A Phenomenological Approach to Obsessive Compulsive Disorder

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Andrés M. Buriticá

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Resumen

Una perspectiva fenomenológica del TOC

La psiquiatría atraviesa por lo que, en debates actuales, se ha llamado "la crisis de la psiquiatría". Una de las causas de la crisis de la psiquiatría tiene que ver con el hecho de que ésta no ha logrado abordar exitosamente los fenómenos psiquiátricos desde una perspectiva de primera persona. Si bien muchos enfoques de los fenómenos psiquiátricos han ofrecido perspectivas de tercera persona (como los enfoques reduccionistas, el enfoque biopsicosocial, los enfoques descriptivos, o los modelos valorativos), estas perspectivas dejan de lado la forma en la que las personas *experimentan* o *viven* los fenómenos psiquiátricos. El Trastorno Obsesivo-Compulsivo no ha sido ajeno a esta crisis. Así, en esta Tesis quiero ofrecer una perspectiva para comprender los fenómenos obsesivo-compulsivos desde un enfoque de primera persona, por lo que acudo a la fenomenología considerando que ésta estudia la estructura de la experiencia consciente. En particular, quiero ofrecer una descripción de los fenómenos obsesivo-compulsivos al nivel de la *experiencia obsesivo-compulsiva vivida*. En este sentido, en esta investigación ofrezco una respuesta a la pregunta: *¿cómo describir los fenómenos obsesivo-compulsivos al nivel de la experiencia vivida?* La tesis que defiendo es que los fenómenos obsesivo-compulsivos son una perturbación de los *sentimientos existenciales*. Esta perturbación se manifiesta a través de un sentimiento de *desacople perceptivo* que surge cuando las *posibilidades de acción* no se actualizan. En la experiencia obsesivo-compulsiva, el mundo de las personas se estructura como un *espacio incierto de posibilidades*.

Palabras clave: TOC, Psiquiatría, Fenomenología, Enactivismo, Sentimientos existenciales, Estructura horizontal de la experiencia

Abstract

A Phenomenological Approach to OCD

Psychiatry is going through what in current debates has been called "the crisis of psychiatry". One of the most relevant causes of the crisis of psychiatry has to do with the fact that it has not been successful in approaching psychiatric phenomena from a first-person perspective. Although many approaches to psychiatric phenomena have offered third-person perspectives (the biological/neuro-reductionist, the biopsychosocial, the objective-descriptive, or the values-based model), these perspectives leave aside the way subjects *experience* or *live* psychiatric phenomena. Obsessive-Compulsive Disorder has not been alien to this crisis. In this regard, in this Dissertation, I want to offer an understanding of obsessive-compulsive phenomena from a first-person perspective, which is why I draw on phenomenology since it studies the structure of conscious experience. Particularly, I want to offer a description of obsessive-compulsive phenomena at the level of the *lived obsessive-compulsive experience.* In this respect, I provide an answer to the question: *how can obsessive-compulsive phenomena be described at the level of the lived experience?* The thesis I defend is that obsessive-compulsive phenomena are a disturbance at the level of *existential feelings.* This disturbance manifests itself through a feeling of *perceptual decoupling* that emerges as *possibilities for action* are not *actualized* or *fulfilled.* In obsessive-compulsive experience, the subjects' world is structured as an *uncertain space of possibilities.*

Keywords: OCD, Psychiatry, Phenomenology, Enactivism, Existential feelings, Horizonal structure of experience

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Introduction

Obsessive-compulsive phenomena[1] are a *disturbance regarding the feeling of being connected or coupled to the world.* This is the thesis I will defend in this research. The reason to offer an argument to defend this thesis might be traced from what has been called "the crisis of psychiatry" (Andreasen, 2007; Fuchs, 2021; Parnas et al., 2008; Stanghellini & Aragona, 2016). Before explaining how "the crisis of psychiatry" led me to offering a proposal on obsessive-compulsive phenomena, I will briefly contextualize how obsessive-compulsive phenomena are usually conceived and why it is important to offer research on it.

Obsessions and compulsions might be phenomena that are common to most people. Sometimes people have thoughts or images they do not want to have. For example, when a relative is at the hospital in a critical state, the thought of the relative dying could be disturbing and unwanted; or when someone is waiting for the results of a job interview, the thought of not being accepted is not pleasant for this person; or when someone is asked not to think about a white bear, suddenly the thought of a white bear comes to mind. It is also common for people to have feelings of anxiety or fear in certain situations, like being in a hurry while being stocked in a traffic jam, being late for a job interview, walking alone in a dark and dangerous street, seeing a threatening person walking towards you, etc. People might also tend to have control over situations. For instance, the owner of a company must be attentive to pay on time the salary to the employees or to keep a safe environment in the workplace. People might also have specific behaviors in order to be calm; for example, some people pray, others have a lucky number, others wear a "lucky" shirt, or others might double-check whether the main door is locked.

These can be considered as experiences that people have in their daily life; usually, people can deal with those situations, stop worrying about them, or subjects can continue with their current routines. Nonetheless, not all cases in which feelings like uncertainty, anxiety, or fear take place,

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[1] In respect of my proposal, I will use the expression "obsessive-compulsive phenomena" or "obsessive-compulsive experiences" instead of "obsessive-compulsive disorder". The reason for this is that I want to approach those phenomena as *experiences* or as the way they are *lived* by subjects. Nonetheless, I might use the expression "disorder", such as "psychiatric disorder" or "obsessive-compulsive disorder", when I present other authors' proposals (if those authors use that expression).

or in which subjects have tendencies to act in certain ways, are experienced in the same manner. Something particular to the previous experiences is that they are not found as highly troublesome. Those experiences are rather considered a proportional and corresponding reaction to the situations they emerged from. Nonetheless, when an experience involves feelings like uncertainty, anxiety, fear, or the tendency to act in certain ways, and these are found to be troublesome, it might be the case of obsessive-compulsive experiences.

According to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013), obsessive-compulsive disorder -as this Manual refers to this phenomenon- is characterized, on the one hand, by the presence of persistent and recurrent thoughts, urges, or impulses –obsessions–, which are experienced as unwanted and intrusive. Obsessions are not under the subject's will and control, which is why obsessions cause anxiety, fear, and the feeling of lacking control over thoughts, emotions, and autonomy. On the other hand, subjects try to prevent, neutralize, ignore, or suppress obsessions by carrying out bodily or mental repetitive behaviors that aim to ease those obsessions. Some examples of these behaviors are: washing their hands intensively, continuously checking things, ordering and cleaning everything, avoiding social contact, praying, counting until a specific number, or repeating certain words, among others. This tendency is named *compulsions* (American Psychiatric Association, 2013, p. 237).

Subjects seem to feel there is a causal relationship between obsessions and compulsions (Szalai, 2016, p. 49); if subjects don't execute the compulsions, the feeling that obsessions can become true will be stronger, which would be felt as: "if I don't do this (compulsion), then this thought (obsession) will become real". This leads, according to Szalai, to feeling fear and anxiety (additional to that caused by obsessions themselves). In any case, subjects find that causal relationship to be nonsensical and difficult to falsify (Szalai, 2016, p. 55). This is related to another feature of obsessive-compulsive phenomena, namely, subjects can consider both obsessions and compulsions reflexively. In the case of obsessions, subjects usually consider them as imposed and highly difficult to avoid, even when they do not want to experience them. Compulsions, on the other hand, are striking since subjects feel the need to realize them, even when they find those compulsions to be troublesome.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which is the bibliographic source of the previous description, resulted from a series of hectic debates that took place during the 20th century -and are still prevailing- between different perspectives and accounts to, first, conceptualize the nature of psychiatric phenomena and, second, to create *models* in psychiatry, *i.e.,* approaches to understand the nature of psychiatric phenomena (Ghaemi, 2003; Guze, 1978). Indeed, during the 20th century, many perspectives, and accounts to conceptualize the nature of psychiatric phenomena, have been proposed. Some of the most recognized models in psychiatry that have been proposed to capture its subject matter are the biological/neuro-reductionist, the psychoanalytic, the biopsychosocial, the objective-descriptive, and the values-based models[2]. Each of these focuses on either one or more features depending on what each one of them considers is, or are, the most relevant feature(s) of psychiatric phenomena.

Regarding the nature of obsessive-compulsive phenomena, many approaches have been proposed. Since the 19th century, researchers and physicians have tried to approach it. As I will present in the First Chapter of this Dissertation, the proposals about obsessive-compulsive phenomena are not only numerous; they are also varied, which makes it highly difficult to unify all of them into one single proposal. For example, the conception of the DSM-5 resulted from the biopsychosocial model, which is currently the most accepted model used by physicians. Nonetheless, this model has also received critics as it is considered to be the result of the *operational revolution,* which names the project of defining psychiatric phenomena based on criteria-based diagnoses ("operationalizations") that tend to be descriptions from a *third-person perspective* (Sass et al., 2013, p. 273). These descriptions entail observable external behavior or descriptions made by subjects of their own symptoms. In this respect, the purpose of the operational revolution is to gain reliability and validity in psychiatry, which is the road that the DSM-5 has followed.

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[2] These models are exposed by Sanneke de Haan in his book *Enactive Psychiatry* (de Haan, 2020b) or by Samir Ghaemi in his book *The Concepts of Psychiatry: A Pluralistic Approach to the Mind and Mental Illness* (Ghaemi, 2003). In short, the biological/neuro-reductionist models consider psychiatric phenomena as brain diseases. The psychoanalytic model focuses on letting subjects make sense of their symptoms by a free association of ideas regarding the history of their difficulties and life history. The biopsychosocial model affirms that psychiatric phenomena have biological, psychological, and sociocultural features, and that all of these features interact with each other in a holistic manner. The objective-descriptive model holds that psychiatric phenomena are approached by obtaining a list of symptoms and signs to, afterwards, find an underlying disease, which is usually considered to be biological. The values-based model considers that psychiatry should do justice to both the physiological process that is involved in psychiatric phenomena and the idea that psychiatric practice "takes place in the life-world and is guided by values" (de Haan, 2020b, p. 34).

Nonetheless, and despite being a widely accepted *Manual*, the DSM-5, as well as psychiatry, has been criticized because third-person perspectives might not be sufficient to approach psychiatric phenomena. This phenomenon has been called the *crisis of psychiatry*, which, among other features, has been described as the tendency to schematize and reduce psychopathology to primitive, oversimplified, and mechanic manuals -such as the DSM-5- (Andreasen, 2007; Fuchs, 2021; Parnas et al., 2008; Stanghellini & Aragona, 2016). The consequence of this reduction is that psychiatry has become operational and mechanic, which has led to a relatively poor and partial understanding of psychiatric phenomena. This impoverished understanding is reflected in problems such as that "[…] DSM diagnoses are not useful for research because of their lack of validity" (Andreasen, 2007, p. 111), and also that "[…] reliability has not, in fact, been radically improved by the advent of DSM-III and its successors" (Parnas et al., 2008, p. 579). The crisis of psychiatry emerges, among other issues, since it has offered third-person perspectives to psychiatric phenomena, and it must be taken into account that psychiatry deals with human beings, and this entails dealing with *experiences* and *ways of experiencing oneself, others, and the world*. In this respect, psychiatry must deal with *subjective experiences*. In this regard, one of the features that characterizes the crisis of psychiatry is that its understanding of psychiatric phenomena in terms of *subjective experiences* is rather poor.

If psychiatry must deal with subjective experiences, then it needs an adequate resource to approach those experiences. In this regard, phenomenology, conceived as the study of conscious and subjective experience, might serve as the resource that psychiatry needs to deal with its crisis. Indeed, according to Thomas Fuchs, "[a]s the systematic project of investigating the structures of subjective experience, phenomenology may also be considered the foundational science for psychopathology" (Fuchs, 2010, p. 547). In this sense, attending to phenomenology is something that psychiatry needs in order to start overcoming its crisis.

In this context, in this Dissertation, I want to offer a characterization of obsessive-compulsive phenomena from a phenomenological perspective. This means that I am not interested in researching third-person perspectives to obsessive-compulsive phenomena, such as those entailed by, for instance, psychology. Indeed, while I expose my own proposal on obsessive-compulsive phenomena, I will avoid as much as possible notions of a psychological kind, such as thoughts, anxiety, fear, worries, obsessions, compulsions, and anguish, among others that are

frequently used in Manuals like the DSM-5. Rather, I want to offer an approach at the level of *lived obsessive-compulsive experience.* In this respect, I will offer an answer to the question: *how can obsessive-compulsive phenomena be approached at the level of lived experiences?* The thesis I defend is that obsessive-compulsive phenomena are a disturbance at the level of *existential feelings* (Ratcliffe, 2005, 2012, 2020). This disturbance manifests itself through a feeling of *perceptual decoupling* that emerges as *possibilities for action* are not *actualized* or *fulfilled.* In obsessive-compulsive experience, the subjects' world is structured as an *uncertain space of possibilities.* To defend this thesis, I divide the Dissertation into five chapters.

In the First Chapter, I introduce the most representative proposals that have been formulated to offer a characterization of obsessive-compulsive phenomena, most of which were developed during the 19th and 20th centuries. The objective of this Chapter is to introduce the reader to the phenomenon I want to approach in the Dissertation -*i.e.,* the obsessive-compulsive phenomenon- and to justify the need for a phenomenological perspective to it. Even when most of the characterizations or approaches that I present in this Chapter can be considered *non-phenomenological,* I will also present some *phenomenological* perspectives on these phenomena; if this Dissertation is about a phenomenological perspective, it is also relevant to consider what has been proposed in this respect.

In the Second Chapter, I offer a justification of the necessity that psychiatry has of embracing a phenomenological perspective. In this Chapter, I present what has been named *the crisis of psychiatry,* which, in the current context, refers to the idea that it has been difficult to approach psychiatric phenomena from a *first-person perspective.* Although many approaches to psychiatric phenomena have offered third-person perspectives, these perspectives leave aside the very *subjective experience, i.e.,* the way subjects *experience* psychiatric phenomena or, in other words, how is it that the psychiatric phenomena are *lived* by subjects. In this respect, if I want to offer a phenomenological proposal on obsessive-compulsive phenomena, it is appropriate to justify why a proposal of this kind is needed.

In the Dissertation, I defend that obsessive-compulsive phenomena emerge as a disturbance of the *structuration* of a *meaningful world.* In this respect, it is necessary to present how a *meaningful world* is structured by subjects. Therefore, in the Third Chapter, I present an enactivist approach

to cognition. According to this approach, cognition is a continuous process of *sensemaking* that consists in a dynamic structuration of a meaningful, significant, and valuable world *by* and *for* the subject. In this respect, subject and world *co-determinate* each other, and this *co-determination* takes place in the structuration of perceptuomotor abilities and skills that aim at achieving *equilibrium* in this *co-determination*. This co-determination can be seen from two perspectives, the *person-perspective* and the *world-perspective*. Structuring a meaningful world entails both structuring perceptomotor abilities (the *person-perspective* of the co-determination) and structuring environmental regularities (the *world-perspective* of the co-determination). In this regard, the notion of *corporeal schema* proposed by Maurice Merleau-Ponty is highly relevant to this Dissertation. In this Chapter, I hold that the structuration of perceptuomotor abilities and skills has an affective feature, namely, the feeling of being *coupled* or *adjusted* to the world, which Matthew Ratcliffe calls *existential feelings*. This leads to the Fourth Chapter.

In the Fourth Chapter, I defend that *existential feelings* refer to the temporality of perceptive experience -which entails a normativity of experience. Following Ratcliffe, I hold that *existential feelings* concern the *experience of the possible*, which is why the Husserlian notion of the *horizonal structure of perceptual experience* is appropriate. The *horizonal structure of perceptual experience* involves anticipatory and fulfillment structures: experiencing possibilities entails fulfilling or disappointing them. This fulfillment or disappointment entails a *mode of certainty* according to which expectations integrate a "fitting fullness" that might suit what is anticipated. If existential feelings concern the *experience of the possible*, and the experience of the possible involves the *mode of certainty*, then existential feelings entail a normativity of the feeling of being *connected* or *coupled* to the world.

