

A PHENOMENOLOGICAL INVESTIGATION OF THE LIVED EXPERIENCE OF PSYCHOPATHOLOGY

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We collected personal documents from various participants on the topic of “a personal experience in which you observed or experienced psychopathology.” The protocols were “topical autobiographical” personal documents, which we analyzed using the procedures set forth by van Kaam, to describe—rather than attempting to explain—lived experiences. Subsequently, 15 protocols obtained from an undergraduate class in psychopathology at the University of Regina were analyzed. We feel that both the methodology used and our findings reveal a new way of viewing psychopathology, showing the inadequacy of reducing psychopathology to diagnostic labels. We found that the fullness of the pathological experience can only be understood through elucidating experienced interpersonal dynamics. Consequently, both an essential and a situational quality is evidenced, revealing the inadequacy of theories in which either the existence of psychopathology or its subjective character are denied.

Keywords: personal experience, lived experience, psychopathology, diagnostic labels, interpersonal dynamics, pathological experience.

Alchemy was once an important art. Although it had many critics, huge sums were spent on alchemical research and individual alchemists attained positions of wealth and prestige. Alchemical practitioners came to know many facts of nature and were increasingly able to achieve practical results

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Douglas A. Bors is now at the Department of Psychology, Duquesne University. This paper was originally presented under the same title at the Canadian Psychological Association convention in June of 1978.

The content and formatting of this article were edited and updated in 2016, with efforts made to preserve the original meaning.

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in their experiments with chemical substances. However, they did not really understand what they were doing.

Psychology, in its present state of development, may well be compared to the period of alchemy just before a scientific chemistry arose from it. Psychologists know many practical facts about mental disease, but it is not yet understood what it is doing. In an attempt to ground our understanding of psychopathology in the experiential fullness of the phenomena rather than the reified abstractness of much of (contemporary) “natural scientific” thought, we undertook this phenomenological approach to researching psychopathology. Subsequently, the view we took is not one of linear causality, but rather that of dialectical interaction or coconstituted phenomena. Correspondingly, we have allowed our understanding of psychopathology to both flow from our personal experience of psychopathology and reflect essential characteristics that arise out of the more general human experience of psychopathology in our society. This is markedly different from the critical assumption of the medical model (which perhaps epitomizes natural scientific thought), that abnormal behavior is a disease, thus connecting psychopathology to a given hegemonic paradigm rather than a malleable human experience.

This is illustrated in the *Diagnostic and Statistical Manual of Mental Disorders* (2nd ed.; American Psychiatric Association, 1968), in which it is stated that “The rapid integration of psychiatry with the rest of medicine also helped create a need to have psychiatric nomenclature and classifications closely integrated with those of other medical practitioners. In the United States, such classification has for some years followed closely the *International Classification of Diseases*.” 18

Hence, it becomes virtually impossible to discuss emotional dysfunction without referring to technical language that the medical model has a virtual monopolization over, such as patient, mental illness, mental health, diagnosis, chronic, acute, and prognosis. It is in the movement away from the phenomena of medical pathology and toward the study of a human lived psychopathology that we present this research.

The first step in a scientific comprehension of psychopathology, or of any phenomena, should be a sorting out, defining, and differentiating of the phenomena independently of any theory or explanatory system (Jaspers, 1968). This allows for comprehension and explication of the lived encounter of the phenomena, of which theories and explanatory systems speak (Husserl, 1965).

Method

Participants were 13 students in a psychopathology class at the University of Regina, who had encountered what they perceived as

THE LIVED EXPERIENCE OF PSYCHOPATHOLOGY

psychopathology. We chose them for several reasons: they could provide actual first-hand accounts of the phenomenon, they expressed themselves well in written English, they had sufficient time to carefully write out their descriptions, and they were available over time. Participants were asked to describe what it was like at the time of their encounters to live through them rather than attempt to explain them. Consequently, 13 protocols of the topical-autobiographical type (Allport, 1942) were collected and analyzed. The sample comprised four teachers from working class areas, two psychiatric nurses, two physical therapists, two students from farming areas, one school counsellor, one police officer, and one midwife.

After the protocols had been collected, the following seven steps were performed, with the order of presentation tending to overlap when applied. The first step is grouping each statement of randomly selected protocols into categories, attempting to encompass every basically different-meaning statement made by the participants. The second step is reducing the concrete, vague, and overlapping expressions of each category into more precisely descriptive terms. Next is identification of those elements that are not fundamental to the encounter of psychopathology, but rather are aspects of a particular situation that included psychopathology. These first three steps result in the fourth, which is formulating the first hypothetical description of the phenomenon. This formulation is then applied to the original individual protocols to expose those elements of the hypothetical description that are neither necessary nor sufficient constituents of the phenomenon. The sixth step is repeating the process of formulating a hypothetical description and returning to the actual individual protocols until a description is constructed that is commensurate with all of the individual descriptions collected from the participants. This final description is then returned to the participants for their evaluation of its accuracy in describing their own encounter. A more detailed description and justification of this methodology is found in van Kaam's work *Existential Foundations for Psychology* (1966).

