

## THE PRAGMATIC VALUE OF NOTIONS OF DIALECTICS AND ESSENCE IN PHENOMENOLOGICAL PSYCHIATRY AND PSYCHOPATHOLOGY

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### *1. Introduction*

The fundamental epistemological assumption behind phenomenological psychopathology is that psychological disorders are a disturbance or transformation of all existence and not just of isolated psychic functions [Binswanger 1958]. Phenomenological psychopathology is an elaborated form of empirical science [Stanghellini 2009] that aims to provide the basis for pragmatic, therapeutic objectives without failing to consider intimate links with anthropological reflections [Naudin 2003]. We intentionally use the term “anthropological reflections” rather than “philosophical anthropology” to stress that the relationship between description and identification of pathological experiences, on the one hand, and reflections on the wholeness of human existence, on the other, is extremely diverse, to the point of this school having been referred to as «metaphysical psychopathology» [Cutting 2012]. In tune with a trend already observed in the classical period of phenomenological psychopathology [Tatossian 1997], a whole plethora of authors shelter under the benevolent tent of phenomenological psychopathology [Wiggins & Schwartz 2011], each of whom claims some degree of philosophical affiliation. We can discern two fundamental perspectives of using phenomenological philosophy in psychopathology. At one end of

what we might call the phenomenological spectrum<sup>1</sup> are those authors – or works of authors – like Binswanger and Boss, who seek out the orientation for their intellectual enterprises by entering into dialogue with some philosopher or even by importing philosophical concepts directly to psychopathology, developing a sort of philosophical psychopathology [Spiegelberg, 1972]. At the other end are those authors – or works of authors – for whom phenomenological concepts serve only as «an *instrument* aiming at the clinic» [Basso 2009, 21] or who claim affinity to Blankenburg, arguing that his philosophical concepts serve as a «[h]euristic guideline (*Leitfaden*), nothing more» [Blankenburg 2007, 149]. Given this second perspective's looser ties to works of a declaredly philosophical turn, they have already been referred to – not without good reason – as phenomenological-anthropological psychiatrists [Kraus 1999b]. Although they often draw on the work of philosophers and concepts from philosophy, they recognise that the use of philosophy and some of its concepts serves an eminently empirical purpose. The reflections and, above all, the categories of philosophy have for them the benefit of serving as more precise conceptual instruments to denominate objects of knowledge that are hard to put a name to. Authors following this perspective make clear that their use of concepts and methods imported from phenomenological philosophy – especially that of Husserl, Heidegger and Merleau-Ponty, but also of Scheler and Henry – gains authorial overtones at the expense of a certain disregard for the original meanings intended by the philosophers who created them. These works find specificities in psychopathological method that distinguish them and set them apart, in terms of procedure and purpose, from the needs of philosophers [Di Petta 2012]. These specificities relate directly to the need to make psychopathological diagnoses before real patients, which serve as the basic orientation for concrete clinical action that is consistent with the features of each patient's unique personality and mental disorder.

This article seeks to support the aspirations of the second perspective of this group of phenomenological psychopathologists, featuring two concepts from psychopathology of a philosophical origin which,

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<sup>1</sup> The same author may belong to both groups or perspectives, depending on the work considered. Actually, they generally belong to both.

in their strict application to psychopathology, could be of considerable value for diagnostic purposes and for the introduction and follow-up of therapeutic strategies: the notions of dialectic and essence. As this is a work on psychopathology geared towards the pragmatic use of categories, we will show through some clinical conditions, especially melancholia, the advantages of using such concepts empirically. With this, we seek to stress how phenomenological understanding can help the establishment of productive clinical strategies.

## *2. Dialectics and phenomenological psychopathology*

The use of the concept of dialectics in philosophy is so broad that even a superficial investigation would far exceed the objectives of this contribution. Such a task would involve trawling through virtually the entire history of philosophy! For the purposes of this paper, it will suffice to present the main meanings by which the notion of dialectics has been incorporated into phenomenological psychopathology. We are interested in its technical incorporations – the works or passages where the use of the term is the centre of attention and has a set function in the discourse or argument. We also limit ourselves to the explicit use of the word “dialectic”, leaving out any considerations that may implicitly present the technical features of dialectics without terming them as such (Binswanger being a case in point, as we will see below). We will not consider any cases of more casual use of the word “dialectic” in phenomenological psychopathology.

