History of phenomenology: from Locke to Jablensky.

Chris Gale

Dunedin Registrars

Parts

~Sources of ideas that lead to descriptions.

~History of clinical description

~Integration of both by Karl Jaspers.

~Discussion of standardization of descriptions.

~Reliability

~Validity

~Recent criticisms.
John Locke

~ Physician with experience care madness.

~ Empirical philosopher.

~ Idea of thoughts as series of (atomic) ideas in a rational order.

~ Idea of normal communication presupposing use of logic continues through to Jaspers.
I must here in the entrance beg pardon of my reader for the frequent use of the word idea, which he will find in the following treatise. It being that term which, I think, serves best to stand for whatsoever is the object of the understanding when a man thinks, I have used it to express whatever is meant by phantasm, notion, species, or whatever it is which the mind can be employed about in thinking; and I could not avoid frequently using it.

...men come not to the knowledge of these general and more abstract truths, which are thought innate, till they come to the use of reason; and I add, nor then neither. Which is so, because, till after they come to the use of reason, those general abstract ideas are not framed in the mind, about which those general maxims are, which are mistaken for innate principles, but are indeed discoveries made and verities introduced and brought into the mind by the same way, and discovered by the same steps, as several other propositions, which nobody was ever so extravagant as to suppose innate. 

An essay concerning human understanding, 1689.
Idea of *noumenon*, or things-in-themselves -- the external reality

**Phenomena** the way in which the thing-in-itself is manifest in the human mind through the sense organs.

Our ability to perceive is limited by the nature of our sense organs and limitations of our mind.
Edmund Husserl, founder phenomenological movement.

"(H)e who for decades did not speculate about a new Atlantis but instead actually journeyed in the trackless wilderness of a new continent and undertook the virgin cultivation of some of its areas will not allow himself to be deterred in any way by the rejection of geographers who judge his reports according to their habitual ways of experiencing and thinking and thereby excuse themselves from the pain of undertaking travels in the new land"
Key points.

~ Rejection of previous ideas and theories around knowledge.

~ Consider the mental event of phenomena without preconceptions.

~ Use of empathy and questioning to understand and explore experience.
Inaugural Lecture at Freiburg, 1917

In philosophy, the forms whose energies were dissipated in the period following the overthrow of Hegelian philosophy were essentially those of a renaissance. They were forms that reclaimed past philosophies, and their methods as well as some of their essential content originated with great thinkers of the past.

Most recently, the need for an utterly original philosophy has re-emerged, the need of a philosophy that—in contrast to the secondary productivity of renaissance philosophies—seeks by radically clarifying the sense and the motifs of philosophical problems to penetrate to that primal ground on whose basis those problems must find whatever solution is genuinely scientific.

This concept of the phenomenon, which was developed under various names as early as the eighteenth century without being clarified, is what we shall have to deal with first of all.

To every object there correspond an ideally closed system of truths that are true of it and, on the other hand, an ideal system of possible cognitive processes by virtue of which the object and the truths about it would be given to any cognitive subject.
Phenomenological reduction.

There is an experience in which it is possible for us to come to the world with no knowledge or preconceptions in hand; it is the experience of astonishment.

The “knowing” we have in this experience stands in stark contrast to the “knowing” we have in our everyday lives, where we come to the world with theory and “knowledge” in hand, our minds already made up before we ever engage the world.

However, in the experience of astonishment, our everyday “knowing,” when compared to the “knowing” that we experience in astonishment, is shown up as a pale epistemological imposter and is reduced to mere opinion by comparison.
Acceptance of idea of external world.

Denial of the concept of the mind.

Interested in acts, (hammering) not 'artificial' (description of hammering).

Emphasis on collectivism and culture leading to sense of Daisen (somewhat equivalent with mind)
Phenomenology in doing?

Phenomenology receives thus in Heidegger a new meaning. He conceives it more broadly, and more etymologically, than Husserl as "letting what shows itself to be seen from itself, just as it shows from itself." Husserl applies the term "phenomenology" to a whole philosophy. Heidegger takes it rather to designate a method. Since in Being and Time philosophy is described as "ontology" and has as its theme being, it cannot adopt its method from any of the actual sciences. For Heidegger the method of ontology is phenomenology. "Phenomenology," he says, "is the way of access to what is to become the theme of ontology." Being is to be grasped by means of the phenomenological method. However, being is always the being of a being, and accordingly, it becomes accessible only indirectly through some existing entity. Therefore, "phenomenological reduction" is necessary. One must direct oneself toward an entity, but in such a way that its being is thereby brought out. It is Dasein which Heidegger chooses as the particular entity to access being. Hence, as the basic component of his phenomenology Heidegger adopts the Husserlian phenomenological reduction, but gives it a completely different meaning.
On the need to step aside from presuppositions, such as faith.