Explication of the Data

All statements that may have revealed aspects of the phenomenon—that is, those concerning *how* the participants experienced psychopathology—were written down. Statements that contained only *what*, *when*, and *where* elements were also retained, because they contributed to the overall meaning of the protocols and were germane in step five of the analysis, but were temporarily separated. These concrete overlapping how statements were then reduced to the more precise descriptive terms of the 11 categories appearing in Table 1.

THE LIVED EXPERIENCE OF PSYCHOPATHOLOGY

Table 1. *The Eleven Initial Categories*

Category no.	Description of the category
1	The other is viewed as rejecting conventional appearances.
2	The behavior of the other is seen as thing-like and removed from the interpersonal world.
3	There appears to be a facade of security around the other.
4	The other's behavior is viewed as purposefully hostile, consequently eliciting anger and distance from the observer.
5	There is a loss of control and a split that makes the other both attractive and repulsive to the observer.
6	The other's comportment is institutionally defined as socially unacceptable.
7	The other exhibits animal-like behavior at times.
8	Both participants wish to get away from it all.
9	The other's interpersonal relationships are confined to one of dependency upon a significant other. This relationship is viewed by the observer as alien to him/her.
10	The affect of the other seems extremely morbid and inappropriate. Both chemically and nonchemically induced states are made equivalent.
11	There is a desire to nurture and control the other. This relationship comes to be engulfing to the observer and s/he attempts to regain control by either seeing their needs to be identical, or dissolving the relationship.

Note. These categories resulted from steps one and two of the phenomenal study.

To eliminate from Table 1 those categories that were most likely neither necessary nor inherent in psychopathology, each statement of all 11 categories was tested on the two dimensions described below, which were based upon questions formulated by van Kaam (1966):

1. Does this statement contain a moment or aspect of the phenomenon that might be a necessary or sufficient constituent of the encounter of psychopathology?
2. If so, is it possible to abstract this moment and label it briefly and precisely without violating the statement made by the participant?

Following this procedure, the categories that met both criteria were examined to determine whether some were, in fact, expressing the same or similar basic component of the phenomenon. The five clusters that resulted from this further reduction, which can be found in Table 2, were relabelled in an attempt to capture the more complete meaning of all statements within each category. These categories, which were presented to the participants for verification, became the basis for developing a hypothetical description of the encounter of psychopathology. This description was then applied to the original protocols and revised until it was compatible with them all.

Below is the resulting fundamental description of encountering psychopathology. It is a synthetic description based upon the categories contained in Table 2.

THE LIVED EXPERIENCE OF PSYCHOPATHOLOGY

Table 2. *The Five Basic Categories*

Category no.	Description of the category
1	The other's activity in the world, at moments constituted as pathological, comes to be both mechanistic and instinctual in his/her relationships with both himself and others. It appears to lack those essential characteristics that participants either explicitly or implicitly experience as necessary for humanness.
2	An air of tenuous stability is maintained through the other's active dependency upon a significant mothering figure, which is viewed as not being commensurate with the observer's experience.
3	There appears to be a loss of control and a split that results in a fear of engulfment making the other both attractive (eliciting a nurturing response) and repulsive to the observer.
4	In the attempt of both participants to get away from it all, the other appears to exhibit both purposefully morbid and hostile attitudes and behavior, thus eliciting from the observer both anger and the desire to be distant.
5	The other's comportment is institutionally defined as socially unacceptable, where both chemically and nonchemically induced states are made equivalent.

Note. These categories resulted from the reduction of Table 1.

The lived experience of psychopathology was viewed as specific to, yet not solely a function of, a situation. Consequently, the other's activity in the world at moments construed as pathological, came to be viewed as mechanistic, instinctual, and lacking those essential characteristics that participants either explicitly or implicitly experience as necessary for humanness. An active dependency upon a significant mothering figure, which is not commensurate with the experience of the observer, maintained the pervading tenuous stability.

The ambivalence over both the desire to nurture on the part of the observer and to be nurtured on the part of the other, while both fearing engulfment, is dialectically related to a sense of decreasing control and increasing morbidity and hostility. The resulting anger led to a desire in both participants to distance themselves. The preceding dynamics allow for the socially unacceptable behavior to be defined institutionally without regard to chemical or nonchemical states.