In the Fifth Chapter, I present obsessive-compulsive phenomena as a disturbance in which subjects do not achieve an equilibrium in the interplay between the anticipatory and the fulfillment structures. This imbalance is characterized by the experience of not *gripping* or *apprehending* what *appears* in perceptual experience. This lack of grip must be understood as a *failure* in fulfilling the *horizonal structure of experience* that leads to an experience of *uncertainty*, which, in turn, entails an experience of *not adjusting* to *lived situations*. This experience of *not adjusting* or *coupling* to lived situations is felt as a *perceptual decoupling*. In this Chapter, I expose how this feeling of *perceptual decoupling* emerges.

Although this Dissertation offers a phenomenological alternative to have an understanding of obsessive-compulsive phenomena, there are still questions to be approached and explorations to be done regarding these phenomena. As I affirm at the end of the Fifth Chapter and in the Conclusions, it is appropriate to go further in this proposal, not only from a phenomenological perspective, but also by establishing relationships with proposals that entail third-person perspectives to psychiatric phenomena. In this regard, I finish this Dissertation by formulating possible questions to go further on this research, at the same time that I suggest some possible ways of dealing with those questions.

Chapter 1. What Has Been Said on Obsessive-Compulsive Phenomena? Non-Phenomenological and Phenomenological Approaches to OCD

In ordinary daily life, it is not unusual for people to have concerns, worries, anxiety, obsessive thoughts, ruminations, or the sensation of lacking control over thoughts, feelings, or situations. For instance, when someone faces a traffic jam every day on her way to work, she can feel a growing anxiety due to the stress produced by the traffic situation; or someone who has to take an important test to get accepted at her ever dreamed university may feel high levels of anxiety, or ruminations around the questions "What if I do not make it?", "Should I be studying instead of sleeping?", among others; or when someone who lives in an insecure neighborhood and goes on holidays but does not remember whether he locked the door of his place, he can have feelings of uncertainty and helplessness due to the impossibility of checking the door by himself. One last example could be when someone is waiting for a medical test that will notify him whether he has or not a critical disease, so this person cannot control his thoughts about a fatal and threatening future.

These examples refer to events that could happen to anyone. Even when those feelings are not pleasant and disturb the subject's tranquility, they may be helpful as they let the subject to focus his attention on threatening situations to which he or she can react. Nonetheless, there are situations in which experiencing concerns, worries, anxiety, obsessive thoughts, rumination, or the sensation of lacking control over thoughts, feelings, or situations, could be described as "exaggerated", "irrational", "abnormal", or "out of place"[3]. This is the case of *Obsessive Compulsive*

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[3] These words suppose that there are moderate, rational, normal, or "in place" experiences. In this case, the reader might require a criterion based on which I define an experience as normal or rational, or, from another perspective, a criterion to consider an experience as abnormal or irrational. I should make two considerations at this respect. First of all, in this Dissertation I will offer a description of the kind of experiences that subjects with obsessive-compulsive experiences have; even though I will not offer a precise definition of what an "abnormal experience" means, the description I will offer entails a qualitative characterization of the obsessive-compulsive experiences. In this sense, this description is focused on how is it that the subject's experience is not considered as "normal" or, better, on what its abnormality is about, rather than defining "normality" o "abnormality". Secondly, and regarding this Chapter, I will expose different and varied criteria that have been proposed since the 19th Century to characterize OCD and, consequently, to differentiate it from non-OCD phenomena. In this respect, this Chapter offers a schematic overview of different criteria that have been proposed to differentiate psychopathological experiences from non-psychopathological ones.

Disorder (OCD). In OCD people might feel they cannot control their thoughts and feelings, so these are experienced as imposed and intrusive. These experiences interfere with the subject's daily activities, and they become troublesome, irritating, and disturbing. In response to these disturbing experiences, subjects react through certain activities and behaviors to ease those intrusive experiences.

In the current, standard, and dominant literature on psychopathology, the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) can be considered one of the most used diagnostic books by clinicians. According to the Fifth Edition of the DSM, Obsessive Compulsive Disorder is commonly described in terms of persistent, recurrent, unwanted, and intrusive thoughts, urges or impulses (what is known as *obsessions*), which go accompanied by bodily or mental repetitive behaviors that aim to ease those obsessions (*compulsions*) (American Psychiatric Association, 2013, p. 235). This very general description is the result of extensive proposals and debates on how this psychopathology is to be understood, most of which have taken place, at least, since the 19th century. If this Dissertation aims at having an understanding of OCD and, particularly, having an understanding of it from a phenomenological perspective, then it is pertinent to have a general review on, firstly, the most relevant proposals on obsessive-compulsive phenomena during the 19th and 20th centuries (including its strengths and weaknesses) and, secondly, on what has been proposed on obsessive-compulsive phenomena from a phenomenological perspective in order to justify the necessity of a phenomenological approach to it.

In this Chapter, first of all, I will present the most relevant conceptions on obsessive-compulsive phenomena since the 19th century. This first part comprises proposals from the 19th century and proposals from the 20th century. Secondly, I will expose some phenomenological approaches to OCD that are focused on the way obsessive-compulsive phenomena are *lived* by subjects. To finish, I will present a contemporary phenomenological approach to obsessive-compulsive phenomena developed by Martin Bürgy. Nonetheless, although his proposal has a phenomenological basis, I will hold that it falls into the same problems that, initially, motivated the proposal itself.

1. *Obsessive-Compulsive Phenomena: 19ᵗʰ Century*

Although the first known conceptual characterization of obsessive-compulsive phenomena was made in 1838 by the French psychiatrist Jean-Étienne Dominique Esquirol, previous reports on those phenomena can be found before the 19th century. Since the 16ᵗʰ century, terms such as *obsessio, compulsio* and *impulsio* were used to refer to "behaviours redolent of obsessions" (Berríos, G.E., 1989, 1996). In *Anatomy of Melancholy* (1621), Robert Burton exposes the case of a person who avoided going over bridges, walking around pools, rocks, or hills because he was afraid of being tempted to, respectively, hang, jump, or precipitate himself (Berríos, G.E., 1996). In 1660, Bishop Taylor described the case of a person who was highly scrupulous, to the point of causing feelings of indisposition, even when this person had conscious proper arguments to avoid being that scrupulous. In *The Life of Dr. Johnson* (1791), James Boswell held that Dr. Samuel Johnson had to perform some specific and superstitious habits, such as taking a certain number of steps from a specific point to walk across the door, and he always had to cross it using either his left or right feet (Boswell could not determine which one it was).

Although these reports disclosed what seemed to be cases of obsessive-compulsive phenomena, they were not meant to be conceptual approaches. The first documented research focused on addressing a conceptual understanding of obsessive-compulsive phenomena were developed in 1838. It was made by Jean-Étienne-Dominique Esquirol, who reported the first case description of what nowadays is known as Obsessive Compulsive Disorder (Berríos, G.E., 1996; Bürgy, 2005; de Haan et al., 2013b). After 1838, during the 19ᵗʰ century, psychopathologist, mostly from France and Germany[4], tried to understand obsessive-compulsive phenomena by conceptualizing it according to what they considered was the core of the disorder: it was considered either an affective/emotional, a cognitive/intellectual, or a volitional disorder (Berríos, G.E., 1996; de Haan et al., 2013b).

Esquirol (1838) described the fear of one of his patients, "Mademoiselle F", of stealing items she had previously touched, and how, by washing her hands and standing on one leg, she managed

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[4] Although during the 19th century there were British researchers who conducted studies on obsessive-compulsive phenomena, these investigations were mostly comments about the French and German proposals. For more insight on this, see Chapter "Obsessions and Compulsions" in *The History of Mental Symptoms: Descriptive Psychopathology since the Nineteenth Century* (Berríos, G.E., 1996).

to keep these thoughts under control. This behavior was described by Esquirol as involuntary, irresistible and instinctive, and there was a very specific detail in this case: Mademoiselle F had insight into the fact that those thoughts were intrusive (Berríos, G.E., 1996, p. 143). Esquirol called this phenomenon *délire partiel* (volitional monomania) or "instinctive reasoning", and considered that it was not clear whether it was an intellectual or a volitional disorder (Berríos, G.E., 1989). Although Esquirol recognized that there was insight in the *délire partiel*, it was not until 1875, during a debate that took place at the *Société Médico-Psychologique* (1875), that obsessive-compulsive phenomena were redefined as *folie avec conscience* (insanity with insight).

The question whether obsessive-compulsive phenomena were an intellectual, an emotional, or a volitional disorder, determined the debate about their nature during the second half of the 19th century: according to the way obsessive-compulsive phenomena were conceived -an intellectual, an emotional, or a volitional disorder-, they were labeled either as insanity, psychosis, or neurosis (Berríos, G.E., 1989, 1996).

Although during the first half of the 19th century these phenomena were conceived as a disorder of thinking, by the second half of the century it was considered that emotions had a primarily role in the disorder. In 1866, Bénédict Morel (1809-1873) was the first to suggest that obsessive-compulsive phenomena could be covered by the category of "neurosis". Morel used the label *delire emotif* (emotional delirium) to characterize a "disease of the emotions" where a particular type of fixed ideas and abnormal acts took place, so the person felt irresistible impulses that led to a loss of will (cf. Berríos, G.E., 1996, p. 143). According to Morel, although the *delire emotif* was related to unwanted and fixed ideas, it did not involve any disorder of the intellectual faculties because it was not a case of cognitive impairment or hallucination, and even in the case it was considered a case of an intellectual disorder, then its emotional feature could not be explained. Morel's proposal was intriguing not only because it placed obsessive-compulsive phenomena within the framework of emotions, but also because he argued that obsessions had their genesis in the ganglionic system, which manifested an interest to relate psychopathology to organic causes and to somatic symptoms (Berríos, G.E., 1989, p. 283, 1996, p. 144).

In 1875, Legrand du Saulle (1830-1886) aimed at making a detailed description of the temporal symptom evolution of the disorder. Following Morel, du Saulle held that obsessive-compulsive

phenomena were primarily a problem of emotions, and he called them *folie de doute avec delire de toucher* (disorder of doubt with a delusional touch). According to du Saulle, these phenomena had three stages: first, there were involuntary, spontaneous and irresistible thoughts (that were not hallucinations or illusions), which led to feeling fear and anxiety, and to perform rituals; second, there was a confession by the patient to his family and friends about symptoms that he had kept in secret for years (for example, depression, anxiety, somatic symptoms, rituals, phobias, fear of touching objects, excessive cleaning, among others); third, those obsessive thoughts and appearing rituals caused an impairment in psychosocial competence. *Folie de doute avec delire de toucher*, according to du Saulle, involved the patient's insight about his own symptoms (as shown in the second stage).

Esquirol, Morel and du Saulle were not the only French researchers interested in understanding obsessive-compulsive phenomena. In 1866, Jean-Pierre Falret used the term *maladie du doute* (doubt disease) to refer to the pathological doubt involved in obsessive-compulsive phenomena. Due to the work of Falret, the term *obsession* gained an important medical novelty during the second half of the 19th century and, in 1868, his work influenced the German Psychiatrist, Wilhelm Griesinger. Henri Dagonet, for his part, focused his research on the rituals that patients performed, and considered obsessive-compulsive phenomena as a disturbance of the will; he used the label *folie impulsive* (impulsive insanity) to refer to irresistible and involuntary acts that were imposed to the person (Berríos, G.E., 1989, p. 286). Victor Bourdin followed Dagonet's research and proposed a classification of different kinds of impulsions: conscious, unconscious, pseudo-impulsions and mixed. In 1892, Benjamin Ball proposed eight operational criteria to recognize obsessive-compulsive phenomena: insight, sudden onset (patients remembered when their symptoms started), paroxysmal nature (increases of the symptoms in certain periods), no cognitive impairment, release of the tension when a ritual was done, frequency of somatic and anxiety symptoms, and, finally, family history regarding obsessions.

Although the idea that obsessive-compulsive phenomena had an emotional and a volitional root was popular in France during the second half of the 19th century (Berríos, G.E., 1989, p. 188, 1996, p. 142), this was not always the case during the French 19th century. At the beginning of this century, obsessive-compulsive phenomena were considered as a form of *insanity*, and they were approached from three categories: *manie sans delire* (mania without delirium), *monomanie*

intellectuel (intellectual monomania) and *folie lucide* (lucid madness). These three notions characterized obsessions and compulsions as a primarily problem of the intellect. Thirty years after Esquirol proposed the term *délire partiel*, the idea that obsessive-compulsive phenomena were a disorder of the intellect had a strong endorsement in Germany. Indeed, in 1867, the German Psychiatrist Richard von Krafft-Ebing proposed the term *Zwangsvorstellung* to refer to irresistible thoughts (*Zwang*: to control, to oppress, to compel; *Vorstellung*: representation, presentation), which suggested an intellectual nature of the disorder. Von Krafft-Ebing's proposal was also noteworthy because, following Morel's, he considered that these phenomena were related to a problem at the level of the nervous system.

One year later, in 1868, in a meeting of the Berlin Medico-Psychological Society, Wilhelm Griesinger presented three report cases related to obsessive-compulsive phenomena: a middle-aged woman, a 34 year old man, and a 21 year old woman, all of which suffered from obsessional ruminations and self-questioning (Berríos, G.E., 1996, p. 146). According to Griesinger, these symptoms were due to an impartment of ideas that was manifested through a ruminative behavior, which he called *Grubelnsucht* (Berríos, G.E., 1996, pp. 142, 146). Griesinger also noted that patients had insight on their psychopathological experiences and had feelings of shame that led them to hiding their problems. In 1877, based on du Saulle's, Falret's and Griesinger's work, Carl Westphal established a conception of obsessive-compulsive phenomena that is still influential on actual -and extensively used- approaches to OCD (*i.e.*, that presented in the DSM-5). According to Westphal, there were three stages in the disorder. Firstly, there were "pure mental experiences" (obsessive ideas and ruminations); secondly, there were "precursors of actions" (anxiety and compulsions); and thirdly, patients with severe cases considered there was a direct connection between obsessions and impulsions of the will.

Westphal considered that obsessions were egodystonic (*folie de doute*), compulsive (*delire de toucher*), and impulsive. The suggestion that obsessions were an egodystonic phenomenon reflected the idea that the affected person acknowledged obsessive thoughts as alien and contrary to his will (de Haan et al., 2013b). This revealed that, first of all, the weakness of the will was a consequence of the intensity and force of obsessions and, secondly, that subjects had insight of their experiences (that led them to feelings of shame, as Griesinger also stated), which Westphal assessed as a determining feature of these phenomena: subjects recognized a conflict between

those obsessions and their will to make them disappear. Insight, in turn, allowed Westphal to distinguish obsessions from delusions in the meeting of the Berlin Medico-Psychological Society that took place the 5th of March of 1877. He also stated that obsessive phenomena were not an emotional or affect-like condition and it was rather a disorder in the stream of thinking. Under this categorization (obsessions/compulsions), obsessions were seen as a primary feature of the disorder, whereas compulsions and anxiety were a secondary effect: it was the obsessive thought that led the person to feeling anxiety, weakness of the will and to perform (or avoid performing) certain activities.

During the Royal Medical Society of Budapest in November of 1895, Julius Donath presented what he called *Anancasmus syndrome*. He treated a woman who presented constant thoughts about the possibility of cheating on her husband with people she had just met, or with whom it was unlikely it would happen. For example, if someone had told her that she had had sexual relationships with a man other than her husband, she would have believed it (no matter if it did not happen). This disorder was also referred to as *Anancastic personality* and it pointed at describing a perfectionist, thorough, hyper-responsible character, with a tendency to control and forecast (Berríos, G.E., 1996).

At this point a clarification must be made. Not only von Krafft-Ebing's proposal, but also Morel's, Dagonet's or du Saulle's had a width demarcation of obsessive-compulsive phenomena. This means that, in addition to the concepts they proposed to encase what nowadays is known as OCD, they also included "vasomotor and digestive symptomatology, phobias, dysphoria, unmotivated fears, fixed ideas, and compulsions" (Morel's *délire emotif*) (Cf. Berríos, G.E., 1989, 1996; de Haan et al., 2013b), melancholic mood (von Krafft-Ebing's *Zwangsvorstellung*), homicidal and suicidal tendencies, manic behavior, hypochondriacal preoccupations, and epileptic seizures (Dagonet's *impulsion*, and du Saulle's *folie de doute avec delire de toucher*).