Anyone for whom the Bible is divine revelation and truth already has the answer to the question "Why are there beings at all instead of nothing?" before it is even asked: beings, with the exception of God Himself, are created by Him. God Himself "is" as the uncreated Creator. One who holds on to such faith as a basis can, perhaps, emulate and participate in the asking of our question in a certain way, but he cannot authentically question without giving himself up as a believer, with all the consequences of this step. He can only act "as if"--. On the other hand, if such faith does not continually expose itself to the possibility of unfaith, it is not faith but a convenience. It becomes an agreement with oneself to adhere in the future to a doctrine as something that has somehow been handed down. This is neither having faith nor questioning, but indifference--which can then, perhaps even with keen interest, busy itself with everything, with faith as well as with questioning.

Now by referring to safety in faith as a special way of standing in the truth, we are not saying that citing the words of the Bible, "In the beginning God created heaven and earth, etc.," represents an answer to our question. Quite aside from whether this sentence of the Bible is true or untrue for faith, it can represent no answer at all to our question, because it simply cannot come into such a relation. What is really asked in our question is, for faith, foolishness.

Philosophy consists in such foolishness.

How can a Nazi jerk like Martin Heidegger be considered the most influential philosopher of the 20th century?

27-Sep-2002

Dear Cecil:

If the philosopher Martin Heidegger was a Nazi and an anti-Semite up until his death in 1976, why do we continue to revere the ground he walked on? The guy was a loose (he seduced Hannah Arendt of all people) and yet he is considered the major voice of postmodern thought? Why was this morally corrupt jerk elevated to 20th-century philosophical prominence? Wasn't he downright despicable? And why do so many care little for that? --Rommel John Miller, Ocean City, Maryland

Cecil replies:

Oh, come on. It's not like being a morally corrupt jerk has ever been a major career impediment. Intellectuals also tend to have a gift for after-the-fact rationalization that would make a U.S. president blush. To be fair, Heidegger's eminence also has something to do with the fact that, in the eyes of his admirers anyway, he was a genius. So we face the age-old question: If the work is brilliant, does it matter if the author is a jerk?

Martin Heidegger is widely considered the most influential philosopher of the 20th century. His work has had an impact on everybody from Jean-Paul Sartre to theologian Paul Tillich. You can get an idea of the nature of his thinking from the title of the book that established him as the leading intellectual light of his time, Being and Time (1927).

He was also an enthusiastic Nazi. In 1933, shortly after Hitler became chancellor of Germany, Heidegger was elected rector of the University of Freiburg. Within weeks he joined the Nazi party and began politicizing the university, instituting the "Heil Hitler" salute in his classes, secretly denouncing fellow academics, and imposing punitive measures on Marxists and Jews. Heidegger resigned as rector the next year, but he remained a dues-paying Nazi until 1945. In disgrace after the war, he seemed doomed to sink into obscurity—which brings us to the curious story of Heidegger and Hannah Arendt.

Arendt, who became famous in the 50s for her critique of totalitarianism (she coined the famous phrase "the banality of evil" to describe Nazi death-camp czar Adolf Eichmann), met Heidegger in
Clinical description(s).

<table>
<thead>
<tr>
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<th>Celsus</th>
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<th>Barrough</th>
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<td>Frenisie</td>
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<td>Mania mentalis</td>
<td>Mania without delusional state</td>
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<td>Mania obscura</td>
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From Cutting, 1997
## 19th Century

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<td>1838</td>
<td>1860</td>
<td>1893</td>
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<td>Insanity as a reaction to physical illness.</td>
<td>Alcoholism &amp; Intoxication</td>
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<td>Dementia</td>
<td>Idiopathic alienation</td>
<td>Senile dementia</td>
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<td>Manic-</td>
<td>Melancholia mania</td>
<td>Lypemania</td>
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<td>Melancholia mania</td>
<td>Monomania 3 types -- intellectual -- affective -- instinctive</td>
<td>Hereditary alienation -- madness evident In action -- imbecility -- idiocy</td>
<td>Chronic Delusional states Degenerative forms Of insanity</td>
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<td>With delusional state</td>
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<tr>
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<td>Hysteria Hypochondriasis</td>
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<td>Hysteria</td>
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From Cutting, 1997
Kraepelin