There are two main technical uses of dialectics in phenomenological psychopathology, both of them drawing especially on the work of Blankenburg [1982; 2007]. Although the author uses this concept only as a category of anthropological comprehension, we believe that the introduction of the notion of dialectics in phenomenological psychopathology has paved the way for new insights and developments in the field [Messas 2010a; 2014]. We intend to show how this anthropological-investigative use is especially important for the perspective on clinical psychopathology addressed here.

In order to do so, it is worth spending some time here on these sadly little known and surely underestimated works in terms of their

extraordinary value to the movement of phenomenology in psychiatry and psychopathology. The author begins by approaching the problem of the apparent paradox contained in the idea of a dialectical phenomenology [Blankenburg 2007, 155]. At first sight, an association between phenomenology – primarily Husserlian – and dialectics could be taken as contradictory. Blankenburg is fully aware of the difficulty for a reader habituated with philosophy to accept combining classical phenomenology, which seeks a vision of the essence of phenomena, with dialectics, especially in its Hegelian sense, geared towards comprehending the movements of reality and the subsumption of phenomena on higher levels. It would be almost a contradiction in terms, because dialectics would stand opposed to phenomenological essentialism.<sup>2</sup> Essentialism implies searching for something fixed and general in a pathology (e.g., schizophrenia), while a dialectical view would be concerned with the movements implied in the psychopathology. Nevertheless, are these two interpretations so mutually exclusive in psychopathology that no reconciliation between them is possible? A historical reading of phenomenological psychopathology shows that it is possible for there to be mutually fruitful action between the interest of phenomenology in essence and the interest of dialectics in transformation, consolidated in what is known as dialectical essentialism [Messas *et al.* 2017]. In classical psychopathological essentialism, the psychopathologist seeks, through an act of eidetic reduction [Kraus 1999b] or empathic penetration (*diagnostic par pénétration*) [Minkowski 1995], to identify the essential core of the pathology – its general, unvarying features. In the dialectic form of essentialism, to which Blankenburg contributes, the researcher has dual tasks: focusing on recognising the essential core of the psychopathology, while also observing the movements around which this essential core is transformed [Messas 2004]. In Blankenburg, as mentioned above, the work of dialectical essentialism can operate using two different strategies derived from two different readings of phenomenological psychopathology.

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<sup>2</sup> For a more detailed criticism of essentialist theories in psychopathology, see Mishara & Schwartz, 2013.

## 2.1. Hegelian dialectics

It is precisely the different ways of comprehending the logic of the movement and value given to the categories for apprehending it (its heuristic value) that determine the different way the author addresses the topic of dialectics. In one of his approaches, clearly inspired by Hegel, albeit with perceptibly Jasperian overtones [Jaspers 1959, 285], Blankenburg focuses on the dynamics of transformation by analysing the positivity of negativity and the negativity of positivity. This school of thought heralded by Blankenburg and applied to the major existential disorders [1974; 1982; 2007] was later extended to personality disorders in general [Dörr-Zegers 2008]. Let us take the example of hysteria to illustrate dialectics in its Hegelian aspect in the realm of phenomenological psychopathology. Positively, hysteria is a personality variant which, for its exaggerated and overdramatic expression, can lead to major losses in the interpersonal or professional field of the people for whom it is a marked characteristic. Failing to observe the social norms prescribed for social situations, people with hysteria break the rules of the human game to their own detriment. However, the same overly flexible way people with hysteria adopt their social roles that may make them unable to forge deeper relationships can, from a negative perspective, be understood as creative irreverence towards social impositions, enabling them to act with a certain existential freedom [Messas *et al.* 2018]. A possible synthesis, at a higher level, between the positive and negative aspects would be to merge the creativity of hysteria with its apparent lack of authenticity, bringing about – albeit within certain bounds – a personalised, independent existence. Hegelian dialectics as interpreted by Blankenburg and Kraus alerts us to the need to take into account the ambiguities of psychological reality [Moreira 2016]. The notion of ambiguity brings an important contribution to treatment strategies, since it opens the way for the therapist to search in the very core of the patient's experiences for his/her recovery pathways. Thus, to continue with the example of hysteria, the psychopathologist would seek to heighten the creative aspect of the experiences of hysteria, working psychologically with the patient to find a way of bringing it effectively into their existence. Knowledge of the negativity of positivity puts a healthy restriction on the breadth of the therapeutic plane, directing the psychological