The previous clarification suggests that categorizing and studying the nature of obsessive-compulsive phenomena during the 19th century was an ongoing process without a clear agenda, and without an established methodological framework to study psychopathologies. The fact that it was not clear whether those were disorders of the intellect, the emotions, or the will, additional to the extensive quantity of labels used to name obsessive-compulsive phenomena, showed a lack

of agreement and consensus on the demarcation or boundaries of the phenomena that psychiatrists were trying to understand (Bürgy, 2005, 2019; Robins & Guze, 1970; Surís et al., 2016). It was necessary to have a nosology of psychiatric disorders that allowed not only for a reliable characterization of psychopathological phenomena (Bürgy, 2019; Guze, 1978; North & Yutzy, 2010), but also that allowed settling an etiology of psychiatric disorders which, in turn, allowed for a better understanding of the intellectual, emotional, or volitional nature of obsessive-compulsive phenomena. It was necessary to study what kind of phenomena OCD were.

2. *Obsessive-Compulsive Phenomena During the 20th Century: Causal and Narrative Approaches*

Manuals to approach and understand psychiatric disorders have been developed mostly since the beginning of the 20th century[5]. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is nowadays one of the most known and used manuals by physicians, and has already reached its Fifth Edition (2013). This manual resulted from hectic debates that took place during the last century -and are still prevailing- between different perspectives and accounts to conceptualize the nature of mental phenomena, and also with the ambition to create *models* in psychiatry, *i.e.*, approaches to understand the nature of psychiatric disorders (Ghaemi, 2003; Guze, 1978). These debates are still prevailing and their purpose has been to establish both sturdy conceptual and methodological bases that allow for both an understanding of psychiatric disorders and an appropriate procedure to treat patients (Ghaemi, 2003).

One of the most relevant obstacles that psychiatry faces is that it must deal with the problem of integrating different factors that are conducive to or constitutive of psychiatric phenomena, such as: traumatic experiences; cerebral and physiological imbalances; personal, moral or religious

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[5] The first known initiative to create a diagnostic manual to psychiatric disorders was titled *Classification of Psychiatric Diseases and Mental Disturbances* (1863), and it was published in Germany by Karl Kahlbaum. Later, in 1893, Jacques Bertillon wrote the *International List of Causes of Death* which later in 1948, when its Sixth Edition was released, its name was changed to *International Classification of Disease* (ICD), and a section for psychiatric disorders was included. Nonetheless, in the United States, the Census Bureau published the *Statistical Manual for the Use of Institutions for the Insane (SMUII)* (1920), nonetheless it was largely ignored by North American psychiatrists (Surís et al., 2016). It was in 1952 when the First Edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I) was published. However, to avoid losing my objective in this Chapter, I will not go deeper on the history of nosology and etiology of psychiatry. To see more on this subject, see *The Evolution of the Classification of Psychiatric Disorders* (Surís et al., 2016) or *The Concepts of Psychiatry: A Pluralistic Approach to the Mind and Mental Illness* (Ghaemi, 2003).

concerns; economic and social difficulties; cultural demands; personal and existential concerns; among many others (Banner, 2013; de Haan, 2020a; Dew, 2009). Not in vain Rachel E. Dew affirms that "[b]eing a psychiatrist means dealing with ambiguity all the time" (Dew, 2009, p. 16), referring to the complexity of the subject matter psychiatrists deal with. Those perspectives and accounts to conceptualize the nature of mental phenomena have aimed at approaching psychiatric phenomena through either one or more of these factors (Ghaemi, 2003; Guze, 1978). Among the most recognized models in psychiatry that have been proposed to capture its subject matter, there can be recognized: the biological/neuro-reductionist, the psychoanalytic, the biopsychosocial, the objective-descriptive and the values-based models[6]. Each of these concentrates itself in either one or more aspects according to what they consider is, or are, the most relevant feature(s) of psychiatric phenomena.

During the 20th century, most of the work and research on OCD was done from three models: the biological/neuro-reductionist, the psychoanalytical and the biopsychosocial[7]. The biological/neuroreductionist model conceives OCD as a "neurochemical based" disorder involving the "brain serotonin and the glutamate systems" (Goodman et al., 2014, p. 1). This thesis had a decisive boost in 1975 when Clomipramine, a potent inhibitor of serotonin reuptake, was considered beneficial for the improvement of OCD patients. After a series of clinical trials in which Serotonin Reuptake Inhibitors (SRIs) were effective in treating OCD, pharmacotherapy gained support as a treatment course for OCD[8] (Jenike, 2001; Katz et al., 1990; Yaryura-Tobias & Neziroglu, 1975). Likewise, there have been findings that lead to considering the glutamatergic system as having a role in the development of OCD after showing that medication on the glutamate modulators function has effective outcomes in the OCD treatment. This thesis is

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[6] To avoid getting away from my main purpose –*i.e.*, approaching OCD from a phenomenological perspective- I will not go into details neither on these models to understand psychiatric disorders nor in the debates related to them. These models I am refereeing to were taken from proposals made by Samir Ghaemi (Ghaemi, 2003) and Sanneke de Haan (de Haan, 2020b), which I consider to be encompassing and accurate. To go deeper on the models to approach psychiatric phenomena, see: (Andreasen, 2007; de Haan, 2020a; Ghaemi, 2003; Luhrmann, 2001; Murphy, 2010).

[7] The most common approaches to OCD can be reduced to the biological/neuro-reductionist and the biopsychosocial as most of the studies on OCD during the 20th century, as I will briefly show, were done from these perspectives. Nonetheless, I add the psychoanalytical approach because it was paramount during the 50's and 60's decades in the United States, and played an important role in the formulation of the DSM-II. Afterwards, the DSM-III was published as a reaction to the psychoanalytic approach. For more on this, see (Ghaemi, 2003).

[8] Although SRIs have had an effective treatment for OCD, they are not considered a distinguishing feature of the disorder since SRIs have a wide field of action on different psychiatric conditions (Goodman et al., 2014, p. 5). Despite this, studies on the relationship between SRIs and OCD are still active nowadays.

compatible with circuit-based theories of OCD (Pittenger et al., 2011), which have shown that there is an increased activation in "the orbitofrontal cortex, the anterior cingulate cortex, and parts of the basal ganglia (particularly the head of the caudate nucleus) in the symptomatic state [of OCD patients] compared with healthy controls" (Goodman et al., 2014, p. 6; Hoehn-Saric & Greenberg, 2009)[9].

The psychoanalytical model to approach OCD is based mostly on Freud's work (Esman, 1989, 2008). In 1895, Freud used the expression "obsessional neurosis" for the very first time to refer to obsessional and compulsive phenomena which, just like Westphal did in 1877, he considered different from delusions (May-Tolzmann, 1998). According to Freud in its "Notes On a Case of Obsessional Neurosis" (1909), where he presented the Rat Man case (*Rattenmann*), obsessions and compulsions result from unconscious and unsolved conflicts as well as from emotional antecedents of the early stages of the patient's psychosexual development. The psychoanalytic treatment proposed by Freud was focused on letting the patient making sense (unraveling the meaning) of his symptoms by free association of ideas regarding the history of his difficulties and life history (Freud, 1909; Thapaliya, 2017). Freud's approach aimed at "bringing disturbed ideas into a temporal and experiential framework – when, how and under what circumstances did the symptoms arise?" (Williams, 2005). Although psychoanalytic studies on OCD have not had substantial contributions since Freud's writings (Esman, 1989, 2008), the psychoanalytical model had important influences on psychiatry and psychotherapy during the decades of 1950 and 1960: during these years psychoanalysis was predominant and set a strong opposition to biological approaches to psychiatry. This resulted in the Second Edition of the DSM (1968) (Ghaemi, 2003).

The biopsychosocial model to psychiatric disorders has its roots in Adolf Meyer's "psychobiology", the Kraepelinian (*i.e.*, a biological approach), and the psychopharmacological conception of psychiatric phenomena, and it was properly proposed and called "biopsychosocial" by George Engel in 1980. Even when this model has become an increasingly useful approach to psychiatric phenomena among both academic and physician practitioners, and it has been continuously discussed over the last 40 years, the model has not had profound changes since its appearance and it is still relevant nowadays (Adler, 2009; Borrel-Carrió et al., 2004; Gritti, 2009).

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[9] More aspects on human biology have been related to OCD. For instance, metabolic processes (Fava et al., 2014), neuroimmune dysfunctions (Snider & Swedo, 2004), hormonal disturbances (Swedo, 1989), genetics (Fava et al., 2014), among others.

The biopsychological approach holds, firstly, that psychiatric disorders have biological (physiological processes: neural, genetic, hormonal, metabolic, etc.), psychological, and sociocultural features; and, secondly, that all of these features interact with each other in a holistic manner, which is why systems theory is important for it (Engel, 1977; Ghaemi, 2003; Pilgrim, 2015).

However, and regarding the biopsychosocial model, despite all the studies that lead to considering biological aspects to play a central role in the pathophysiology of OCD, there is neither a unique biological cause of OCD nor should it be reduced to it (Lack et al., 2008; Lochner & Stein, 2003). In OCD there are also a variety of psychological features that are constitutive of it, such as: mistrust in memory; unwanted and intrusive thoughts; thought suppression; personal experiences related to the onset of the disorder; feelings of fear, anxiety, guilt, exacerbated responsibility and insecurity; specific personality traits; specific moral, sexual, cleaning (contamination and dirt), aggressive, sexual, and religious features; impulses to conduct specific actions; among others, all of which interfere with the person's daily functioning (American Psychiatric Association, 2013; Antony et al., 1998; Fullana et al., 2004; Lack et al., 2008; Salkovskis et al., 1999; Samuels et al., 2000; Tükel et al., 2002). And, finally, there are also social features that take place in the onset and the progression of obsessive-compulsive phenomena, such as: the happening of a specific event that triggered impulsive thoughts; rituals and emotional distress (Bürgy, 2005; Lack et al., 2008); social impairment that affects daily social relationship and daily occupations (Gothelf et al., 2004; Hartl et al., 2005); socio-cultural and economical demands or difficulties; social rejection (that comes with frustration) because of the manifested symptoms (Kring et al., 2007; Moritz et al., 2005); among others. Most of what has been proposed on OCD from a biopsychosocial model can be summarized in the DSM-5 conception of it.

These three models have addressed an understanding of obsessive-compulsive phenomena at the level of causal (in the case of the biopsychosocial and biological/neuro-reductionist models) or narrative angles (in the case psychoanalytical and, partly, by biopsychosocial models), which means that they have addressed OCD from a third-person perspective. This, I must clearly state, is not a negative or critical comment. On the contrary, biological/neuro-reductionist and the biopsychosocial models are supported by attractive and encouraging studies on OCD that

certainly have shown promising outcomes in understanding and dealing with these phenomena[10]. These models have resulted from empirical studies on OCD and have allowed for an objectification of the patient's condition in terms of biological categories, experience memories, patient's personal history, and cognitive, volitional, and affective impairments.

Nonetheless, psychiatric phenomena, following Rachel E. Dew on the ambiguity that psychiatry faces (Dew, 2009), are highly intriguing not only because of the numerous and different features they entail at different layers or aspects of the human experience -and its biology-, but also because of the different models that have been used to approach them[11]. Although all these layers or aspects are, indeed, highly relevant to understand psychiatric phenomena and, in particular, to understand OCD, they all are focused on third-person perspectives. Having this perspective is not a misleading or unreliable procedure *per se*, although it leaves aside the *subjective approach* to the phenomenon. Nonetheless, what does "subjective aspect" refer to? And why should a subjective approach to OCD be considered?[12].

Regarding the first question, it is necessary to consider the way subjects with obsessive-compulsive experiences *live* the psychiatric phenomenon. Here I am not referring to any emotional or sentimental approach to psychiatric phenomena; rather, I am trying to go after answers to questions such as: how do subjects with obsessive-compulsive experiences *live* the psychiatric phenomenon? How does the obsessive-compulsive phenomenon appear to the subject's consciousness? How is the world *experienced* by a subject with obsessive-compulsive experiences? How do subjects with obsessive-compulsive experiences *live* their relationship with the *world*? How do subjects with obsessive-compulsive experiences *find themselves* in the world? In this sense, by "subjective aspect", I am referring to the *form* that the *lived experience* takes in the very *lived situation*, rather than to the *content* of the *lived experience* (*i.e.*, emotions, feelings, thoughts, etc.). In the next section of this Chapter, I will develop this idea by referring to different

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[10] As I already said, it is not my concern to go into the debate on models of psychiatry that capture the nature of psychiatric disorders and, consequently, on the nature of OCD. The recommended bibliography along the paper, added to the references on the biological/neuro-reductionist and the biopsychosocial models on OCD, would guide the reader on this debate.

[11] The latter is rather a consequence of the former.

[12] In the Second Chapter of the Dissertation, I will focus primarily on the need to consider a subjective approach to psychiatric disorders, which is why, for the moment, I will only expose two very general considerations.

phenomenological proposals made during the 19th and 20th centuries, which aimed at an understanding of how OCD is *experienced* -or is consciously *lived*- by subjects.

Concerning the second question, why should a subjective approach to OCD be considered?, it is necessary to consider a subjective approach to OCD because (*i*) the predominant approaches to psychiatric disorders developed during the 20th century (the biological/neuro-reductionist, the psychoanalytical and the biopsychosocial) have not accounted for the subjective aspect of OCD, *i.e.*, the form experience takes in psychopathological phenomena, and (*ii*) a subjective approach to OCD would certainly allow for a better understanding of the subject's psychiatric experience.

3. *Obsessive-Compulsive Phenomena During the 20ᵗʰ Century: A Phenomenological Approach*

Karl Jaspers is considered the first psychopathologist to write a systematic description of psychiatric phenomena from a phenomenological perspective (Parnas et al., 2008). This description is compelled in his *General Psychopathology* (1913), which is a highly influential book among those interested in phenomenological psychopathology. This is, indeed, a compelling motive to consider his proposal on obsessive phenomena as a starting point to revise some of the most influential phenomenological approaches to OCD during the 20th Century[13]. However, I must clearly state that Jaspers does not use the expression "Obsessive Compulsive Disorder". Instead, he argues about "obsessive manifestations" and categorize them as "reflexive phenomena".

According to Jaspers, human beings are *conscious* not only in the sense of having "inner experiences" or of "what is lived inwardnessly", but also in the sense of being reflexively *directed towards* themselves (Jaspers, 1913b, pp. 25, 157). In the latter sense, being conscious refers to the relationship of the subject with his own experiences (actions, feelings, beliefs, etc.), which takes the form of *reflection*. In reflection, a subject directs towards himself by *provoking* and *guiding* a psychic life and disrupts or interrupts the immediate and *pure* psychic life (which, in turn, becomes

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[13] Considering the importance of Karl Jaspers in phenomenological psychopathology, I will be more generous in the exposition of his proposal in comparison to those of other authors with phenomenological perspectives.

mediated by thought). Nonetheless, even when immediate and pure psychic life becomes mediated by thought, "all phenomenon [therefore, reflection] has the character of immediate experience" (Jaspers, 1913b, p. 78) or, using other words, "[t]he fact that the directly experienced phenomena do not simply remain immediate, but stand in the stream of transformation through reflection, does not suppress their immediate character" (Jaspers, 1913b, p. 158). In this sense, reflection is an occurrence, an act that requires the subject's *will* and *thought*, and which, despite mediating pure psychic life, has the character of immediate experience.

Reflection is also a dimension of experience that, *per se*, does not imply a psychopathology. Being reflective, according to Jaspers, is a normal feature of experience that alters immediate experiences in a *proportionated* way. It is normal to interrupt immediate experiences to provoke and guide reflection. Nonetheless, reflective *disturbances* appear when "mechanisms for realization and incorporation of reflection in immediacy" of psychic life lead to experiencing reflection as not following its "natural course". The natural course of immediate psychic life contrasts to reflection in the sense that, the former, the natural course of immediate psychic life, is completely opaque to subjects (it is not reflexively present to them), and it is the "matter-of-course, harmlessness, unquestioning nature of our life" (Jaspers, 1913b, pp. 157–158). In reflective perturbations there is a disturbance of the "opaque mechanisms" that permits reflections to follow its natural course, so it is a disturbance that is experienced in the act of provoking and guiding reflection, and the subject experiences an appearance of *unwanted* and *uncontrolled* reflective phenomena (Jaspers, 1913b, pp. 157, 158, 160). Obsessive phenomena, affirms Jaspers, are a kind of disturbed reflexive phenomena[14].

