemata.*

There is a negative correlation between academic skills (theoretical knowledge) and skill in communicating (practical knowledge) with patients (Ware and coll., 1971; Pollock and coll., 1985). Cognitive understanding may "get in the way" of clinical performance.

VI. A Global Criticism to the Technical Approach

The technical approach is rooted in the ""received", "standard" or "traditional" view of science", which praise *detachment*, *objectivity*, and *rationality* as the guiding principles of Western science (Pidgeon and Henwood, 1996).

This traditional view of science assumes that:

1) Objects in the natural world enjoy existence independent of human beings. Human agency is basically incidental to the objective character of the world out there.

2) Scientific knowledge is determined by the actual character of the physical world.

3) Science comprises a unitary set of methods and procedures, concerning which there is, by and large, a consensus.

4)) Science is an activity which is individualistic and mentalistic (the latter is sometimes expressed as "cognitive").

VII. The Misunderstanding of Empathy

In the technical approach, empathy is meant more as a *special technique to elicit trust*, than as the medium for understanding,

1) by making emotionally congruent remarks (Ventura and coll., 1998)
2)) in order to achieve rapport and relevant information (Turner and Hersen, 1985),
3)) *e. g.* «You must feel awful!», or «I can see what you mean» (Othmer and Othmer, 1994)

From a different angle:

1) empathy is the *basic method* of psychopathological assessment (Jaspers 1912).
2) «The method of empathy implies the ability to feel oneself into the situation of the other person» (Sims, 1994).
3) Empathy also entails the effort to assess the patient's experiences *from within*, «from the standpoint of his own subjective frame of reference» (Atwood and Storolow, 1984).

VIII. The Avoidance of Subjectivity and the Praise of Objectivity

The technical approach focuses on *objectively observable behaviours* over empathically understandable experiences in view of a more reliable assessment of psychopathological symptoms.
Criticism: behaviours are *shells* whose content (*i.e.* meaning) is radically underdetermined from a purely observational, "objective", third-person perspective.

IX: The Avoidance of Personal Meanings and Narratives

The reliance on the stimulus-response paradigm (S-R) as experiment of laboratory for conceptualisation of interview process may be "*iatrogenic*" (Mishler, 1986):

1) The idea of a *neutral stimulus* is chimerical. Departures from text occur in 25-40% of standard interviews.
2) The S-R process disrupts the specific rhythm of natural conversation. A *fragmentation* of personal experience occurs. The intimacy of the relationship is affected (Zinberg, 1987).

3) Shared meanings are *assumed, not investigated*. Questions arise about the assumption of real mutual understanding, especially in multicultural societies.

4) An interview is a linguistic event, and "language is not a set of formal classes or boxes, but a medium in which we exist" (Schuman and Presser, 1981). The coding of each item of an interview requires an *interpretation*.

5) In the S-R the interviewee's *narratives are suppressed*. The primary way human beings make sense of their experiences is discouraged.

6) In the S-R interviews the *overwriting of personal meanings and narratives* occurs, since they inappropriately fix *a priori* systems of meanings which obscure (overwrite) personally structured meanings and narratives (Mishler, 1986; Pidgeon and Henwood, 1996). The "meaning" of a symptom is simply its reference to one item of the list of properties defining the kind of object which should enter into one box. There is little space for personal meanings and personal narratives, as well as for meanings and narratives negotiated during the psychiatric interview.

X. The Categorial vs. the Typological Approach

Categorisation is the reconstruction of the "identity" of a certain object *via* the algorithmical apprehension of its multiple features in a bottom-up inferential process. This is the process on which criteriological diagnosis is supposed to rely. Humans, including mental health professionals, are *naturally engaged* in typifications (*e. g.* Cantor, Smith and French, 1980; Schwartz and Wiggins, 1987; Rosch, 1973; Lakoff, 1987).

Typification implies "seeing as", *i.e.* perceiving objects, automatically and pre-reflectively, as certain types of objects. The recognition of an object is founded upon a "family resemblance" (Wittgenstein), a network of criss-crossing analogies between the individual members of a category.

The concept of typification is a way to rephrase notions like: *intuition* advocates the primacy of pre-reflective and implicit over the reflective and explicit cognitive process.

Holistic approach emphasizes the importance of the global grasping of a phenomenon as an organizing and meaningful *gestalt* over a particularistic focus of attention.