work towards what the patient already has, negatively, within themselves. This knowledge could, in cases of hysteria for instance, prevent working towards curbing the patient's expressiveness.

However it seems to us that some progress could be envisaged in working through the particulars of these existential indeterminations, better detailing the features of dialectical essentialism and showing how it allows for a reshaping of the notion of essence and thereby supplies the means for forging more refined clinical practice, as we will see later on.

## 2.2. *Proportional dialectics*

The second use of dialectics made by Blankenburg is of especial interest here because it is the one that will guide this contribution. When wondering about the scope of dialectical perspective in psychopathology, the author proposes a solution that provides some workable categories which, if taken to their logical conclusion, do not only enable the immanent movements of existence to be observed, but pave the way for extending phenomenological therapy to a synthesis of psychological and biological therapies [Tamelini & Messas 2017]. It is not a matter of a new use in the history of phenomenological psychopathology; rather, it is a use whose founder is Binswanger and which is manifest in the notion of anthropological proportion [Blankenburg 1982]. This notion inspired the first of Binswanger's three famous essays, brought together in his *Three Forms of Failed Existence (Drei Formen missglückten Daseins)* [1956]. In this work, which served as a key inspiration for the theses of Blankenburg and of the first author of this article [Messas 2004; 2010b; 2014], the Swiss psychiatrist proposes that human essence should be perceived through different anthropological dimensions that interact proportionally to one another. For example, schizophrenia and schizotypal conditions are vertical distortions of existence, where the verticality of individual ambitions is out of proportion to the horizontality of shared experiences. Thus, all human experience could be treated from the perspective of an interplay of forces in dynamic states of proportion and disproportion. The relative proportion of verticality and horizontality or of natural evidence versus a lack thereof [Blankenburg 2012] in the case of schizophrenia, or of the past in relation to the future

in the case of melancholy [Tellenbach 1983], or of self-determination in relation to freedom in the aforementioned case of hysteria, are a few examples of polarities operating in different proportions. The simultaneous observation of existential dimensions in their relations of proportion determines a global structure that is greater than the sum of its parts. Thus, one could start out by saying that the notion of essence in psychopathology could be abandoned – which could ultimately lead to calls by anti-psychiatry for the negation of all mental disorders – and its complete substitution by the notion of structure. By such a method, phenomenology brings dialectics closer to the idea of structure, consolidating itself in structural phenomenology [Barthélémy 2012] and rejecting the notion of norm or essence [Töpfer 2013].

By understanding existence as anthropological proportion, phenomenological psychopathology is able to examine each clinical case as if the relative participation of each partial pre-reflexive dimension were articulated between each other and were in motion at every moment of consciousness. For instance, examine what proportion of past, present and future exists in an experience of melancholia or what proportion of self-determination and external determination exists in experiences of schizophrenia. This perception of dialectics is not designed to record existential movements through a specific synthesis of positivity and negativity, but through *arrangements of equilibriums in an imprecise individual architecture marked by uncertainty*. The possible participation of negativity in this second dialectic model lies in the inclusion of temporality and not in the specific ambiguity inherent to each case of positivity. Obviously, the two conceptions of dialectics that phenomenological psychopathology encompasses are not mutually exclusive; indeed, they feed into one another naturally, merely modulating the main object of knowledge. Thus, to return to the model of hysteria sketched out earlier, the model of proportion would focus on how much closer a person with hysteria in a given situation would be to representing a social role conventionally or otherwise, casting a free creative aspect on it. Likewise, to take another example, it would be concerned about the proportion to which a person with schizophrenia in a given situation at a particular moment of existential distortion was lost in herself or taking part in her community of sense. The examples are infinite.