Before explaining how obsessive phenomena manifests itself as a reflexive perturbation, I should point out a methodological clarification made by Jaspers. For this psychiatrist, reflection is a form of experience that is fulfilled with content. This implies that, to understand obsessive phenomena, these must be approached both from its *form* and from its *content*. It was already said that reflection is a directedness towards oneself. In this sense, a phenomenological perspective on

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[14] Jaspers describes three kinds of disturbances of reflective phenomena. Firstly, a "hysteric predisposition in behaviors and internal predisposition to produce an appearance experienced as reality" (Jaspers, 1913b, p. 158). In this group, there can be found hysterical and delusional phenomena. Secondly, reflection can lead to corporeal disturbances such as corporeal malfunctioning when writing, urinating, copulating, walking, etc., that causes anguish and anxiety. The third group are obsessive phenomena or obsessive manifestations.

obsessive phenomena entails an examination of the experience of the "directedness" of reflection. Based on the contrast *form/content*, Jaspers differentiates between a first or broader-sense group and a second or strict-sense group of obsessive phenomena, both of which take place in an obsessive disturbance. In what follows, I will firstly expose the broader-sense group of obsessive phenomena. Secondly, I will present the strict-sense group of obsessive phenomena which refers to the strangeness of the content of the obsession.

According to Jaspers, the *ego* or *self* usually "lives at ease" in its perceptions, anxieties, memories and, in general, in its daily experiences. With this, Jaspers means that the *ego* or *self* is not usually enslaved by his experiences, "[…] be it that is obeying instincts and surrenders to them without differentiating in any way, be it that it arbitrarily picks out the object to which its attention should turn, the object that it wants to put at the center of its affects" (Jaspers, 1913b, p. 160). Nonetheless, when the *ego* is no longer in control of its experiences and reflections, so it cannot decide the object of consciousness, and when the latter is presented against the *ego*'s will and it cannot be suppressed, the content of consciousness takes the form of a *psychic obsession*, which Jaspers names *broader-sense obsessions*. These obsessions come "from the inside", meaning that the *ego* has an "*obsessive consciousness* of not being able to escape from its own consciousness" (Jaspers, 1913b, p. 160), so that the distinctive feature of obsessions in a broader-sense is the *imposed directionality of reflection*, rather that the contents of reflections.

In this sense, broader-sense obsessive phenomena are a kind of reflection in which the subject has no control over the reflective experiences that are directed towards himself. The directedness of the subject's reflection is "driven, forced, dominated" by his own psychic life and he cannot avoid it, so he is no longer owner of and in control of his will: he cannot choose the direction of his attention. As a response to the imposition of the directedness of reflection, the subject fights it without being able to expulse the obsessive reflection. This feature of obsessive phenomena entails an interesting characteristic of obsessive phenomena, namely, that the broader-sense obsession can emerge only in the stage of life when voluntarily guided psychic life is possible. In other words, only when a subject can acknowledge that his voluntary directedness of consciousness (*i.e.*, his will) is compromised, then there can be a psychic obsession. For this reason, Jaspers considers that obsessive phenomena can only be possible in the sphere of reflection (directedness of consciousness) and will (voluntary reflection). A child in an early stage

or an animal, affirms Jaspers, cannot experience obsessive phenomena; only when the subject can *actively* direct his attention, only when there is a voluntary direction of attention, then psychic obsession can emerge (Jaspers, 1913b, p. 161).

How can a person know whether he is experiencing an obsessive phenomenon or not? According to Jaspers, "the limit of a possible obsession is where the limit of my will is" (Jaspers, 1913b, p. 161). This brief hint about the kind of experiences that the obsessive phenomenon entails is focused on the form of obsessions: as an imposition of the directedness of reflection.

Obsessions also have a content which is found to be strange, unfounded, absurd, incomprehensible, or unreasonable. Jaspers refers to this aspect of obsessions as *obsessions in a strict-sense* and it is a secondary feature of obsessive psychic phenomena; in a first stage, the subject feels an imposition of the directedness of his consciousness and, in a second stage, he reacts to the imposition of reflection finding its contents to be strange, unfounded, absurd, incomprehensible, or unreasonable. The subject cannot get rid of the contents of the obsessions because they are experienced as imposed.

With reference to the strict-sense obsessive phenomena, Jaspers distinguishes three kinds of obsessions: obsessive affects, obsession of validity, and obsessive impulses (actions and tendencies). Obsessive affects are feelings that are experienced as strange and unmotivated, so the subject defends himself against them. Obsession of validity refers to the conflict between the feeling of believing in a content and the subject's knowledge that it is false, strange, or absurd. This is experienced as a "*competition* between [the feeling of] conviction [in a content] and knowing the opposite [to that content]" (Jaspers, 1913b, p. 162). Under obsessive impulses Jaspers recognized obsessive actions and obsessive tendencies. The former are actions that are experienced as strange, as if "[they do not] correspond to one's own being at all, that are meaningless, incomprehensible" (Jaspers, 1913b, p. 162). Obsessive actions are not experienced as someone else's will; they are experienced as the subject's *self-imposed* demand, or urge, to defend himself against tragedy, even if he recognizes those demands as meaningless. Obsessive tendencies take place when those demands and urges do not become an action.

In 1903, the psychologist and philosopher Pierre Janet wrote *Les Obsessions et la Psychasthénie* (1903), a clinical description of obsessive-compulsive states which he named *psychasthenic illness*. *Psychasthenic illness* considers obsessive phenomena, primarily, as a disturbance of the "sense of reality". Psychasthenia was divided into three stages: the psychasthenic state, forced agitations, and obsessions and compulsions. The advancement of psychasthenia is progressive: the subject starts from the first stage and, as he gets worse, he advances to the next ones in a progressive way. Being in the second or the third stages entails the presence of the previous stages (Pitman, 1987).

The psychasthenic state consists in feelings of incompleteness in "intellectual operations", emotions, perception, and action (Pitman, 1984). This incompleteness in action is experienced through a feeling of imperfection meaning that subjects do not feel that actions that they perform are completely achieved -they lack something-, they did not produce the "sought-for satisfaction", even when observers considered that those subjects did perform those actions properly (Pitman, 1984, 1987). Psychasthenia is considered as an inability to adapt to reality: the feeling of incompleteness is not a feeling of "deficit" (like the feeling of not "being able to do this or that") as it is a feeling of "not succeeding", "not matching" or "not coping" with the performed action. The feeling of incompleteness in perception is related to the feeling of uncertainty in what is being sensed: the subject does not trust in the efficacy of his acts or the accuracy of his perceptions. Perceptions can even be considered as imagined and not real. Even when the subject tries to trust in them, the feelings of incompleteness and doubt prevail to the point of considering that his volitional capacities are compromised: his actions and perceptions are not under his control. This disturbance can lead to inertia which refers to "the patient becoming so discouraged at his inability to act that he doesn't try to do anything" (Pitman, 1984, p. 300). Psychasthenia, then, is experienced as a "sense of loss of reality" (Pitman, 1984, p. 305).

Forced agitations emerge when the subject is in a psychasthenic state: these begin when the subject wants to start an action or to make a decision, both of them considered by Janet as a high-level psychological operation. The subject experiences an inability to complete that action or that decision, which leads him to ruminations, tics, emotional agitations, or anxiety. Forced agitations are experienced as: *mental phenomena*, such as manias and ruminations; *motor phenomena*, such as tics and agitations; and *emotional phenomena*, such as phobias and anxiety. In this sense, forced

agitations are mental, motor or emotional behaviors that are out of proportion regarding lived situations, or out of context regarding environmental circumstances (Pitman, 1984). All forced agitations result from and are a consequence of the feelings of incompleteness and of lacking certainty, so the patient looks for compensating the dissatisfaction produced by those feelings. In this sense, forced agitations are secondary to psychasthenia, which means that they are caused by a disturbance of the volitional capacities. Forced agitations are characterized because they are inopportune, excessive, repetitive and, most importantly, they are felt as being imposed.

The third stage, obsessions and compulsions, refers to ideas and tendencies to action that dominate the subject's mental life. Obsessions and compulsions are experienced as invasive and strange to the subject's will. They are not just a reaction to psychasthenic states; rather, they symbolize the underlying mental state of incompleteness, *i.e.*, the failure of volition in the psychasthenic state (Pitman, 1984, p. 314). Not being just a reaction to psychasthenic states means that obsessions and compulsions involve the subject's attempt to interpret or to give a narrative sense to psychasthenic states. In this sense, obsessions and compulsions are not just a reaction to psychasthenic states, but a psychological tendency to narratively interpret the feelings of incompleteness and uncertainty, which is why obsessions and compulsions are that important: "[t]he patient experiences an obsession as having an invasive quality, arising outside his will. However, at the same time he may cling to his obsessions and fear being without them" (Pitman, 1984, p. 294).

For Janet, it is not necessary to reach the third stage, obsessions and compulsions, in order to diagnose what in this Chapter has been called Obsessive Compulsive Disorder. For this psychologist, and in contrast with what nowadays is known as OCD, the latter does not necessarily involve obsessions and compulsions. In order to diagnose OCD, affirms Roger Pitman in line with Janet, it is sufficient to diagnose psychasthenia since, for Janet, obsessions and compulsions are the final and most sever stage of obsessive phenomena[15] (de Haan et al., 2013b;

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[15] This way of describing psychasthenic is noteworthy. Not considering obsessions and compulsions as the first stage of the disorder implies that the disorder is not one of an intellectual nature. Also, not recognizing forced agitations as the first stage entails that the psychiatric phenomenon is not one of an emotional nature. Rather, and according to the characterization of the psychasthenic stage, obsessive phenomenon can be considered a disorder that takes place in the interaction subject-world, suggesting that it is an experiential disorder (at least in its most basic stage): it is a disruption that is felt as incompleteness and uncertainty regarding action and perception or, using other words, a disruption in the adjustment and adaptation to situations. This idea will be developed in the Fifth Chapter of this Dissertation.

Pitman, 1987, p. 227). In this sense, "the psychasthenic state is a less severe form of OCD", so obsessive phenomena are considered an "obsessive spectrum"[16] (Pitman, 1987, p. 227). Therefore, obsessive phenomena involve comorbidity with obsessional behavior, obsessional personality disorder, mental manias, neurasthenia, depersonalization, among others (Pitman, 1984).

Although Jaspers's and Janet's proposals are focused on the obsessive-compulsive experience, there can be important differences between them. Janet´s proposal is "situated" as it considers psychasthenia as a disturbance of adaptation to reality, *i.e.*, a disturbance to cope with situations (psychasthenic stage). Jaspers focuses his proposal on the experience of obsessive thoughts, and not on the way the subject relates to his surroundings. What Jaspers addresses as "broader and strict-sense obsessions" seems to correspond to what Janet identifies as "obsessions and compulsions", which is the third stage of psychasthenia: there is an imposition of ideas (obsessions in a broader-sense) that are found to be illogical (obsessions in a strict-sense). In this sense, for Janet, and not for Jaspers, it is sufficient to be in the psychasthenic stage to diagnose an obsessive disturbance, and the stage of obsessions and compulsions is just an advanced state of the disturbance. For Jaspers, on the other hand, it is necessary to have the imposition of reflection and the strangeness of its contents to diagnose an obsessive disturbance, which means that, from the perspective of Janet's proposal, the subject must be in the third stage of the obsessive disturbance to adequately offer this diagnosis, and this is something that Janet would reject.

From the perspective of Jaspers's proposal, psychasthenic state would not be sufficient to diagnose obsessive phenomena because it would lack the imposition of reflection and strangeness of content. In this respect, Janet's proposal could be considered more integral regarding human experience: it encompasses features of human experience such as thought, emotion, action, and perception. In any case, both proposals are focused on the disturbance of the will: in the

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[16] Janet proposes a hierarchy based on which the symptoms of psychasthenic illness can be interpreted, considering that, for him, psychasthenia reflects a weakening of psychological functions (Pitman, 1984). This hierarchy is based on three groups of mental operations each of which includes psychological operations or phenomena that can be more or less difficult to deal with for psychasthenic patients, so the hierarchy allows for an understanding of how affected the psychasthenic patient is. Depending on the psychological phenomena that are affected (*i.e.*, the level of the hierarchy), then the physician can interpret the difficulties of the psychasthenic patient. The three groups are (from the highest to the lowest): reality function, lower psychological operations, and psychological tension. Psychasthenia, for example, entails low psychological tension (the experiences slowness and abulia) and an impotence to adapt to reality (the patient has problems adapting and adjusting to situations) (Pitman, 1984, 1987). This hierarchy is also highly useful to distinguish obsessive phenomena from other psychiatric experiences. To read more on this, see (Pitman, 1984).

psychasthenic state, volition of thought, emotion, action and perception are compromised while, for Jaspers, the first symptom of obsessive phenomena (obsessions in a broader-sense) compromises voluntary direction of reflection and the imposition of its contents[17].

There is, however, an enthralling conception of obsessive phenomena that focuses in the situatedness of the obsessive-compulsive disturbance, namely, that from the psychiatrist Viktor Emil von Gebsattel (1958). What is intriguing about von Gebsattel's proposal is that he focuses it on "the question about the world in which the compulsive lives" and "the special way of existing by which he is set into a specific world of being (*Daseinswelt*) different from our own" (von Gebsattel, 1958, p. 170). Von Gebsattel is approaching a phenomenological perspective to the subject's *being in the world*, considering that, for this psychiatrist, the world of a person with obsessive-compulsive experiences is qualitatively different from that of the person who does not have those experiences.

According to von Gebsattel, subjects with obsessive-compulsive experiences or, as he calls them, *anankastic* patients, experience a world-relatedness that can be divided into two components: anankastic phobia and compulsive defense psychism. For von Gebsattel, these two components are only symptoms of a more fundamental disturbance: the patient's relationship with the world. This relationship is one of phobia and anxiety so the anankastic subject experiences a phobic, threatening, anxious, and a hopeless world. Even when von Gebsattel introduces those two components of this more fundamental disturbance, he considers that the phobic component of the obsession is indispensable to understand it. First of all, this component entails a historical personal background; it comes from and depends on previous experiences. Secondly, and more importantly, this component shapes the subject's situated experiences; it permeates the subject-world relationship with a "meaning" that keeps the patient attached to the past, affects his capacity to cope and relate properly with the *here-and-now* situation (he cannot execute his daily tasks in an articulated way), not projecting a lively and harmonic future (what is to come) which does not let him *self-realize* or *Become*.

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[17] Jaspers's proposal can enrich what Janet consider the third stage of psychasthenia. Nonetheless, this a suggestion that will not be developed in this text as it is not my purpose.

The way the world opens to an anankastic patient leads to "a disturbance in the capacity to act, which is revealed especially as an impediment to begin something new and compelling something" (von Gebsattel, 1958, p. 176). The world of the obsessive-compulsive person is a place of *fearful phobia*. How does this phobia express itself through the world? The world of the anankastic emerges with a "physiognomic structure" in which objects have "magic" features that determine the subject's actions: "[...]it is the world of things which in its taboo-like meanings takes its shape toward him" (von Gebsattel, 1958, p. 184). This magic refers to threatening, hostile, rigid, and repeating features, which leads to experiencing an anxiety-world and, therefore, to living an anxious-existence. Constantly, the anankastic subject deals with sin, dirt (under a physical and moral understanding), danger, repulsion, threats, adversity, harm and insecurity. Thereby, it is hardly a peaceful, safe, loosen, unchained and hopeful world.

The disturbance in the capacity to act regarding anankastic subjects is experienced as a failure in coping with actual activities, a lack of control and exactness, and as having a soiling experience. This, in turn, is experienced as an inhibition in the course towards *self-realization*: possibilities for action are shaped by fear, danger and dirt, which causes self-reproaching feelings and self-demanding actions that do not let subjects *Become*. This brings the patient to a sensation of disintegration or aversion -*i.e.*, an experience that is opposite to that of having a lively and harmonic life-, which also brings a feeling of being constrained by the threatening world: the subject does not find possibilities to integrate himself into a lively and harmonic life, so she lacks the liberty and inclination to act as she wants. The "impulse to grow (to become) is blocked, but not destroyed, and this makes such a patient painfully aware of his handicap" (Willner, 1968, p. 207). The anankastic subject does not experience a hopeful world, a world of freedom and healthy existence, and this experience leads him to the compulsive defense psychism. This defense takes place through unfree acts, such as compulsions, in which the subject looks for control, precision, and order over the phobic-world. Nonetheless, these compulsions just make him distance himself from the *here-and-now* situation, so their effect is the opposite to the desired one[18].