XI. Problems with Assessing Subjectivity

There are many problems in assessing subjectivity. Of course, they can't simply avoided by focusing on objective (observable) phenomena.

1) *Mental states are subjective, i.e.* we have direct access to our own and only to our own inner ("private") experience. The shift from first-person to third-person perspective is highly problematic, nonetheless necessary if we want to assess subjective phenomena.

2) Every "assessment" of a mental state involves two kinds of *reductions*:

a) one performed by the *speaker* who tries to find the propositional correlate (the "right words" to communicate) of an experience (*e. g.* a sensation) or the meaning (*e. g.* the motivation) of a given act;

b) the other reduction is performed by the *listener* who interprets the speaker's meaning by asking him and himself «what does he mean by that?»

XII. Tre Objectification of Subjectivity

The following is an even more substantial problem:

«Can subjectivity be made accessible for direct theoretical examination, or does it necessarily imply an objectivation and consequently a falsification?» (Zahavi, 1999).

The *objectivation of subjectivity* may occur:

1) in *reflection* (since reflection implies a third person approach to oneself),

2)) in *remembering* (how does someone remember her past experiences as her own? Does remembering also imply a third-person perspective?),

3) and in *any kind of typification* of personal experiences (since every type of reflective self-awareness is intersubjectively mediated, how does this mediation – *e. g.* through commonly shared meanings – modify our own experiences?).

4) A special kind of falsification of subjective experiences is entailed in *personal narratives*: «Does self-awareness necessarily have

an egocentric structure, or is it rather the anonymous acquaintance of consciousness with itself?».

If the latter is the case, every narrative is an overwriting, for the purpose of meaningfulness, of originally egoless experiences.

XIII. A Concurrent Epistemological Framework for the Phenomenologically-Oriented Psychiatric Interview

Phenomenology is the science of experience (Husserl, 1900-1901).

Phenomenology is methodologically essential for the psychiatric interview, whose endeavour is

1) illuminating the quality of subjective experiences,

2) their *personal meanings*, and the *patterns* in which they are situated as parts of a significant whole.

XIV. Description of Phenomena

Phenomenology aims at describing the manner in which experiences appear to consciousness, *i.e.* how phenomena *present themselves* to consciousness.

The phenomenological grasp on human experience and existence is founded on empathy.

Empathy is a fundamental way in which we all (not only phenomenologists), from the earlier days of our lives, gain our epistemic hold on the world (Stern, 1985; Meltzoff, 1995).

Empathy is not (only) a cognitive performance, but is based on the *intuitive recognition* of others' intentions and mental states through the identification with the other's body,

i.e. intercorporeality (Merleau-Ponty, 1945),

i.e. simulation (Gallese and Goldman, 1998), or *sensory-to-motor integration* (tracking or matching other's mental states with resonant states of one's own)

XV. Narrative Organisation of Phenomena

Narratives allow to posit the empathic understanding of the facts of consciousness in a non-dogmatic and ongoing *milieu*.

Narratives are the *natural forms* through which people attempt to order, organize, and express the meanings of their experiences.

They are:

a) *personal*, individual reconstructions of one's experiences which are also

b) based on general (*i.e. impersonal*), culturally shared patterns of meanings.

XVI. Criteria of Validity for Narratives

Meaningfulness is the global criterion of validity for a narrative. There are two types of meaningfulness, both important to validate narratives:

1) *internal coherence* or *consistency* (Paget, 1982 and 1983; Storolow and Atwood, 1984; Mishler, 1986; Pidgeon and Henwood, 1996; Rossi Monti and Stanghellini, 1996; Lysaker *et al.* 2002).

Narrative coherence, sometimes referred to as "thick description" (Geertz, 1979), is to be achieved through cycles of interpretations in an open-ended pattern of inquiry (Uehlein, 1992),

and collect a range of indicators that point to multiple facets of a potentially significant construct (Pidgeon and Henwood, 1996).

2) *External coherence* or *shared meaningfulness*, *i. e.* the degree a narrative fulfils the constraints of socio-culturally determined patterns of actions (Labov, 1972 and 1982), themes and values (Agar and Hobbs, 1982), and conventions, stereotypes, and well-known social-frames (Van Dijk 1977, 1980, 1982, 1983).

A narrative, to be valid, should integrate personal meanings with intersubjectively shared ones.

This is the final aim of this meaning-oriented and contextually sensitive approach.

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