What we want to make clear here is that this *model of a dialectics of proportions allows one to reshape one's understanding of the patient as a whole at any time*, since their anthropological proportions will be redesigned the whole time. Every state of anthropological proportion expresses a meaning for existence and, in turn, every existential meaning is expressed through an anthropological proportion. As existence is immanent movement, the heuristic method of dialectical proportions is the most suitable for addressing an individual life. It is mainly because of this last attribute – i.e., because it is so useful for recognising a patient's individuality – that we defend the use of this model as the main phenomenological instrument for diagnostic and (as we will see below) therapeutic purposes. As we see it, at this stage in the history of psychopathology, we can no longer content ourselves with a general interpretation of a pathological experience (which more often than not is an interpretation picked up from something that has already been thought of; not that there is anything dishonourable in picking something up, since we are, after all, referring to the anthropological fundamentals of humankind), but must see *how this generality presents in particularities* [Stanghellini 1997; Messas 2014]. It is precisely this that we intend to do in the coming pages. But in doing so, it is essential to examine more closely the abovementioned notion of essence of the psychopathological experience, since, if we take what we have just said to its logical conclusion, it would mean discarding the notion of an essence of a disorder from the field of psychopathology. Does knowledge of dialectical proportions give us the right to take such a decision without hesitation? We would argue that it does not: maintaining the notion of essence is fundamental for the science of psychopathology. Indeed, we would hold that the way the notion of psychopathological essence is conceived is decisive for a complete understanding of psychopathological findings and, more importantly for the thrust of our argument, that it determines distinct therapeutic objectives. What we will seek to demonstrate is how, in order to maintain the heuristic and anthropological vigour of the notion of psychopathological essence, its conception must be renewed. We will illustrate this thesis briefly with the notion of melancholia.

### 3. *Redefining the notion of psychopathological essence – melancholia as an example*

The quest for the essence of melancholia has led to different results in the history of phenomenological psychopathology. Melancholia has been understood as depersonalisation [Gebattel 1966], a collapse of temporality with consciousness being restricted to the past [Minkowski 1999], an invasion of the future in the past [Binswanger 1960], the excessive corporealisation of experience [Stanghellini 2004], a disordered corporeality [Dörr-Zegers *et al.* 2017] or intercorporeality [Fuchs 2013], an excessive submission to social identity [Kraus 1977], or a compromised existential feeling, the pre-reflexive layer of existence that underpins all emotional experiences [Ratcliffe, 2015]. All these interpretations, perhaps with the partial exception of Kraus (who is interested in comparing melancholia with obsessions [2007a] and hysteria [2007b]), stress the core aspect of melancholia, or its essence, even if this is identified in different parts of the fundamentals of existence, like time, space, embodiment, social identity or individual freedom.

Our contribution draws on these authors' observations by seeking to link the notion of essence to a proportional dialectical procedure. Its focus is no longer just on the essence of melancholia, but also on its *anthropological meaning; i.e., the way it is composed and manifested*. As the essence of a pathology is not an entity that inhabits a Platonic world – like the imagination of a triangle or number – it should be recognised in the concrete, individual reality of clinical cases, or «experiential essences» [Berrios 1989, 427]. This recognition leads to a first, albeit incomplete, definition for the purposes of this paper: that the *essence of each psychopathological experience is a typical proportion of anthropological dimensions*, which may be approached via different anthropological categories, such as the ones mentioned above. For instance, from a temporal perspective, the essence of melancholia is a lack of proportion between the relative value of the past to the present and future. However, this definition does not have a broad enough scope for our purposes here, because a case of sadness or grief may have similar features – the temporal predominance of the past over the future. The anthropological meaning of the psychopathological essence has to be determined more precisely. The emergence of the psychopatholog-