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[18] In this sense, von Gebsattel's proposal is similar to that of Janet: both of them focus their approaches on the situatedness of experience, the feelings of incompleteness, and the inability to act freely. In the same way, what von Gebsattel calls "compulsive defense psychism" is similar to what Jaspers calls "obsessions in a strict-sense" and to Janet's third stage of psychasthenia.

Anankastic disturbance brings about a different way of *being-in-the-world*. The world of the subject with obsessive-compulsive experiences has a "differently structured existence-world" (von Gebsattel, 1958, p. 182). The anankastic world does not allow for free action and self-realization, at the time it omits the lively, harmonic, "harmless, the obvious and the natural" unfolding of non-anankastic experiences (von Gebsattel, 1958, p. 185), so the subject cannot *Become*, self-realize, freely unfold, and achieve a personal development in time. In this sense, the anankastic patient gets tied to the present, to the *here-and-now*, without being able to accomplish the *here-and-now* tasks. Being tied to the present and being unable to cope with the *here-and-now* situation is experienced as an "empty now", so there is no progression in the subject's experiences, which this leads to a feeling of an uncertain future: possibilities for action are closed, so the future is insecure, unclear, and hopeless. In this respect, the patient does not develop trust and confidence, and the world becomes a hostile place, it is no longer his "home", which leads him to building a protective structure in which he looks for the perfection that the world does not offer to him; it is like if imperfection led to death and destruction (Willner, 1968). The protective structure is built through rigid behavior that aims at perfection, which interferes with the subject's natural *Becoming*, making it rather an artificial *Becoming*.

Eugène Minkowski (1933) offers an approach to obsessive phenomena that is based on the experience of *lived time*[19]. Minkowski addresses the obsessive phenomena that are involved in "manic-depressive psychosis", melancholic hypochondria and depression, all of which have in common a "slowness" of time that inhibits the subject to "look forward" to the future in a "blooming" and flourishing manner. Even when Minkowski does not expressly refer to obsessive-compulsive phenomena, I will take some considerations that he elaborates when describing those psychopathological conditions and, based on this, I will formulate an interpretation of Minkowski's proposal that is going to be oriented to describe obsessive-compulsive phenomena[20].

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[19] Even though I first presented von Gebsattel's proposal, I must state that his work was initially inspired by the work of Minkowski. Nonetheless, I was inclined to present firstly von Gebsattel's work for a methodological reason. The reason is that von Gebsattel's focus on situated experience would allow me to better introduce Minkowski's time-focused approach.

[20] Minkowski's approach is remarkably interesting as it focuses on the lived experience of time, so it distances itself from third-person perspectives and focuses on the way patients experience a temporal imbalance, rather than in their psychological states such as emotions, feelings, or thoughts.

Minkowski differentiates between immanent time and transitive time. The immanent time regards the subjective experience of time. For instance, when someone is happy, there is the impression that time flows rapidly; on the other hand, when a person is sad or bored, time seems to flow slower. Minkowski names "tonicity" to this feature of subjective time, and its modification depends on both the subject's "state of mind" and what the environment offers to him: the offerings can be interesting, stimulating, bored, unexciting, etc. The transitive time "concerns the march of time which we have in common with other human beings" (Minkowski, 1933, p. 297). It does not refer to an objective time (although "it approaches objective time as a consequence"); rather it is associated to selective points such as now, today, or yesterday. Sometimes both immanent and transitive time can be in harmony, so there is not a contrast or imbalance between them. Nonetheless, there can be a mismatch or lopsidedness between them that can reveal a psychopathological state, in which case there is a modification in the temporal structure of experience that is lived as a "lack of harmony with the immediate data of life" (Minkowski, 1933, p. 346). I consider that this, following Minkowski's considerations about the modification of temporal structure, is the case of obsessive phenomenon: it is a "dislocation in the phenomenon of time" in situated experience (Minkowski, 1933, p. 298).

According to Minkowski, "life is essentially oriented toward the future" (Minkowski, 1933, p. 298), it "pushes us toward the future" and makes subjects go forward towards new situations, usually in a blooming way. Even when human beings face problems and obstacles in their daily life, there is usually a feeling of being able to deal with the *here-and-now* situations, having the feeling of continuity with the past, and going ahead to embrace the future, advancing in "parallel to the constant progression of ambient becoming" (Minkowski, 1933, p. 302), experiencing a fluent, continuous, and interwoven time (Bloc et al., 2016). Although it is usual that past and unresolved situations could interfere with present and future situations, there is a feeling of "relative independence" from them, as Minkowski describes it, that allows subjects to deal with the present. In the case of obsessive phenomena, there is a slowness of time that is experienced as the impossibility of "dealing with" and of "advancing".

Minkowski also states that in obsessive phenomena there is a weakening in the vital dynamism. The vital dynamism refers to the subject's constant interaction with the world in which past,

present, and future are constitutive features of experience[21]. In human being's activity in the world there is a feeling of "I have just done" that refers to a phenomenon of achievement or realization (Minkowski, 1933, p. 344). This phenomenon encompasses: the past as it refers to a just-passed-task, the present as is a here-and-now phase, and the future as it opens new possibilities for interaction[22]. These new possibilities are built "at each instant of life by our activity, expectations, desires, hopes, projects, decisions, and, finally, by our tendency toward the better" (Minkowski, 1933, p. 343).

It was already stated that Minkowski explores obsessive phenomena in a broader way as his reflections regard "manic-depressive psychosis", melancholic hypochondria, and depression. How can obsessive-compulsive phenomenon be approached based on the previous considerations on obsessive phenomena? Standing on his considerations, and following Gerda Willner's considerations on Minkowski's approach, obsessive-compulsive phenomena are an interruption or, better, a disruption of the patient's *lived time* (Willner, 1968). Obsessive-compulsive phenomena can be deemed as a "lack of harmony with the immediate data of life" (Minkowski, 1933, p. 346), and it is to be understood as a disturbance in "the constant progression of ambient becoming", so there is a "disorder in the feeling of the natural flux of becoming" (Minkowski, 1933, pp. 259, 302). This must be seen from three perspectives, all of which are constitutive of experience but, in this psychopathological case, they are fractionated: past, present, and future.

The focus of the 'disorder in the feeling of the natural flux of becoming-kind of experience' is in the "I have just done" feeling[23]. Subjects with obsessive-compulsive experiences have a disruption in the vital dynamism as they do not have the feeling of achievement or realization of their tasks. The lack of this feeling is experienced as a weakening of the relationship of the subject with the "immediate data of life" or, in other words, "sometimes it will become impossible to deal with present situations" (Minkowski, 1933, p. 298). The lack of the "I have just done" feeling not only expresses an impossibility to deal with actual or present situations. It also expresses a fragmentation with the past (what have-just-passed) as the subject does not experience an end of

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[21] This idea will be developed in the Fourth Chapter of this Dissertation.

[22] These features of situated experience are close to the notions of retention and pretention used by Husserl. This topic will be broached in the Fourth Chapter of this Dissertation.

[23] This resembles Janet's psychasthenia. It might also be related to what, in the Third Chapter, will be referred as *tendency to achieve an optimal grip*.

the have-just-done phase: there is not a 'culmination' or 'achievement' feeling of the have-just-done phase. Therefore, the lack of a stable relationship with the present situation is lived as "'floating in an abyss,'" (Minkowski, 1933, p. 344) which reflects a manifestation of the temporal disruption of experience. Now, due to experiencing a disrupted temporality of the "immediate" phase, the future-phase of experience does not emerge as a "progression" or "advance": there is not an experienced phase from which "to progress" or "to advance". This entails that the future does not open through new possibilities for action and the subject's experience lacks its "life is essentially oriented toward the future"-feeling. Neither the subject nor the ambient *Become* -using von Gebsattel's words-, which is why the future is felt as uncertain, vague, or doubtful, in such a manner that the blooming and flourishing aspect of it is altered.

Considering that, according to Minkowski, obsessive phenomena are a disturbance of time in which the flow of immanent time slows down, inhibiting the subject to "look forward" to the future, which is experienced as lacking the "I have just done" and the "progression" feelings, the subject tries to compensate this by executing some actions. These actions are what Jaspers calls "obsessions in a strict-sense", and can be seen as means to compensate the slowness of time in obsessive states. Counting, ruminating, checking, among others, are ways of embodying the feeling of progression which entail rather a mechanical progression. As it is a mechanical progression, it comes to be an illusion of progression that does not actually respond to the *here-and-now* situation.

This proposal is, indeed, close to that of von Gebsattel. Indeed, von Gebsattel was inspired by Minkowski's work. Both of them are interested in the profound changes that subjects experience in their *self-realization* due to a disturbance in the flow of *lived time*. Nonetheless, they can also be different for that von Gebsattel is concerned with the way subjects cope and interact with their surroundings, while Minkowski is concerned with the way subjects experience *lived time*. Nonetheless, and despite the last statement, from a phenomenological perspective, both the experience of *lived time* and that of *coping* with the surroundings are not qualitatively different experiences; they are rather two ways of focusing or addressing *situated experience* from a subjective perspective. In this respect, and from a methodological perspective, von Gebsattel's and Minkowski's proposals are fairly complementary.

There is another proposal which is very close to that of Minkowski and von Gebsattel, namely, that of the psychiatrist Ludwig Binswanger (Binswanger, 1955, 1958). Binswanger based his clinical and phenomenological works on Minkowski's approach; all in all, Binswanger considered Minkowski to be the first to introduce phenomenology into applied psychiatry. According to Binswanger, obsessive phenomena entails a blockage of time that is recognized as a blockage of *Becoming* or *self-realization* which, likewise, implies a distortion of the *Eigenwelt, i.e.*, "the own world of her [the patient's] subjective purely personal experience" (Binswanger, 1958; Ghaemi, 2001; Martin et al., 2018; Willner, 1968), which involves a structural modification in the patient's basic experience of *Being-in-the-world* -in her "structure-existence" (Binswanger, 1958). According to Binswanger, *lived time* can be seen as a "temporal fabric" or "weave" that allows subjects to experience temporal objects. In this respect, "lived present" is "constructed" from three constitutive structural moments of perceptive experience: retentions, primal impressions and protentions[24]. Retentions refer to the *just-have-been* phase of experience, primal impressions refer to the *what-is-being-perceived* phase, and protentions refer to the *what-is-to-come* phase of experience. This conception of perceptive experience is similar to that of Minkowski. For both Minkowski and Binswanger, "immediate data of life" has a temporal structure in which past, present, and future are synthetized in such a manner that subjects experience a rich and continuous present; it is what Minkowski calls "immanent time".

Even when Binswanger is mainly focused on disturbances such as melancholia, mania, and delirium, it can be interpreted as a proposal on obsessive-compulsive phenomena if his considerations about *lived time* are taken into account. Obsessive-compulsive phenomena can be understood as a disturbance of the temporal structure of experience, *i.e.*, a disturbance of the constitutive structural moments of temporal experienced. Subjects with obsessive-compulsive experiences feel that they cannot achieve or complete *here-and-now* tasks; this idea has been already exposed through Minkowski's notion of "I have just done". Standing on Binswanger's perspective, it could be suggested that, in this psychiatric phenomenon, primal impressions become "loose, empty and makes experience of the present empty" (Bloc et al., 2016, p. 110); subjects do not experience an embeddedness of primal impressions.

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[24] These notions are developed by Husserl in "On the Phenomenology of the Consciousness of Internal Time" (Husserl, 2008). Although these notions are briefly explained here, they will be explored with more detailed in the Fourth Chapter of this Dissertation.

Having the feeling of lacking an embeddedness of primal impression is, *per se*, a disturbance of the structure of perceiving experience. This is, firstly, experienced as a disturbance in the harmonic experience of what is being perceived *here-and-now* or, in other words, *here-and-now* experience entails the phenomenon which Janet referred to as psychasthenia. Subjects with obsessive-compulsive experiences feel an impotence to adapt to what is being perceived, and it comes with a feeling of not coping with the *here-and-now* situation. Retentions, primal-impressions, and protentions structure, or using Binswanger's words, "construct" perceptual experience[25]; when there is a disturbance in primal-impressions, the whole temporal structure of perceptual experience is involved. There is no longer a structurally organized experience of the *just-have-been* phase of experience, precisely because of the feeling of not coping with the surroundings. In other words, the subject lacks the feeling of being "tied" -coped, matched- to a *just-have-been* phase of the experience, which leads to a feeling of incompleteness, as Janet proposes.

This disturbance of the *Eigenwelt* does not let the subject to "go trustingly over into the *Umwelt* ["the "surrounding world" of natural objects, including our bodies, existing independently of us"] and *Mitwelt* ["the "with world" of interpersonal relationships"], to let itself be carried, nourished, and fulfilled by it, but separates itself sharply from it" (Binswanger, 1958, p. 270). A temporal-structural modification of the basic experience of being in the world, as it was previously stated, is experienced as lacking an embeddedness of primal impressions, meaning that the subject experiences a rigidity of her *Eigenwlt*, raising a gap (or, using Binswanger's expression, a "separation") between it, the *Unwelt*, and the *Mitwelt*.

This "gap" also affects the experience of the future. Protentions are no longer that *what-is-to-come*; protentional experiences become empty possibilities, so the future appears as uncertain and lost:

> [...] the rigid assertion of the *Eigenwelt* [...] constricts the span of the existential possibilities and reduces this span to limited sectors of possible behavior. What we can call defiance and obstinacy is always an expression of this: existence deals with the particular situation not as "open to the world", that is, in its

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[25] This will be exposed more extensively in the Fourth Chapter.

changing, flexible sense, but in a sense that is fixated ("own-willed") once and for all, locked against or in opposition to *Um-* and *Mitwelt.* (Binswanger, 1958, p. 271)

Protentions are embodied as an uncertain, as confusing, and as a catastrophic phase of experience; the continuity and flow of experience is wholly modified in such a way that there is a disturbance in the natural and fluent progression of experience. It is like if the future were an open field of obscure and fuzzy possibilities; in this sense, the subject with obsessive-compulsive experiences is in a continuous search for safety, security, and certainty, which is manifested as a search for control. For Binswanger, the primary feature of psychiatric phenomena is the modification or disturbance of these temporal (or existential) structures, rather that signs, symptoms, biological changes, or psychosocial aspects of life, in the sense that those structure the experience of Being-in-the-world (Ghaemi, 2001, p. 54).

All the previous phenomenological approaches to obsessive-compulsive phenomena offer opportune, useful, and accurate descriptions of the obsessive-compulsive experience. They allow to bear broad subjective features of the phenomena. Jaspers's proposal is focused on the imposition of directionality of reflection. The psychasthenic state proposed by Janet involves a feeling of incompleteness, insecurity, and uncertainty, all of which are experienced as a disturbance to cope with situations. Von Gebsattel holds that obsessive phenomena are disturbances of the subject-world interaction in which the subject's world is a phobic and hopeless one. Minkowski focuses his proposal on the subjective experience of time, in which there is a disturbance in the natural flux of Becoming. Binswanger is concerned with the disturbance of time as a blockage of self-realization, which, likewise, implies a distortion of the *Eigenwel.* In this sense, these approaches to obsessive-compulsive phenomena aim at the way subjects find themselves in the world, *i.e.,* to their basic experience of being in the world.

The differences with the proposals and approaches exposed in the first and second sections of this Chapter are noteworthy. In the first and second sections, those proposals and approaches address obsessive-compulsive phenomena from their intellectual, emotional, or volitional *nature* -in the case of the first section-, or adopting causal or narrative *methodologies* -in the case of the second section-. These approaches to obsessive-compulsive phenomena can be categorized as third-person perspectives which, as it was already suggested, are not themselves defective or

erratic angles. On the contrary, those approaches contribute to understand psychiatric phenomena in terms of biological, psychological, or sociocultural categories. Nonetheless, they do not offer a first-person perspective to obsessive-compulsive phenomena. Are researchers, physicians, or subjects with psychiatric experiences lacking something when first-person perspectives are not taken into account when understanding psychiatric phenomena?[26] In other words, do first-person perspectives, such as the phenomenological ones already exposed, provide tools for a better understanding of obsessive-compulsive phenomena?