Lumped the syndromes of madness into three groups

- Manic-depressive psychosis
- Dementia Praecox
- Paranoia
Bleuler

- Coined
  - Schizophrenia
  - Ambivalence
  - Autism

- Demanded his trainees see their patients daily and “write down what the patient says, whether you understand it or not”
Karl Jaspers

~ Trained as a psychiatrist under Bleuler.

~ As had TB, worked mainly in library.

~ Moved to full time work as existential philosopher.
Philosophy

~ Phenomenological (German) existentialist.

~ Although now considered to be influenced by Heidegger, strongly disavowed this.

~ Interested in experiences that lead to integration of personality.

~ Anti-Nazi: after WWII moved to Lausanne.
General psychopathology.

~ Description of method.

~ Detailed description from patient.

~ Use of empathy

~ Avoidance of theory or classification.

~ Detailed description of syndromes, influenced mainly by current German workers (Bleuler, Schneider)

~ Emphasis on inability to understand, by means of empathy, psychotic states: the “un-understandability” of psychosis a cardinal feature.
Assen Jablensky

~Psychiatrist and Epidemiologist. His career has spanned two major WHO projects on psychosis.

~Concept of endophenotypes to allow classification of the psychoses.

~Current work integrating clinical description with neuropsychiatric and biological markers – that are proposed endophenotypes for psychosis.
WHO project A

~ In 1950s 50-60% agreement between experienced clinicians concerning diagnosis.

~ UK and US cross comparisons showed variation in diagnosis between countries.

~ Aim to gain reliability led to

  ~ Use of Criteria for diagnosis in DSM-III to IVTR

  ~ Attempt to align DSM IV with ICD-10.
WHO Project B:

International Pilot Study in Schizophrenia used PSE to assess persons within hospitals in 14 sites.

Rate of “core”

At initial reports, persons in non developed countries had better outcome

25 year follow-up now available.
Table 3  Death counts by centre and cause

<table>
<thead>
<tr>
<th>Centre</th>
<th>n</th>
<th>All causes</th>
<th>Natural causes</th>
<th>Unnatural causes</th>
<th>Unknown causes</th>
<th>Expected all causes</th>
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<td>Rochester</td>
<td>58</td>
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<td>0</td>
<td>0</td>
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<td>Sofia</td>
<td>60</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1.93</td>
<td>1.04</td>
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<td>Cali</td>
<td>127</td>
<td>12</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>9.18</td>
<td>1.31</td>
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<td>Moscow</td>
<td>72</td>
<td>10</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>7.07</td>
<td>1.41</td>
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<td>Madras</td>
<td>100</td>
<td>92</td>
<td>5</td>
<td>4</td>
<td>0</td>
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<tr>
<td>Agra</td>
<td>140</td>
<td>43³</td>
<td>26</td>
<td>7</td>
<td>10</td>
<td>22.55</td>
<td>1.86*</td>
</tr>
<tr>
<td>Chandigarh Urban</td>
<td>155</td>
<td>14³</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>7.44</td>
<td>1.88*</td>
</tr>
<tr>
<td>Prague DOSMeD</td>
<td>118</td>
<td>11</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>4.34</td>
<td>2.53*</td>
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<tr>
<td>Beijing</td>
<td>89</td>
<td>20</td>
<td>18</td>
<td>2</td>
<td>0</td>
<td>6.74</td>
<td>2.97*</td>
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<tr>
<td>Chandigarh Rural</td>
<td>55</td>
<td>10³</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>2.98</td>
<td>3.02*</td>
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<tr>
<td>Honolulu</td>
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<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>1.28</td>
<td>3.13*</td>
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<tr>
<td>Nottingham</td>
<td>99</td>
<td>9</td>
<td>3</td>
<td>4</td>
<td>2</td>
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<td>Prague IPSS</td>
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<td>1</td>
<td>8</td>
<td>0</td>
<td>1.01</td>
<td>8.88*</td>
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*P < 0.05.