ical essence is directly linked to the loss of dynamic of the existential dialectic. In existential moments when this disproportion is fixed enough for it to be diagnosed by a psychopathologist, then melancholia is at play. As the immanent, spontaneous dialectic of the anthropological proportions moves the equilibrium of its parts, existence may return to a path of more flexible interplay of times, bringing about a varying preponderance of the past, present and future in existence as a whole. When this happens, we can no longer talk of a psychopathological state, because future, present and past interrelate flexibly with one another. A great inspiration for this understanding is to be found in the work of Cutting, who establishes for melancholia (which he refers to generally as “depression”) an essential definition that does not dispense with the incorporation of its constitutive dialectic elements. In line with his inspiration on the work of German philosopher Max Scheler, Cutting proposes that *the essence of depression is a lack of proportion between animal instincts and the intellect, with the former gaining predominance over the latter* [Cutting & Musalek 2015].

It is very important to underline the meaning of the affirmation that the essence of a disturbance is a *relatively stable form of disproportion*, i.e., a typical style of disproportion cognisable by an act of eidetic intuition [Kraus 1999b]. Some examples could help elucidate this statement, which is central to the argument presented here. Let us return to the essentialist acceptations of melancholia presented above, focusing for practical purposes on a single classic case. Minkowski states that melancholia is an inhibition of time [1995], an erosion of the future, resulting in consciousness being overwhelmed by the past. All experiences of the present are tinged with the past, with certainty, with listlessness; they can no longer be transformed even by any new facts coming from the future; the patient is convinced that the future reserves nothing more than eternal suffering that they deserve because of past errors. According to the dialectics of proportions, Minkowski is absolutely right. However, there is a flaw in his identifying melancholia essentially with a loss of future time. The proportional dialectical perspective would say that Minkowski’s patient is, at this time of her life, so paralysed that the disturbance of future time can be seen fully. If they were mentally healthy, their anthropological proportions would be

*mobile enough for them not to fix on one essential state. The temporal essence of the disorder is thus the outcome of a paralysis or slowing down of the natural becoming of existence.*<sup>3</sup> Outside psychopathological – or quasi-pathological – states, the immanent movement of existence prevents psychopathological essences from forming, because the essence of a normal experience like nostalgia or anger is less visible, and should be denominated as a proportional existential formation. The less prevalently an experiential essence manifests in consciousness – and thus the more visible its proportional composition – the healthier the existence is.

Under normal conditions, proportional formations gradually dissolve and do not paralyse our vital becoming. (This statement should not, however, be mistaken for some people who are guided through life by anger towards someone. In this case, from an existential viewpoint, there is nothing psychopathological at play, since the anger has become a guiding thread for life.) By its very immanence, existential becoming is always constituted by the reportioning of the different anthropological modes that can be experienced in terms of proportions. All therapeutic action is therefore directed towards a regime of proportions and disproportions (including here, in more severe cases of schizophrenia, proportion between psychotic experience and the rest of the patient's personality [Blankenburg 2012]). As a psychopathology is ultimately a *paralysis of existence that is stable enough for a pathological essence to emerge in a certain point of existence*, it could be stated that *melancholia is an essence composed of more than one mode of anthropological proportions*, which could also justify the diversity of therapeutic outcomes. Thus, melancholia could be experienced by one person as their being too tied to the past, which understanding would foreplay a paralysis of temporal anthropological proportions; it could likewise – and without ceasing to be categorised as melancholia – be constituted of an excessive observance by the global identity of one of the partial roles (i.e., disproportion between personal identity and social identity) [Ballerini 2008], or, from a spatial perspective, be experienced as a lack of availability of the objects of the world for their activation [Tellenbach

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<sup>3</sup> Dörr-Zegers refers to this slowing down as «condensations of a polar structure» [2008, 17].

1956] (i.e., disproportion between objects experienced as instruments and objects experienced as things).