The phenomenological contributions exposed above offer a characterization of obsessive-compulsive phenomena that provide an understanding of the subject's *lived experience*. This implies that those approaches do not aim at reporting or classifying feelings, emotions, thoughts, impulses, or other conscious states. Instead, they aim at describing the very psychiatric conscious experience. For example, if the subject feels anxiety, phenomenological approaches aim at studying how that feeling is *experienced* or *lived* by the patient. This kind of description does not pretend to be an introspection that relies in an exploration of emotional or reflexive states; instead, it aims at describing how the subject experiences her relationship with herself and with her surroundings. In this respect, phenomenological approaches are highly intriguing and attractive as they focus on the subjective experience of *being in the world*, which provide an understanding of the subject's *lived world*, *i.e.*, in the way that both the subject's experience and world are structured.

4. *A Contemporary Phenomenological Approach to Obsessive-Compulsive Phenomena*

To finish this Chapter, I will present a contemporary phenomenological approach to OCD proposed by Martin Bürgy, a psychiatrist with a phenomenological orientation who has approached OCD based on the work of Karl Jaspers (1913). Bürgy stands his proposal in two main features of Jaspers's work (1913), namely, (i) the methodological route to tackle psychopathology, which involves three stages of understanding: descriptive or static, genetic, and hermeneutic; and (ii) the nature of OCD which involves two kinds of phenomena: primary

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[26] This question will be answered with more detail in the Second Chapter. In this section I will expose some general remarks.

obsessions or obsessions in the broader-sense, and secondary obsessions or obsessions in the strict-sense (Bürgy, 2005, 2019).

Following Jaspers, Bürgy holds that the static or descriptive understanding focuses on the subject's situated experiences (*here-and-now*), and in the immediate experience, so it offers a description of the current contents of consciousness, which Bürgy recognizes as "evidence", *i.e.*, the actual experience in which phenomena are presented to the subject. In this sense, the descriptive understanding is focused on two features of obsessive-compulsive phenomena, namely, the appearance and constant struggle against obsessive thoughts, and the idea that patients have an insight of the thought's "ridiculousness". In this respect, the exposition that Bürgy makes of these features is not particularly phenomenological. It is rather focused on the renowned psychological differentiation between obsessions and compulsions, which involves persistent, strange, and intrusive thoughts and feelings, which leads to compulsive actions. Even when Bürgy contemplates some of the phenomenological features previously exposed, such as "the incompleteness related to one's own person, not being right, not being quite there, that actions cannot be completed [...]" (Bürgy, 2019, p. 5), he does not completely separate his proposal from that of, for example, Esquirol. Bürgy affirms that "[d]escriptive understanding focuses on the symptoms of obsessive-compulsive disorder first described by Esquirol" (Bürgy, 2019, p. 3). In this sense, his characterization of descriptive understanding is not far from being one of an intellectual, an emotional, or a volitional kind. I will justify this in the next pages.

The genetic understanding refers to the dynamics between symptoms, and how these emerge from each other or, in other words, the genetic understanding refers to how symptoms arise and the way they are related to both personality and life history[27] (Bürgy, 2005). According to Bürgy, this kind of understanding allows grasping the "meaning of the disease", so it is "more speculative, but on the other hand, the results become more complete" (Bürgy, 2019, p. 3). In this respect, personality traits (insecurity, shyness, lacking self-confidence, feelings of doubt, precautionary and protective measures, exaggerated disposition to cleanness, feeling of guilt, tension, inflexibility, being passive-aggressive, among others), the triggering or released

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[27] Bürgy talks about an "inner condition" that is manifested as "insecurity, anxiety, and inhibition deeply rooted in personality. This is associated with constant inner tension and insufficient differentiation of affects, which means the poorly developed ability to identify, express and communicate affects" (Bürgy, 2019, p. 6).

situation, the life history, and the development of the symptoms[28] are highly relevant. Bürgy also focuses his research on the preconditions and links between OCD and other psychopathologies such as Obsessive Compulsive Personality Disorder, Anxiety Disorders, and Posttraumatic Stress Disorder. Likewise, he recognizes "two motivational-affective core dimensions", namely, harm avoidance and the feeling of incompleteness, as well as experiences of depersonalization and derealization, which are very close to the disturbance of *Becoming* proposed by Minkowski and Binswanger (Bürgy, 2019, pp. 5, 6). These dimensions are experienced through feelings of deep insecurity, confusion, and isolation.

The hermeneutic understanding refers to the process of "grasping the wholeness" in order to identify its "meaning or sense" (Bürgy, 2019, pp. 2, 7). This addresses to connect all the previous levels of understanding "in a movement from the individual to the whole, from the symptoms and their development to their meaning" (Bürgy, 2019, p. 3). In this respect, Bürgy grounds his proposal in various aspects such as depersonalization, the feeling of incompleteness, the defensive and coping-situation disturbance, and the disturbance of temporal Becoming, all of which have a strong link with the experience of being threatened, the feeling of fearing death, and a noticeable feeling of insecurity. In this respect, Bürgy, following Meyer's description of OCD, considers this psychiatric phenomenon as a "thanatophobic neurosis" that entails the fear to decompose, to dirt, and to the unpredictable character of life, which leads to extreme caution and vigilance. This level of understanding is close to the previously exposed phenomenological approaches since it is focused on the subjective experience of the person or, using other words, it is focused on the way the person experiences his world and his relationship with it. In any case, Bürgy's proposal is more focused on the descriptive and genetic levels of understanding.

Even when Bürgy is highly interested in approaching the genetic understanding of OCD, this aspect, as described by him, points to a rather psychological approach to this psychopathology. As said before, the genetic understanding aims at uncovering the "meaning of the disease" through life history, triggering situation, and its relationship with personality, feelings, values and, in summary, aspects that are rather narrative. Being narrative is not a reason to reject or despise Bürgy's proposal, although it does not necessarily lead to a phenomenological understanding of obsessive-compulsive phenomena. Nonetheless, in a 2005 paper titled

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[28] Following von Gebsattel, Bürgy holds that in OCD there is a sequence of disintegration of affects.

"Psychopathology of Obsessive-Compulsive Disorder: A Phenomenological Approach", Bürgy exposes a characterization of OCD under a rather descriptive understanding.

In this paper, Bürgy is against the idea of placing obsessive phenomena (or as he calls it following Jaspers's proposal: broader-sense or primary obsessions) and compulsive acts (strict-sense or secondary obsessions) at the same diagnostic level. For him, compulsive acts are secondary to obsessive phenomena, which means that the experiential emergence of the latter is not sufficient to accurately diagnose OCD. To expound his thesis, and following Jaspers, Bürgy consents to the idea that obsessive phenomena become possible only at the level of reflexive mental life, in which it is possible to differentiate between obsessions in a broader-sense and obsessions in a strict-sense. As it was previously exposed, according to Jaspers, obsessive-compulsive phenomena are a disturbance that takes the form of an imposition of directedness of reflection. In this respect, obsessions in a broader-sense are opposed to the will of the reflexive *self*; they are experienced as nonsensical, which produces an "apprehensive tension" and, as a response to this imposition and yearning to reduce the apprehensive tension and anxiety, the *self* takes an evaluative stance towards these primary obsessions, considering them as alien and tries to defend itself through strategies (compulsive acts)[29]. Bürgy refers to this defense as "defense psychism".

Although Bürgy identifies his proposal as being very close to that of Jaspers, it is also very close to that of the DSM-5[30]. Bürgy establishes a marked distinction between broader-sense or primary obsessions (or obsessive thoughts) and strict-sense or secondary obsessions (or compulsive acts) (Bürgy, 2005, pp. 293, 294), both of which are paramount to diagnose OCD: it is necessary that the subject experiences both primary and secondary obsessions in order to exclude "pseudo-obsessive phenomena" (Bürgy, 2005, p. 294). Obsessive thoughts by themselves do not entail OCD, and neither does experiencing only compulsive acts. In the first case (having only obsessive thoughts), the experience does not necessarily entails recognizing obsessive thoughts as alien (this is the case of, for example, delusional ideas) and, in the second case (having only compulsive acts), the experience does not necessarily entails a reaction to obsessive thoughts: it could, for

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[29] Considering that Bürgy's differentiation between obsessions in a broader-sense and in a strict-sense is close to that of Jaspers, I will not expose it in detail. I will present the reader the main points of this proposal.

[30] When Bürgy wrote the 2005 paper I am referring to, the latest DSM Edition was the Fourth. Nonetheless, I consider that his proposal is still close to that of the Fifth Edition as he still clearly differentiates between obsessions and compulsions, and commits to the idea that both of them must take place in order to diagnose OCD.

example, entails "the increasing inability to perceive one's acts as one's own" so it could be, for instance, a symptom of a paranoid-delusional state (Bürgy, 2005).

To this extent, Bürgy holds that, when subjects experience obsessions in a broader-sense, the experience of obsessions in the strict-sense are also necessary to diagnose OCD; subjects do not only have to experience an imposition of the direction of reflection (primary obsessions); they also must recognize the imposition as alien and against their will, which leads to defending themselves from them. Why do subjects feel the need to defend themselves? Because they cannot integrate primary obsessions to the *self-concept*, *i.e.*, they do not recognize themselves with those obsessions. On the other hand, when obsessions in a strict-sense take place, subjects must also experience obsessions in a broader-sense as a prerequisite to diagnose OCD; only when secondary obsessions emerge as a response to primary obsessions, then it could be stated that subjects find the latter as alien to them. In other words, only when secondary obsessions emerge as a response to primary obsessions, then it could be said that subjects have *insight* of the strangeness, abnormality, and nonsensicality of primary obsessions.

To what degree is Bürgy's approach a phenomenological one? Even when Bürgy follows a phenomenological project such as that of Jaspers, his proposal is rather focused on psychological features of the obsessive-compulsive experience, and not on the phenomenon itself. For example, the features that Bürgy remarks when exposing the three levels of understanding are mainly psychological. The descriptive understanding inquires for a description of the current contents of consciousness of the subject, which means that it is the result of a reflexive and narrative approach to symptoms, instead of one of a phenomenological kind. Regarding the genetic understanding, Bürgy highlights personality and life history as features related to the appearance of the psychopathology, which entails a psychological approach already considered in the DSM-5. Nonetheless, the hermeneutic understanding emphasizes psychiatric traits such as depersonalization, the feeling of incompleteness, the coping-situation disturbance, and the disturbance of temporal Becoming. This understanding is seemingly closer to a phenomenological exploration of obsessive-compulsive phenomena, since it is focused on the way the phenomenon *appears to consciousness*. Despite highlighting these features, Bürgy's specific proposal about OCD is based on the distinction between primary and secondary obsessions, which is closer to the descriptive and genetic levels of understanding that he delineates.

Besides holding that obsessive phenomena take place at the level of reflexive life and holding the idea that primary obsessions are an imposition of directionality of reflection, Bürgy's distinction is focused rather on psychological conducts and not on the way obsessive phenomena appear/emerge to the subject's consciousness. Using other words, Bürgy does not offer a description of how obsessive phenomena appear to the subject's consciousness. For instance, the notions of temporal Becoming, self-realization, depersonalization, the feeling of incompleteness, or the coping-situation disruption could have been significant to offer a more phenomenological understanding of OCD.

Most of the current literature referring to "phenomenology of OCD" follows a similar path. They usually focus on psychological or narrative aspects (third-person perspectives) of psychiatric phenomena, in which case the title of "phenomenological" refers to the reflexive experience involved in the psychiatric experience (Avasthi & Kumar, 2004; Berthier et al., 1996; Eisen et al., 2009; Girishchandra & Khanna, 2001; Miguel et al., 1997; Okasha, et al., 1994; Parmar & Shah, 2014; Shavitt et al., 2014). In order to achieve an understanding of the subjective and *lived* experience of OCD, *i.e.*, of the way obsessive-compulsive phenomena appear to the subject consciousness, it is important to consider a proposal focused on the way that subjects *structure* their *lived experience*. What kind of proposal would this be? It would be an approach focused on the way subjects *structure their world* or, in other words, it would offer a characterization of the patient's *basic experience of being in the world*.

5. *Conclusions*

In this Chapter I highlighted some of the most relevant proposals and approaches to obsessive-compulsive phenomena. Many of these proposals and approaches attempted to capture the nature of obsessive-compulsive phenomena attending to different aspects of human nature, which was the case of those approaches from the 19th century. These proposals were wide ranging and there was not an agreement on how to study psychiatric phenomena. This motivated researchers and physicians to work on standardized manuals to establish a shared and accepted methodology for psychiatry, which led to considering different models to psychiatry during the 20th century.

Nonetheless, these models have not achieved what initially was their purpose, namely, to have a complete understanding of psychiatric phenomena. Rather, those standardized models have resulted in what has been named "the crisis of psychiatry".

According the "crisis of psychiatry", the most accepted and used approaches to psychiatric phenomena offer third-person perspectives. The problem with third-person perspectives is that they do not offer an understanding of the very subjective experience of psychiatric phenomena. In this respect, the phenomenological perspectives to obsessive-compulsive phenomena that I exposed in this Chapter attempted to approach and understand the obsessive-compulsive experience. In other words, those approaches were not interested in third-person perspectives of obsessive-compulsive phenomena. Rather, those approaches aimed at understanding these phenomena from a first-person perspective.

Regarding the convenience of offering a first-person perspective to psychiatric phenomena, in the next Chapter, I will offer a justification of the resources that phenomenology can offer to psychiatry in its objective of having a complete understanding of obsessive-compulsive phenomena.

Chapter 2. Why Does Psychiatry Need Phenomenology?

Psychiatry, considered a branch of medicine, is going through what some researchers have called "the crisis of psychiatry" (Andreasen, 2007; Fuchs, 2021; Parnas et al., 2008; Stanghellini & Aragona, 2016). The crisis of psychiatry has, at least, two perspectives. The first has to do with the subject that psychiatry studies. *What is it that psychiatry deals with?* This question is not recent and answering it has not stopped being a challenge since the appearance of psychiatry as a field of medicine. An example of this is the varied and numerous characterizations that have been proposed to characterize obsessive-compulsive phenomena, as it was presented in the First Chapter. As it was exposed, there have been diverse perspectives to characterize obsessive-compulsive phenomena, each of which results from a model to characterize psychiatric phenomena (for example, reductionism, psychoanalysis, biopsychosocial models, etc.). This happens not only with obsessive-compulsive phenomena but with psychiatric phenomena in general. The second perspective has to do with the challenge of establishing a proper methodology. This reason is a consequence of the first. Depending on how psychiatric phenomena are conceived, there might be one or another way to approach them. In this respect, the crisis of psychiatry involves defining the very subject of psychiatry and establishing a proper methodology for it.

In this Chapter, I will offer a justification of the necessity that psychiatry has of embracing a phenomenological perspective. As it will be presented, one of the most relevant causes of the crisis of psychiatry has to do with the fact that it has been difficult to approach psychiatric phenomena from a first-person perspective. Although many approaches to psychiatric phenomena have offered third-person perspectives, these perspectives leave aside the very subjective experience, *i.e.*, the way patients *experience* disturbed phenomena or, in other words, how is it that the psychiatric phenomena are *lived* by patients.

For this, I will divide this Chapter into two principal sections. In the first section, I will present what the crisis of psychiatry entails. Here I do not pretend to hold that third-person perspectives are themselves miscarried or that they are not necessary to approach psychiatric phenomena.

Rather, my objective is to present the limitations that third-person perspectives have, and the need to consider first-person perspectives. I must clarify that, in this first section, I do not offer a definition or a specific characterization of the notion "subjective experience", which is why the reader might find it ambiguous. I will establish what "subjective experience" refers to in the second section, in which I will justify why psychiatry needs phenomenology and why, if psychiatry embraces phenomenology, it will have more resources to respond to its crisis. Although I do not pretend to affirm that phenomenology will resolve the crisis of psychiatry, it does offer valuable resources and tools to deal with it. To explain how is it that phenomenology assists psychiatry, I will present, in a very general way, what phenomenology is about[31]. Finally, I will succinctly expose how phenomenology conceives psychiatric phenomena.

1. *Psychiatry and Its Crisis: A Challenging "Branch of Medicine"*

There is a dissatisfaction in psychiatry which has led to what has been called "the crisis of psychiatry" and it can be summarized in two points: it is not clear what is it that psychiatry deals with -its subject-, and there is not a fully grounded methodology to deal with that subject (Andreasen, 2007; Fuchs, 2021; Parnas et al., 2008; Stanghellini & Aragona, 2016). These two points involve, at least, two challenges for psychiatry. The first challenge concerns what has been called "the problem of integration", which refers to the difficulty of integrating the different features that are involved in psychiatric disorders. The second challenge concerns the need to consider psychiatric disorders from both *third-person* and *first-person* perspectives, considering that each of these perspectives entails different ways of approaching the subject of psychiatry. In what follows, I will present an overview of this crisis.

