Book Reviews

Matthew R. Broome, Robert Harland, Gareth S. Owen, Argyris Stringaris (eds.)


The editors of this rich and stimulating volume are to be congratulated, and thanked, for pulling together this valuable collection of classic texts in phenomenological psychiatry. As they relate, they recognized the need for such a volume during their training as psychiatric registrars at the Maudsley Hospital. In bringing together representative passages from the leaders of the early, influential period of phenomenological investigations in descriptive psychopathology, the editors not only enriched their own clinical education but now offer these resources to the field as a whole. As a result, we all can benefit from the efforts they made to track down difficult to find articles and to commission translations of previously untranslated texts. Although intended primarily for psychiatrists in training, the collection would serve well as a textbook for graduate and postgraduate courses in any discipline interested in the study of human experiences, especially those considered to be anomalous or aberrant. The question of whether these experiences are best characterized in such terms is one to which I will return to below.

The book is divided into three parts and concludes with an epilogue that raises important points for discussion and future developments. The first part provides the “intellectual background” for phenomenological psychiatry, which is how the editors refer to the school of philosophical phenomenology on which phenomenological psychiatry is based. They locate the initial seeds for phenomenological philosophy in the works of Brentano, Dilthey, Weber, and Bergson before turning to the properly philosophical work of Husserl, Scheler, and Heidegger. The editors’ preference for the work of Heidegger and Scheler over that of Husserl is evident in their introduction and selection of texts, limiting their treatment of Husserl to a focus on the phenomenological method as described in _Ideas_ I and the posthumous volume entitled _Experience and Judgment_. Such a limited discussion of Husserl is both understandable in a collection which focuses on phenomenological psychiatry but also unfortunate for reasons that the editors may not fully appreciate.
Had the editors delved a bit more deeply into the Husserlian, for example, they may have discovered passages both in Husserl's lectures on *Phenomenological Psychology* and in *The Crisis of European Science and Transcendental Phenomenology* that identify a major problem at the heart of the relationship between phenomenology as a philosophy and the application of a phenomenological approach to the social sciences (including psychiatry). This problem is relevant not only for philosophers, but also poses a challenge to the editors’ project of reflecting on and furthering the development of a phenomenological approach to psychopathology. The editors acknowledge, in this regard, the diversity of views on what precisely constitutes phenomenology. Viewing such differences to be philosophical in nature, however, they do not engage in a discussion of whether these differences make an actual difference in practice. What they may not have considered is how some of these properly philosophical differences nonetheless translate into real and substantive differences in how phenomenology is applied within the context of psychiatry.

The difference to which I am referring is not immediately evident in the selections the editors chose for part 2, as these texts fit squarely within the Heideggerian tradition introduced and described in part 1. Part 2 considers three related approaches to applying phenomenology to psychiatry coming from Jaspers, Minkowski, and Binswanger. What all three approaches have in common is the use of phenomenology to draw attention to the (meaningful) content and (intentional) structure of the subjective experiences of persons who are viewed as having various psychiatric disorders. Here any differences that might exist between these three psychiatrists are considered not as important as their shared project, which is a commitment to the rigorous study of first-person experiences of psychopathology as observed and empathically understood by the psychiatrist.

Part 3 then goes on to offer samples of phenomenological studies of different forms of psychopathology, from Goldstein’s seminal work on the experiential sequelae of brain injury (which was highly influential on the work of Merleau-Ponty), to affective disorders and schizophrenia, to Straus’ and von Gebsattel’s work on obsessive compulsive disorder. In this section, the editors also include a few texts that speak to the phenomenology of the doctor-patient relationship, most notably Rumke’s description of the “praecox” feeling that arises in the psychiatrist and taken as indicative of a “nuclear symptom” of schizophrenia.

Rumke’s piece is especially significant in the light of current debates, as it raises the question of whether there may be limitations in the degree to which psychiatrists are able to empathize with the experiences of some of their patients. Since phenomenology was expanded beyond Husserl’s reflections