This way of identifying the essence of psychopathologies with fixed styles of anthropological disproportion is not, however, without its problems. One might object that if an essence is to be defined this way, it should no longer go under such a name, since an essence is by definition irreducible, something ultimate that sets apart and defines a phenomenon. This raises the issue of the ontological status of psychopathological entities: either the notion of pathological essence would have to be re-defined or it would have to be given up altogether. This begs a question: Is there anything similar in the different experiences of melancholia proposed by the classical and contemporary authors that unites them, allowing for the notion of an essence of melancholia? Or should we give up the notion of a psychopathological essence and thus return to classificatory operationalism [Parnas & Gallagher 2015], restricting the definition of disorders to a syndrome-based collection? Or should we understand the essence of a disorder ideally, in the Platonic sense of the word – *ante rem* (or fully) realism, according to medieval ontology – which would ultimately lead to a sceptical nominalism [Oulis 2008], but now not syndrome-based but essence-based? Neither a real ideal essence (Platonic) nor the exclusive individuality of the proportions seems to offer a satisfying answer to this ontological issue. What would remain of any imaginative variation of phenomena that might justify identifying the essence of melancholia? Is there any essence in the experience of melancholia or are there just ideal types [Fernandez 2016] or typical anthropological proportions, as Binswanger would appear to propose in his “Three Forms”? Clinical experience consolidated over the years would, however, lead us to sustain that it is possible to recognise the essence of melancholia. One possible solution for this apparent impasse may lie in the importance of the notion of essence as formulated by Scheler [Cutting 2009]. Cutting, following Scheler – who to a certain extent follows the Aristotelian conception of essence – suggests that «[i]t is the coming together of the phenomenon and the idea [of the phenomenon] *at the same time* which confers the essence of anything, and not the idea on its own» [Cutting 2012, 304, emphasis added]. The notion of essence of itself, from this perspective, loses its nature of com-

pleteness and comes to be understood as a *Skizze*, or sketch: vague and defined by its negativity – i.e., it needs some element from outside itself to be introduced before it can be complete. According to this conception, essence becomes a sort of *incomplete a priori virtuality*. Some reflections stem directly from these observations. The first has to do with the vagueness of the notion of essence: it should not be taken as making it impossible to identify, but as its tendency not to appear in its totality, as Merleau-Ponty teaches us when he speaks of the impossibility of a complete reduction of phenomena [1945]. Negativity is constitutive of the very notion of essence. This negativity of an essence that would complete it could be exemplified in the case of melancholia. The observer's capacity to identify the essence of a psychopathology depends, albeit tacitly, as mentioned above, on the combination of the a priori idea she has of melancholia – apprehended from years of clinical practice – and the psychopathological facts before them, to which she necessarily belongs, as a co-constitutive element. Only when both are present is the essence of melancholia completed and can we consider it a pathological experience. This assertion has some crucial consequences for the construction of psychopathology and a phenomenological therapeutic practice, because it includes the scientist-observer not just in defining the essence, but also, and even more importantly, in actually *activating and being part of the essence*. The cognisant, scientific movement of the observer is thus completely active and objective in the constitution of the essence itself.<sup>4</sup> Let us return to an example, considering the comprehension of melancholia as just a restriction of identity roles. The experience of sadness and lack of motivation reported by a patient is nothing in psychopathological terms until such a time as the psychopathologist is capable of experiencing in herself some idea or feeling that actualises this form; e.g., until the moment when the psychopathologist does not just see through the lens of eidetic intuition the paucity of the patient's social identities, but actually experiences it in her own professional identity. In this sense, there is absolute validity in Rümke's [1941, 337] statement that «[t]he doctor's internal attitude induced by the patient is

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<sup>4</sup> As a consequence, there is no reason to postulate that psychopathological objects are only ideal types [Schwartz & Wiggins 1987]. As a matter of fact, they are interpersonally constituted existential types [Dörr-Zegers 2008].