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[31] This presentation of what phenomenology is about will be general, which means that I will not go into details. Phenomenology, as a research field, is wide and complex. A cautious and accurate exposition of it would exceed the purpose of this Dissertation, which is why I will only present its most general features. Nonetheless, in the Third and Fourth Chapters, I will go deeper into two aspects of phenomenology. In the Third Chapter, I will expose an enactive perspective on how is it that subjects can be conceived as *sensemakers.* In the Fourth Chapter, I will offer an approach to the subjective experience of temporality.

1.1.   *A Dissatisfaction in Psychiatry*

According to the American Psychiatric Association, "[p]sychiatry is the branch of medicine focused on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders" (American Psychiatric Association, 2022). According to the same Association, "[… a] psychiatrist is a medical doctor (an M.D. or D.O.) who specializes in mental health, including substance use disorders. Psychiatrists are qualified to assess both the mental and physical aspects of psychological problems" (American Psychiatric Association, 2022). According to these quotes, psychiatry is interested in "mental, emotional and behavioral disorders", and it is focused on "psychological problems", which have both mental and physical features. These considerations seem to suggest that mental, emotional, and behavioral features are different from one another: what is mental is not necessarily emotional or behavioral, what is emotional is not necessarily mental or behavioral, and what is behavioral is not necessarily mental or emotional, so the three of them might be considered as ontologically independent. Also, it is possible to differentiate mental from physical aspects of psychological phenomena, so what is physical is not necessarily mental, and vice versa. Therefore, following the American Psychiatric Association, there are, at least, four features involved in psychiatric phenomena, namely, emotional, behavioral, mental, and physical features.

Other perspectives, such as that proposed by Samuel Guze (Guze, 1992), hold that "[i]llness represents the manifestations of disturbed function within a part of the body" (Guze, 1992, p. 43). In this respect, for Guze, psychiatry (conceived as a branch of medicine)[32] must be especially focused on the study of the brain as it is the "organ of the mind" (Guze, 1992, pp. 11, 129). Nonetheless, he also states that psychiatry must study the patients' subjective experiences (and not only their "objective physiology"). Guze holds that psychiatry must deal with the patients' subjective experiences, their personal history, their familiar and social contexts, their relationship

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[32] Guze holds that, although psychology, social work, theology, philosophy, among others, are interested in understanding psychiatric disorders, those disciplines do not approach them from the medical model. I will not offer a discussion around the medical model as this is not the intention of this Chapter, which is rather to justify the necessity of a phenomenological approach in psychiatry. If the reader is interested in the discussion about the medical model in psychiatry, I recommend reading *Why Psychiatry Is a Branch of Medicine* (Guze, 1992), *The Concepts of Psychiatry: A Pluralistic Approach to the Mind and Mental Illness* (Ghaemi, 2003), *The Medical Model and its Application in Mental Health* (Huda, 2020), *The Medical Model-Why Psychiatry is a Branch of Medicine* (Joyce, 1980), or *Philosophy of Psychiatry* (Murphy, 2020).

with the rest of the world, their perceptions, memories, personality, reflexive life, the "sense of the self", among many other features (Guze, 1992, pp. 3, 130).

A question for Guze's proposal -among many- might be *how are the patients' subjective experiences, their personal history, their familiar and social contexts, their "sense of the self", or their relationship with the rest of the world, related to the brain (considered as the "organ of the mind")?* This is a wide and open question. Offering an answer to it requires an understanding of several notions and phenomena, such as the mind, the subjective experience, the relationship that can be established between subjective experience and the brain (be it a causal relationship, a constitutive relationship, an identity relationship, etc.), the relationship between the brain and "the mind", the relationship between what is not subjective (such as the social context) and what is subjective, the relationship between what is not subjective and the mind, among many other questions[33]. Guze is aware of this difficulty, which he finds "exciting" and "challenging". For him, psychiatry "[…] involves difficult and too often confusing concepts and methods" which is why he also considers it "frustrating" and "discouraging" (Guze, 1992, p. 3).

This dissatisfaction in psychiatry can be seen in the following assessment of the psychiatrist Rachel E. Dew, when she is referring to the process of interacting with, diagnosing, and treating a patient:

> In such situations I may reflect that I've previously met people who described their life in a similar way, and when I wrote a prescription for Prozac, they sometimes came back and said they felt better. I have to have some sort of model for what I'm doing. So sometimes I think, "She needs her serotonin levels tweaked, that's why she feels this way."
>
> The truth is I don't really know why she feels this way. If I asked the right questions, I'd probably find something that happened in her childhood that could be considered traumatic. If not, I could

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[33] Discussions about the notions of *mental disorder* (American Psychiatric Association, 2013; Aragona, 2009; Bolton, 2008; Broome, 2006; Brülde & Radovich, 2006; Gaete, 2018; Murphy, 2009; Stein et al., 2010; Zachar, 2000), *methods in psychiatry* (Biondi et al., 2002; Guze & Robins, 1970; Hengartner & Lehmann, 2017; Kendell & Jablensky, 2003; Kendler, Kenneth, 2005; León et al., 2002), *causality and levels of explanation*, (Bolton & Hill, 1996; Campbell, 2008; Craver & Bechtel, 2007; de Haan, 2020b; Kendler & Parnas, 2008a; Zachar & Kendler, 2007), *validity and reliability in psychiatry* (Fulford et al., 2006; Kendell & Jablensky, 2003; Kendler & Parnas, 2008b), among many others, have been some items approached in academy and health sciences. As said in the introduction of this Chapter, I will focus on the necessity of considering a phenomenological approach in psychiatry, which is why I will not address an analysis of the previous notions.

probably find something in her current life that is a "stressor." I could develop a sense that this problem is more "psychological" than "biological" (as if thoughts and feelings weren't biological events and there were really two organs inside her cranium).

The one thing I can't think, that I really can't tolerate at all, is that I don't know what's wrong and I don't know what I'm doing that is helping. Furthermore, thanks to placebo-controlled trials, I don't know if what I'm doing is "really" helping or if she and I are just imagining that it is helping.

(Dew, 2009, p. 16)

It is not, therefore, out of place to follow Dew when she holds that "[b]eing a psychiatrist means dealing with ambiguity all the time" (Dew, 2009, p. 16). This ambiguity not only concerns the subject that psychiatry investigates and deals with. It also regards issues such as: how to diagnose psychiatric disorders; how to establish a treatment for patients with psychopathological experiences; what are the appropriate dynamics required to interact with subjects with psychopathological experiences; how to research and approach the subject that psychiatry deals with; how to determine if it is necessary to medicate a patient; what kind of clinical skills must have a psychiatrist, among many others (Cawley, 1993; Fulford et al., 2004; Larsen & Hastings, 2021).

1.2.   *The Problem of Integration*

In the First Chapter of this Dissertation, I exposed the need -that has been set since the beginning of the 20th century- to develop models and systems to categorize and to establish a methodological framework to approach psychiatric phenomena (Andreasen, 2007). The need for a model in psychiatry is a consequence of the problem of integrating different factors that are conducive to or constitutive of psychiatric disorders (de Haan, 2020b; Gallagher, 2022a). Sanneke de Haan calls it "the problem of integration" and it can be formulated through the following questions:

Should we understand them [psychiatric phenomena] as brain diseases? From that perspective, patients' experiences are the result of one or more underlying problems in the brain. Research needs to be directed at finding these underlying mechanisms and, it is hoped that, we can subsequently find their biomarkers and develop interventions that target these mechanisms. Or, are psychiatric disorders, rather, the result of unresolved inner conflicts, as the more psychoanalytically minded would suggest? In that case, medication could possibly provide support, but it will not cure the problem. Or should we understand psychiatric problems as the expression in an individual of a social problem, as social psychiatry would argue? Or do psychiatric problems point to existential struggles, and should we focus on what stands in the way of patients' ability to engage with the world in a meaningful way? (de Haan, 2020b, p. 4)

Traumatic experiences; cerebral and physiological imbalances; personal, moral, or religious concerns; economic and social difficulties; cultural demands; personal and existential concerns, among others, are features that seem to be involved in psychiatric disorders. How could researchers and physicians integrate them under a single paradigm? It is interesting to see how the DSM-5 mixes all of these features in its definition of a psychiatric disorder -just as the American Psychiatric Association does with the notions of "mental", "emotional", "behavioural", and "physical".

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above. (American Psychiatric Association, 2013, p. 20 underlining added)

All of the highlighted features in this quote are mentioned evenly as if there were not constitutive differences between them. For example, "biological" and "psychological" correspond to different categories as they refer to different kinds of phenomena (Miller & Morgan, 2020). How could researchers and physicians integrate them? As it was exposed in the First Chapter, there have been models to deal with the problem of integration, which could be classified as follows: the

biological/neuro-reductionist, the psychoanalytic, the biopsychosocial, the objective-descriptive and the values-based (de Haan, 2020b; Ghaemi, 2003). The need for models expresses the conceptual difficulties that psychiatry must face[34]. Different models have guided different several attempts to categorize and to establish conceptual frameworks to approach psychiatric disorders, which have resulted in manuals such as *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). The DSM-5 is one of the most known and utilized manuals to diagnose psychiatric disorders and it is also used for research settings (Andreasen, 2007, p. 111; Mullen, 2006). The goal of the different editions of the DSM has been to standardize diagnosis, symptoms, and characterization of psychiatric disorders, willing to gain validity and reliability. Despite these attempts, "[…] there is widespread frustration with the overall pace of progress in understanding and treating serious psychiatric illness" (Krystal & State, 2014, p. 201).

> A central issue is whether the diagnostic manuals have become self-sustaining impediments to scientific progress or whether they truly remain open to refutation and productive of good practice and research. (Mullen, 2006, p. 114)

It is not mistaken, therefore, to follow Thomas Fuchs when he holds that psychiatry "[…] has the widest range of the scientific disciplines" (Fuchs, 2021, p. 181). The reason to affirm this is that there is the idea that psychiatry involves heterogeneous aspects and features, and it has been difficult to integrate those aspects under a single approach. These aspects, following Guze, might be captured by the word "humanities", as those features refer to human phenomena (feelings, emotions, social and economic features, subjective experiences, among many others). The fact that psychiatry has difficulties capturing and integrating them into other aspects, such as the biological and the physiological, is the reason behind the attempts to create and develop manuals like the DSM.

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[34] These difficulties not only concern conceptual ambiguities. Researchers and physicians must deal with issues such as: how to diagnose a patient; how to interact with a patient; how to interpret or make sense of the patient's narrations; how to establish a treatment course; how to medicate a patient (if necessary); how to determine if it is necessary to medicate a patient; what kind of language must be used when interacting and referring to a patient; what kind of clinical skills must be instructed in academies, among many others, are issues that psychiatry must also deal with (Cawley, 1993; Fulford et al., 2004; Larsen & Hastings, 2021).

1.3.   "The Crisis of Psychiatry"

The problem of integration might be the symptom of a deeper problem in psychiatry. Indeed, several authors have diagnosed psychiatry as being in a crisis (Andreasen, 2007; Fuchs, 2021; Parnas et al., 2008; Stanghellini & Aragona, 2016). Fuchs holds that psychiatry is in an "identity crisis". This "identity crisis" refers to the same problem of defining *the subject of psychiatry* and establishing a proper methodology, not only to study this subject but also to deal with it and with patients -for example, how to interact with patients or how to set therapeutic trajectories- (Fuchs, 2021, p. 181; Fulford et al., 2004). Josef Parnas, Louis Sass, and Dan Zahavi have argued for what they call "the crisis of psychopathology" (Parnas et al., 2008, p. 579). The "crisis of psychopathology" is an expression that addresses the tendency to schematize and reduce psychopathology to primitive, oversimplified, and mechanic manuals -such as the DSM. The consequence of this reduction is that psychiatry has become operational and mechanic, which has led to an increasing lack of *understanding* of psychiatric phenomena (Stanghellini & Aragona, 2016).

This lack of understanding is reflected in problems such as that "[…] DSM diagnoses are not useful for research because of their lack of validity" (Andreasen, 2007, p. 111), and also that "[…] reliability has not, in fact, been radically improved by the advent of DSM-III and its successors" (Parnas et al., 2008, p. 579)[35]. In this regard, Aragona and Stanghellini hold that:

> Current psychiatry is largely dominated by procedures involving the application of operative diagnostic criteria and the "measurement" of mental symptoms by means of rating scales and structured interviews, whose main aim is to increase inter-rater reliability. Such an approach to mental disorders derives from the work started in the 1970s by the so-called "neo-Kraepelinian" school, with the subsequent fundamental aid of the leader of the DSM-III project, R. Spitzer. In short, their main idea was that psychiatry had lost credibility mainly because psychiatrists had radically different views on mental diseases. As a consequence, this was responsible of scarce terminological and procedural precision. (Stanghellini & Aragona, 2016, p. 14)

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[35] One of the most commented debates is whether psychiatric disorders might be addressed in terms of signs and symptoms. The result of considering this idea -considering psychiatric disorders through their sign and symptoms- have resulted in manuals such as the DSM-5 or the *International Statistical Classification of Diseases, 10th Revision* (ICD 10) (Andreasen, 2007; Fuchs, 2021; Mullen, 2006).

They also hold that psychiatry is going through a "current crisis", which can be described as a state in which, in Kuhnian terms, psychiatry is not yet "[…] a mature science but a pre-paradigmatic discipline with many distinct and irreconcilable schools of thought" (Stanghellini & Aragona, 2016, p. 13). The expression "many distinct and irreconcilable schools of thought" refers to the very same idea that psychiatry embraces different features and aspects, so several models have been proposed to understand and deal with those features. Models in psychiatry have a philosophical background that, usually, makes those models irreconcilable. For instance, reductionist models are not compatible with dualistic or pluralistic models (cf. de Haan, 2020b).

In line with Rachel Dew's idea about the ambiguity of psychiatry, Robert Cawley holds that psychiatry must work with uncertainty and ignorance (Cawley, 1993). According to Cawley, uncertainty and ignorance will be illuminated with the development of science. He holds that the development of neuropharmacology and immunology will represent significant advances in the study of the brain. This perspective, for example, expresses an inclination to consider the brain as an influential organ involved in psychiatric phenomena.

In any case, why has psychiatry not achieved an adequate characterization of its subject and, therefore, has not been able to establish an appropriate methodology to approach it? A brief comment on what Nancy Andreasen has referred to as "a dehumanizing impact on the practice of psychiatry" might be useful to understand its crisis.

1.4.   *Biological Bodies and Experiential Subjects*

Andreasen holds that "DSM has had a dehumanizing impact on the practice of psychiatry. History taking -the central evaluation tool in psychiatry- has frequently been reduced to the use of DSM checklists" (Andreasen, 2007, p. 111). This "dehumanization" consists in leaving aside the very same subjective experience (under the consideration that psychiatry is a branch of medicine that deals with *human beings*). This means that psychiatry deals not only with human biological bodies (impersonal or biological mechanisms) but with *human beings* with specific *lived experiences*.

Robert Cawley affirms that, in order to be a "competent psychiatrist", it is necessary to get involved with the humanities. The psychiatrist Sir Martin Roth holds that psychiatry is "[…] the most humane of the sciences and the most scientific of the humanities" (Cawley, 1993, p. 159). This means that, just as the American Psychiatric Association, the DSM-5, or as Samuel Guze hold, psychiatry must deal not just with cerebral or physiological issues, but also with *personal concerns,* such as emotions, behaviors, cognition, personal experiences, social contexts, among many others.

> The raw material of the psychiatrist's work consists of the behaviour, thoughts and emotions, objectively expressed and subjectively experienced, of persons in distress and those in close contact with them. (Cawley, 1993, p. 154).