This description is of necessity situational—that is, it represents the socioeconomic and political backgrounds of the participants and their current status in Canadian society. Although the participants are limited by their historical grounding, they share a common sense of human being-toward-the-world (Merleau-Ponty, 1962), which allows us to posit that our fundamental description reflects all human psychopathological encounters in our society, yet remains incomplete in terms of its own position in its historical evolution. Specifically, the fundamental description holds until an encounter of psychopathology can be found and phenomenologically shown not to correspond to the necessary components of the description.

Discussion

Through our research, we have come to see that our fundamental description both affirms and denies several basic tenets of traditional conceptions of psychopathology. For the sake of brevity, we have focused on psychodynamic, environmental, and solipsistic theoretical approaches.

In the case of psychodynamic theories, there is a clear correspondence between dependency and the mother, ranging from Freudian Oedipal conflicts to Sullivanian good-bad breast and the following statement in the fundamental description: "An active dependency upon a significant mothering figure, which is not commensurate with the experience of the observer, maintained the pervading tenuous stability." Unlike traditional psychodynamic theories, the dependency is viewed as situationally, rather than inherently, defined. The corresponding instability or neurotic aspect of the relationship does not stem from anything innate within the relationship, but rather dialectically coconstitutes that relationship.

The correspondence again manifests itself in the area of ambivalence, which Ricoeur (1970) identifies as a recurring theme in Freudian theory. As stated in our fundamental description:

The ambivalence over both the desire to nurture on the part of the observer and be nurtured on the part of the other, while both fearing engulfment, is dialectically related to a sense of decreasing control and increasing morbidity and hostility. The resulting anger led to a desire in both participants to distance themselves.

Today, we see this presented in early Laingian thought with regard to engulfment (Laing, 1959). Whereas from Freud to Laing these parameters are viewed as emerging from the individual identified as pathological, we found that they arise from the situation as constituted by both participants.

As regards environmental theories from Watson to Bandura, we have a general correspondence in that we found that psychopathology is situationally grounded. However, where environmentalists view pathology as being solely contingent upon the environment, our protocols and the resulting fundamental description can find no reduction that would lead to a linear causal theory. Thus, the statement from our description, "...moments construed as pathological come to be viewed as mechanistic, instinctual, and lacking those essential characteristics that participants either explicitly or implicitly experience as necessary for humanness," affirms Boss's (1963) proposition that theories that reduce man to external situations and/or internal drives devoid of a recognition of uniquely human characteristics would only describe man as pathological.

This brings us to the solipsistic theories. We certainly concur that psychopathology is institutionally defined, as indicated by our fundamental description, yet this presents only one aspect of the picture.

Wherefore Szasz's concept of pathology remains self-defined, our description recognizes that man, as a being-in-the-world, can never define him/herself independently of his/her relationships within the world.

In summary, although our personal, historical, cultural, socioeconomic, and political horizons limit our conceptions of psychopathology, the lived encounter of pathology cannot be reduced to any one or a combination of them. From our findings, there seem to be two clear implications for the treatment of psychopathology: 1) the present approaches are clearly inadequate and must be revamped, and 2) they each say something that is vital to a complete understanding of the problem. If our fundamental description holds, it is obvious that we cannot speak of pathology in the abstract or without the continuous recognition and acknowledgment of human involvement in the process. This has serious implications for individuals who would work with those identified as psychopathological, in that it entails the helping professional viewing him/herself as part of the pathology. That is, without their participation in the process there would be no manifestation of the pathology. Thus, the not-so-fine line between staff and patient, in terms of differential power relationships, would need to be reevaluated or even erased. It also means that the hegemony of a single treatment approach would be abolished because pathology is a multidimensional, dialectically elicited, and coconstituted phenomenon. However, and most important, treatment would cease to be symptom specific; rather, the client must be approached as a totality and not as a symptom cluster. His or her lived world would become primary, not his or her ability to be reduced to a preestablished group of categories. No doubt this would entail a tremendous change in staff to patient ratios and the present approach to staff training, but it would also mean a human approach as opposed to our present grab-bag view of treatment.

Because psychopathology, like all human modes of being-in-the-world, is a whole that encompasses many parts, it cannot be completely understood by investigating only the parts. That is not to say that we feel that there is no value in researching the environmental or biological parts of psychopathological existences. Research of this naturalistic nature is necessary, but we feel that it should not be looked upon causally, but rather in terms of how these parts dialectically fit into the whole. Consequently, research into specific parts should be investigated as to how the participants take up and live them in an encounter of psychopathology.

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THE LIVED EXPERIENCE OF PSYCHOPATHOLOGY

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