a very sensitive diagnostic tool, and it would be helpful if we were more skilled in recognizing changes in our own internal attitude». In the case of melancholia, for instance, the psychopathologist would feel by affective resonance the impoverishment of her own professional role, such as, say, her incapacity to elevate the patient's existential creativity. It is at this point, and only at this point, that the presence of an essence can be affirmed. In medieval understanding of the Aristotelian philosophy, essence is treated *in re*, meaning that an essence is only manifested in the objective phenomenon to which it belongs.<sup>5</sup> This Schelerian conception of essence, like *Skizze*, annuls many of the false dilemmas between scientific objectivism and subjectivism. An essence identified *in re* is the moment of ultimate objectivity of the psychopathologist's knowledge, because it is a co-constitutive act of an irreducible experience. This ontological conception of the psychopathological essence enables a dynamic of the diagnostic act to be established. Until such a co-constitutive act takes place – which can obviously also be undertaken by an empathic act of someone who is familiar with, friends with or close to the patient – there is only the shadow of an essence and a proto-experience awaiting essential signification. Up to this point, we could talk about ideal types. From the moment of the co-constitutive activation of the essence on, we are talking about a real type of an essential/existential nature. In other words, an isolated subjective experience is an ontological mystification, negativity with no profound meaning. There is no such a thing as a complete or autonomous subjectivity.

This co-participation of the observer in the production – and not just the description – of the pathological essence is what justifies the diverse – and sometimes frankly contradictory – observations made by authors in the field of phenomenological psychopathology. The individual manifestations of psychopathological essences should therefore be understood as forms of instantiation of the psychopathological essence in the patient's consciousness and their interpersonal relationships. This comprehension overcomes the scepticism of nominalism and idealism, because it permits a new understanding of variations in the clinical presentation of psychopathological conditions. Inter-individual

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<sup>5</sup> Oulis [2008] called this ontological condition of psychiatric objects neo-Aristotelian realism. It is a sort of moderate realism, in contrast with radical Platonic realism.

psychopathological variations depend on the strength of fixation, penetrance,<sup>6</sup> degree of autonomisation [Blankenburg 2012, 169], positional value (*Stellenwert*) [*ibid.*], or the «[i]ntensity, energy and duration [...]» [Binswanger 1956, 318] of the psychopathological essences. Thus, the fact that some people with melancholia are better understood from the perspective of time and others from the perspective of body or identity, etc., has to do with the *how the observer and the observed become existentially in tune with one another* – affective resonance in the sense proposed by Minkowski.

This state of essential intuition does not, however, last indefinitely, since the proposal of treatment is precisely to undo it. The end of the essentialist moment in the phenomenological procedure heralds the beginning of the dialectic procedure. As of the moment when existential becoming is resumed, the formation of the essence dissolves and the observer's perspective should no longer be attuned to identifying the essence, but to the proportions that constitute the essence. Methodologically speaking, there are therefore two observational paths in a proportional dialectic phenomenological conception designed to address the notion of essence in psychopathology. Paths which may in theory be different, but which often overlap. The first of them examines just the essence, picked up by eidetic intuition and co-constituted by the observer. The second heuristic path is no longer about observing the essence of the pathology, but the dialectic movement of anthropological constituents, for which the most useful heuristic concept is not essence, but structure and its anthropological proportions. Thus, we could say that the phenomenological diagnostic procedure – and the follow-up of therapy – follows what we would call *bifocal phenomenological comprehension*, where one of the foci observes the essential core of the condition and the other observes its movement. Essence and dialectic proportions are thus offered up as key instruments for the observation of different and sequential existential moments of life in the patient. This enrichment of the understanding of the essence of the psychopathology, leading towards a dialectic comprehension, is not, however, exhausted in the understanding of disturbing experiences, as we will see below.

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<sup>6</sup> Di Petta calls this phenomenon the pervasiveness of the pathology [2010, 266].