1. The year of birth of one patient, who remained alive, is missing; this case is deleted from analyses requiring this information.
2. The year of birth of one patient, who died unnaturally, is missing; this patient is deleted from analyses requiring this information.
3. One death time is unknown; the case is included in some analyses, as censored at the last known-to-be-alive time.
4. One additional death was reported after analyses were completed, in which the mortality status of this case was considered missing.

SMR, standardised mortality ratio; DOSMeD, Determinants of Outcome of Severe Mental Disorders Study; IPSS, International Pilot Study of Schizophrenia.
It is difficult to envisage how schizophrenia symptoms, such as false beliefs, hallucinations, passivity experiences and thought disorder, could be elicited in nonhuman species. But complex experiential phenomena are probably underpinned by cognitive deficits that may, in part, be reproducible across species. One such phenotype, the startle reflex to sudden intrusive stimuli, involves a well-defined neural circuit engaging nuclei in the brain stem, striatum, pallidum and thalamus, with projections to the cortex. The startle response is attenuated when the triggering stimulus is preceded by a weak prestimulus (prepulse). The degree of PPI is a measure of sensorimotor gating, an automatic filter protecting the brain from flooding with irrelevant stimuli. PPI breakdown is frequent in schizophrenia, but it also occurs in stress-related disorders, alcoholism, neurodegenerative disease and autism. Although PPI deficit is not a specific marker of schizophrenia, it correlates with other measures of attention control and, possibly, thought disorder in affected individuals and is present in a proportion of their unaffected relatives. Together with the capacity to dissect genetic and environmental influences in animals, this is a valid reason to regard PPI as a modular phenotype in schizophrenia research.
A deficiency in any of three schizophrenia-associated genes on 22q11 can result in behavioral impairments in knockout or heterozygous mice.

Further dissection of independent and synergistic effects of these genes in animal models, and endophenotype refinement in individuals with schizophrenia and in controls, will be required to fully delineate the causative pathways.
Modular endophenotypes

Schizophrenia geneticists face a catch-22 situation: they seek to identify specific genes contributing to an overinclusive diagnostic category for which no specific biological substrate is identifiable, probably because of admixture between different underlying disease subtypes. It is increasingly likely that current diagnostic classifications, based on symptoms, do not demarcate genetic entities. As the clinical manifestations of schizophrenia might be a common final pathway for several separate variants or endophenotypes, the quest for specificity of genetic and neurobiological findings in relation to diagnostic categories may be misplaced. Can schizophrenia result from the interaction between several modular endophenotypes, each a distinct pattern of neurocognitive or neurophysiological deficits? Identifying such endophenotypes and their genetic basis is a daunting, but not impossible, task. Because the 22q11 region is associated not only with schizophrenia risk, but also with a variety of other phenotypes, its further dissection by convergent genomic and pathophysiological analysis will provide a better understanding of the genetic architecture of psychiatric disorders on the whole.

Jablensky, Nature Genetics, 2004
Figure 6  Plot of the MOD score for chromosome 1p35-p36, with a separate maximization over trait-model parameters for each genetic position assumed for the trait locus. ASDII (red) position of the maximum MOD score: 52.34 cM; penetrances [0.00; 0.49; 0.49]; disease-allele frequency 0.030. ASDII (green) position of the maximum MOD score: 52.63 cM; penetrances [0.00; 0.50; 0.50]; disease-allele frequency 0.040. ASDIII (blue) position of the maximum MOD score: 45.95 cM; penetrances [0.00; 0.53; 0.53]; disease-allele frequency 0.160. MOD scores are determined from the deCODE Genetics sex-averaged map. The penetrance of the disease models is obtained by MOD-score analysis and given in order $f_{x|x}$; $f_{w|x}$; $f_{m|x}$. A plus sign (+) indicates the wild-type allele; “m” indicates the mutant allele.
Critique – mainly around schizophrenia and bipolar.

~ Bentall: the “textbook cases” we rely on mask the group with a combination of symptoms. Psychosis is an extreme form of behaviour.

~ Breggin (following Laing) : psychosis is a breakdown in defense styles and needs to be managed therapeutically: it is a “spiritual crisis”.

~ Read: Psychosis is a myth. It is an extreme form of disassociation

~ Foucault: All this is a mask of societal need to control aberrant behaviour: psychiatric diagnosis is part of this
Sources.


 Assen Jablensky Resolving schizophrenia's CATCH22 Nature Genetics 36, 674 - 675 (2004)