#### 4. *Conclusions: Implications for building a therapeutic strategy*

The renewal of the notion of an essence of a disorder by introducing its dialectic proportions also breathes new life into the comprehension of treatment. Treating is no longer just about returning psychic life to a state of subjective well-being, which is generally identified with the suppression of the essence of the disorder – something that is not always possible, as can be seen from the great number of unsatisfactory therapeutic outcomes in mental health – but crucially about bringing about a *new balance between anthropological proportions*; a balance which, while it may follow technical precepts that are fairly well established in therapeutic terms, *depends greatly on the particular conditions of the anthropological fundamentals available*. Thus, curing is not a case of suppressing – whether partially or completely – an essentially pathological state, but gradually reinstating proportion to the forces in simultaneous dialectic contact. This repositioning may be observed through more than one dialectic category, enabling the treatment to be guided by more profound anthropological criteria. For instance, a person with melancholia may make some progress at the beginning of treatment through pharmacological means, but may quickly relapse because of their incapacity to enrich their excessively poor performance of social roles. In this case, the initial pharmacological intervention will have reconstituted them temporally and spatially by boosting vitality, but will not have reached the kernel of their identity. Dialectic recognition of their insufficiently flexible capacity to play social roles could be used to guide the therapy towards identity reconstruction [Kraus 1999a], a step that requires more cautious measures and takes longer to mature. Pursuing treatment in proportional dialectic terms means focusing the gaze on how new anthropological proportions emerge as the essence of the disorder is gradually left behind – or on how the sticking force of the essence of the disturbance prevents a structural evolutionary modification [Messas 2004]. Thus, following up the therapeutic process means identifying which anthropological proportions emerge as the essence of the pathology gradually disappears. This observation will lead to different meanings for clinical recovery. For instance, a clinical evolution where improvement in temporal terms is not accompanied by a resumption of a social role already stabilised by the patient has a differ-

ent clinical meaning from a clinical improvement where a habitual role is resumed. A patient whose symptoms of melancholia improve – their general disposition, for instance – but who does not simultaneously consolidate a new social role may be at the mercy of a relapse or only limited improvement. This phenomenon is observed primarily in clinical situations where a patient is no longer able to execute a social role of significance to them, such as melancholy that emerges after retirement or when children leave home. As the patient with melancholia holds onto the previous – now empty – role, their clinical improvement in temporal terms is actually constituted not in significant existential change, but just in a window of opportunity where the therapist can search, together with the patient, for a new role. The whole initial period when their overall disposition is improved can be understood as no more than a tool for transition to the establishment of a new role, and should therefore not be understood as a cure in its deepest sense. The establishment of treatment in terms of dialectic proportions is, we believe, the main challenge to phenomenological psychopathology and its technical arm, phenomenological psychiatry, at the current time. Investigations into essences have already yielded significant and potentially unsurpassable work on their general form. However, the restriction of the conception of essence to an idealistic ontology has had the unintentional outcome of blocking the way to a better diagnostic conception and thus better therapeutic procedures. The strategic observation of the details of the interplay of anthropological proportions arranged structurally in dialectic relations still offers vast, as yet untapped potential, identifying the different alternatives for restructuring anthropological proportions in interaction with psychopathological essences.

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## Keywords

Phenomenological Psychopathology; Dialectics; Anthropological Proportions; Psychopathological Diagnosis; Blankenburg; Binswanger; Therapeutics; Clinical Care

## Abstract

Phenomenological psychopathology is an elaborated form of empirical science that aims to provide the basis for pragmatic therapeutic objectives, without failing to consider intimate links with phenomenological philosophy. This article seeks to feature two concepts from psychopathology of a philosophical origin which, in their strict application to psychopathology, could be of considerable value for diagnostic purposes and for the introduction and follow-up of therapeutic strategies: the notions of dialectics and essence. There are two main technical uses of dialectics in phenomenological psychopathology, both of them drawing especially on the work of Blankenburg: Hegelian dialectics and proportional dialectics. Hegelian dialectics focuses on the dynamics of transformation of existence by analysing the positivity of negativity and the negativity of positivity; proportional dialectics focuses on the anthropological proportions of existence, seeking to establish the relative participation of partial pre-reflexive dimensions like temporality, spatiality, embodiment or identity in any psychopathological entity. The conception of proportional dialectics leads to the need to redefine the notion of an essence of psychopathological entities, now defined as a relatively stable form of disproportion. Clinical examples are offered. As a consequence, we define phenomenological procedures as constituting a bifocal comprehension, where one of the foci observes the essential core of the condition and the other observes its movement. Essence and dialectic proportions are thus offered up as key instruments for the observation of different and sequential existential moments of life in the patient. We conclude by showing some practical consequences of the use of these concepts in phenomenological psychopathology.

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