Regarding the subject of psychiatry, Sanneke de Haan holds that:

> The tension between the patient as a person in his life-world and the patient as a body for scientific and medical investigation characterises the whole field of medicine. In psychiatry, however, matters are even more complicated. In somatic medicine, diseases can typically be regarded as alien intrusions, as external disruptions or at least as a problem of the body-as-an-organism only. Surely patients are involved as persons too; they need to cope with having this disease and maybe change their lifestyles. In psychiatry, however, the personal dimension goes much further, as psychiatric disorders pertain to the patient <u>as a person</u>" (de Haan, 2020b, p. 3 underlining added)

> For it is not the liver, or the heart, or the lungs, or some other organ that is the problem; the problem, rather, concerns one's way of perceiving, thinking, feeling, behaving: experiences that make us who we are. (de Haan, 2020b, p. 4)

The debate whether psychiatry must consider human beings not only as biological organisms but also as subjects that deal with personal, interpersonal, sociocultural, or economic issues, is not recent. Karl Jaspers already was aware of the necessity of humanities and social studies (Jaspers, 1913a, p. 432).

> [...]psychopathology comes to be not only a kind of biology but also one of the Humanities. With psychiatry the doctor enters a world which lies outside the other disciplines with which he is

already familiar. The fundamentals of his education generally consist of chemistry, physics and physiology, but here he is in need of a different basic training. This situation is responsible for the fact that psychiatry, in so far as it is practised by doctors without training in the Humanities, lacks any consistency in its scientific standing. (Jaspers, 1913a, p. 36)

The development of the different editions of the DSM can illustrate this debate. For example, the Second Edition of the DSM -edited in 1968- was an attempt to confront the biologically oriented approach that was paramount in the First Edition of the DSM, edited in 1952 (Ghaemi, 2003, p. 7). The First Edition of the DSM had a strong biological perspective that was addressed by the psychiatrist Emil Kraepelin, who believed that psychiatric disorders had a biological basis. Kraepelin held that psychiatric disorders were a biological disease that was beneath signs and symptoms that were exhibited and experienced by patients. If physicians aimed at comprehending a psychiatric disorder, they had to obtain the list of signs and symptoms of the patient and, afterwards, they would find the somatic cause of it. In this respect, psychiatric disorders were treated somatically. Nonetheless, in the decade of 1940, the psychiatrist Adolf Meyer considered that Kraepelin's approach ignored psychosocial features of psychiatric disorders, which were relevant to have an understanding of them (cf. Ghaemi, 2003, p. 5). Meyer believed that, although psychiatric disorders had a biological feature, there were psychosocial aspects that might be altered as well. In particular, Meyer affirmed that psychiatric disorders were reactions to life events and psychosocial circumstances.

> We study behavior not merely as a function of the mind and of various parts of the body, but as a function of the individual, and by that we mean the living organism, not a mysteriously split entity. When we see somebody eating or drinking too much or too hurriedly, or overworking, with inadequate recreation, we want to know why and how this occurs, and we modify it not merely as a state of mind but as behavior. That is what we imply by psychobiological—undivided and direct attention to the person and to the function, health, and efficiency of the person as a living organism. (Meyer, 1948, p. 434)

For Meyer, psychiatry deals not only with a biological body; it also deals with "somebody", "[…] an organism with a life history, a biography" (Meyer, 1948, p. 436). This approach was captured with the notion of "psychobiology". This view, joined with the rise of psychoanalysis during the

decade of 1950, led to the Second Edition of the DSM, which had a strong psychoanalytical influence[36] (cf. Ghaemi, 2003, pp. 5, 7).

A possible diagnosis of the crisis of psychiatry might be what Andreasen calls the "dehumanization" of psychiatry, according to which psychiatric patients are not just biological bodies, but *human beings* with *subjective experiences* that involve social, economic, interpersonal, personal-reflexive, or cultural experiences, among many others. In this respect, Fuchs asks:

> […] perhaps we can stop at this point and ask ourselves: are we on the right track? Or are we losing sight of the phenomenon we are actually talking about -the psychological illness, the illness of a person— in the ever more focused, ultimately molecular biological view? Aren't the basic guiding assumptions, "psyche = brain" and "mental illness = brain disease," too simple, perhaps not even true? (Fuchs, 2021, pp. 183–184)

Although these questions are addressed to a reductionist approach such as materialism, the complaint behind them is that psychiatrists must deal with a *person, i.e.*, a human being with feelings, emotions, thoughts, a personal history, and manners of behaving and interacting with other people and the world.

> [Psychiatric disorders] are caused by unfavorable life events and social influences, i.e., by disturbances in communication and relationship with others […]. Conversely, the illnesses impair the ability of patients to respond adequately to their social environment— with detrimental social consequences that in turn are decisive for the course of the illness. All these influences are undoubtedly mediated by neurobiological as well as epigenetic processes, but they are only taken up, not generated, by the brain. (Fuchs, 2021, p. 185,186)

In this respect, if physicians aim at understanding a psychiatric phenomenon, then subjective life is a fundamental and constitutive feature of it. Following Fuchs' questions, what is the phenomenon that psychiatry is dealing with? To begin with, psychiatry must deal with *human beings*, and human beings have a *subjective life* and *personal experiences.* This is important to clarify

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[36] Afterwards, in 1980, the third Edition of DSM was released, in which the biopsychosocial model was used to edit this Edition. According to DSM-III, psychiatric disorders have biological, psychological, and social features. To go deeper into the models to approach psychiatric disorders see (Andreasen, 2007; de Haan, 2020a; Ghaemi, 2003; Luhrmann, 2001; Murphy, 2010).

because, as it has been exposed, an important debate in psychiatry has been whether psychiatric disorders are brain diseases or if they embrace other kinds of phenomena. Indeed, the "crisis of psychiatry" or "dehumanization of psychiatry" aims at showing that, if the *human side* of human beings is left aside, psychiatry lacks a constitutive feature of psychiatry phenomena. Therefore, understanding a psychiatric phenomenon implies understanding *subjective experiences*. Once researchers and physicians understand psychiatric phenomena as they are experienced by subjects, it might be easier to study how the diverse aspects that are involved in psychiatric phenomena approach those experiences.

It is important to emphasize that demanding psychiatry to be *humanized* does not mean that biological features of psychiatric disorders should not be taken into account, or as if cerebral activity was not part of understanding a psychiatric disorder. Rather, the request is to have into focus that dealing with human beings also entails dealing with *experiences* and *ways of experiencing oneself, others,* and *the world.* It is possible to go further and hold that dealing with human beings also entails experiencing those ways of experience oneself, others, and the world. Sanneke de Haan names these kinds of experiences the *existential dimension* of experience, which refers to "[...] the way in which people relate to and make sense of themselves and their situation" (de Haan, 2020a, pp. 12, 125).

1.5.   *The Operational Revolution and Subjectivity*

There have been many attempts to deal with the crisis of psychiatry[37]. Nonetheless, these attempts have led to an "operational revolution" (Parnas & Zahavi, 2002; Sass et al., 2013). The "operational revolution" names the project of defining psychiatric disorders based on criteria-based diagnoses ("operationalizations"), which tend to be descriptions from a *third-person perspective* (Sass et al., 2013, p. 273). These descriptions are observable external behavior or descriptions made by patients of their symptoms -both of which reflect a third-person perspective. In this respect, the purpose of the operational revolution is to gain reliability and validity in psychiatry, which is the road that the DSM has followed. Nonetheless, as Sass, Parnas,

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[37] Such as the different models to understand psychiatric disorders (de Haan, 2020b; Ghaemi, 2003), which have led to the different editions of the DSM.

and Zahavi hold (Sass et al., 2013), the operational revolution lacks the ground that psychiatry demands. Andreasen follows this idea:

> Research in psychopathology is a dying (or dead) enterprise. How and why did this occur? What is wrong with DSM?

> It is not difficult to come up with a list of obvious problems. First, the criteria include only some characteristic symptoms of a given disorder. They were never intended to provide a <u>comprehensive description</u>. Rather, they were conceived of as "gatekeepers"—the minimum symptoms needed to make a diagnosis. (Andreasen, 2007, p. 111 underlining added)

What is a "comprehensive description" of a psychiatric disorder? Even when psychiatric disorders might involve neurological, socio-cultural, or personal features, they are, at least, *ways of experiencing* or, in other words, a characterization of them might involve, at least, a description of them as *lived experiences*. A comprehensive description might include the *subjective disturbed experience* of the subject, *i.e.*, the way he or she *experiences* the psychiatric phenomenon. If the very subjective experience of psychiatric phenomena is not fully captured from a *third-person perspective*, it is necessary to have a method to approach psychiatric phenomena from a *first-person perspective*.

Stanghellini and Aragona affirm that "[p]sychiatry addresses abnormal human subjectivity" (Stanghellini & Aragona, 2016, p. 5). There might be many ways of understanding the word "subjectivity". Subjectivity might refer to: sensations, feelings, or emotions; perceptions or ways of perceiving the world; desires; beliefs, thoughts, or reasoning; learning; making decisions; bodily feelings (such as appetite, warm, cold, hungry, satisfaction, tension, relaxation, force, weakness); physical or social abilities; moral or religious considerations; imagining; among many others.

Nonetheless, when Stanghellini and Aragona hold that "[p]sychiatry addresses abnormal human subjectivity", they are not referring, strictly speaking, to the listed phenomena in the last paragraph. Rather, Stanghellini and Aragona are referring to a *first-person perspective* to psychiatric phenomena. This allows presenting a second way to understand the word "subjectivity". Cawley holds that "[p]sychiatry as a discipline in itself may be losing ground"

(Cawley, 1993, p. 159). The reason to hold this is that psychiatric phenomena might be "objectively expressed" but "subjectively experienced". The idea that psychiatric phenomena involve the *subjective life* of human beings, or that they are "subjectively experienced", makes reference to a *first-person perspective* to approach those phenomena.

2. *Phenomenology and Psychiatry*

It was previously said that psychiatry must deal with human beings who, in turn, experience an "abnormal human subjectivity". In this respect, it is paramount to understand this *subjectivity*. In other words, it is necessary to understand the *first-person perspective* to psychiatric phenomena and, in this regard, phenomenology entails an appropriate and opportune resource to approach psychiatric phenomena. In what follows, I will briefly expose what is phenomenology about and how it can assist and cooperate with psychiatry in order to deal with its crisis.

2.1. *What Is Phenomenology About?*

In the book *Phenomenology. The Basics* (Zahavi, 2019), Zahavi holds that "[s]trictly speaking, phenomenology means the science or study of the phenomena. But what is a phenomenon?" (Zahavi, 2019, p. 9). A phenomenon is what *appears* or what *makes itself present*. Nonetheless, phenomenology is not interested in *what appears* as it is interested in *how the phenomenon appears* -*i.e.*, the *way* in which experience *presents itself*. What kind of *appearances* study phenomenology? The objects of experience are varied; they might be perceptions, emotions, feelings, the body and bodily awareness, thoughts, other people, imagination, time, space, objects, action, cultural and social phenomena, and everything that *can*[38] be *subjectively experienced* by a subject.

However, phenomenology does not study these objects of experience themselves. Phenomenology studies the *way* all these objects of experience *present themselves*. In this respect, the subject of phenomenology is the very *structure of appearances* (cf. Husserl, 1976, p. 56). These

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[38] These appearances must not be actual appearances; they do not need to be in the actual *field of perception* (Husserl, 1976, p. 51).

appearances are not just of objects that subjects find "out there" in the world (such as cars, houses, mugs, dogs, or doors). They can also be appearances such as imagining, hallucinating, or doing mathematical operations mentally.

Since *appearances themselves* are *subjectively experienced*, they cannot be captured from a third-person perspective and, therefore, the phenomenon can only be captured -*understood*- from a first-person perspective, which is why it is accurate to hold that phenomenology studies *subjectivity*. It is possible to have an *explanation* of what happens in both the brain and the biological body when somebody is watching a car, or the perceiving subject can narrate all that she is watching (or, even, thinking) while she is watching the car, but the very *lived experience* of watching a car is accessible only from a first-person perspective[39] (Zahavi, 2006, p. 119).

Third-person perspectives -such as those that science entails- allow offering reasons and explanations. In particular, third-person perspectives offer causal explanations. For instance, when someone tries to say why she is feeling happy, she might say that she had a rise in her salary. Nonetheless, explaining why she is feeling happy does not describe the feeling of *being happy* itself. To express what *being happy* is about, it is appropriate to offer a *description* of the way it is *subjectively experienced* by the person. In other words, one thing is expressing *why someone is feeling happy* and another thing is expressing *how feeling happy is lived*. In the first case, the person is offering an *explanation* and, in the second case, she is offering a *subjective description*[40]. Phenomenology deals with descriptions in order to offer an *understanding* -not an explanation- of subjective experience.

> As an approach, phenomenology is concerned with attaining an understanding and proper description of the structure of our experience; it does not provide a naturalistic explanation of it

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[39] Thomas Nagel, for example, holds that experience has a subjective character. According to Nagel, the subjective character of experience "[..] is not captured by any of the familiar, recently devised reductive analyses of the mental, for all of them are logically compatible with its absence. It is not analyzable in terms of any explanatory system of functional states, or intentional states, since these could be ascribed to robots or automata that behaved like people though they experienced nothing. It is not analyzable in terms of the causal role of experiences in relation to typical human behavior -for similar reasons. I do not deny that conscious mental states and events cause behavior, nor that they may be given functional. characterizations. I deny only that this kind of thing exhausts their analysis" (Nagel, 1974, pp. 436, 437).
[40] For a deeper analysis of de debate between explaining/describing in psychiatry see (Parnas & Sass, 2008).

in terms of biological genesis, neurological basis, unconscious psychological motivation, or the like. (Parnas et al., 2008, p. 579)

Therefore, phenomenology does not intend to explain experience, which is something psychology or neurology would do (Zahavi, 2003, p. 8). Consider another constitutive feature of the subject of phenomenology, namely, *consciousness*: what is *experienced* is *consciously experienced* because it is only in consciousness that a phenomenon *makes itself present* (Husserl, 1976, p. 261; Zahavi, 2003, p. 12). If phenomenology aims at understanding the way in which experience *presents itself*, and experience presents itself *consciously*, then phenomenology aims at understanding the very *structure of consciousness*. If, for instance, neurology explains consciousness, it would be an explanation of the somatic processes that are involved in conscious experience, but it would not be a description of conscious experience.

For example, the cerebral processes involved in watching a tree are not part of the *experience itself* of watching the tree. Those somatic processes might be part of what *causally* makes the perceiving experience possible, but the subject does not experience *those cerebral processes themselves*; rather she experiences *watching a tree*. In this sense, an explanation might refer to neural (or, in general, somatic) or psychological processes, which are a causal explanation of the experience, but not an *understanding* of the *conscious experience itself* (cf. Zahavi & Gallagher, 2008, p. 9).

> The phenomenologist, however, has a different task. She would start with the experience itself and by means of a careful description of that experience she would attempt to say what perceptual experience [or any conscious experience] is like, what the difference is between perception and, for example, an instance of imagination or recollection, and how that perception is structured so that it delivers a meaningful experience of the world. Without denying that brain processes contribute causally to perception, such processes are simply not part of the perceiver's experience. (Zahavi & Gallagher, 2008, pp. 6, 7)

In this respect, phenomenology is interested in *describing* the subject's *lived experience* or, in other words, it is interested in how is it that conscious experience *presents* or *appears itself* to the subject.

2.2.   *Intentionality and Situatedness*

Another feature of phenomenology is that it is interested in intentionality. Intentionality is an attribute of experience according to which an *appearance* is an appearance *of* something *for* someone, so *conscious experience* is *object-directedness* (Husserl, 1976, p. 207; Zahavi & Gallagher, 2008, p. 119). When a person is watching a tree, it is a perception *of something*; when someone loves her couple, she loves *someone*. As Zahavi puts it, "[c]onsciousness is not concerned or preoccupied with itself, but is, rather, by nature self-transcending" (Zahavi, 2019, p. 16). In this respect, two features should be emphasized. (i) A conscious subject is always conscious *of* something. For instance, a person can see a train, he can also imagine the train, or he can doubt the existence of the train. (ii) Likewise, consciousness has a certain perspective, so the intentional object *is presented in a certain way* to the subject[41]. For example, different appearances can present themselves in the form of doubting, so a person can doubt of the existence of the Loch Ness Monster, she can doubt that the local football team is the best of the country, or she might doubt that her capacities to sing are remarkable.

It is also important to accentuate that *appearances* are appearances for *situated subjects*. An experiencing subject is situated in specific contexts from which she has a *perspective* or *first-person point of view*. This perspective is a constitutive feature of intentionality, which means that the *understanding* of *appearances* is shaped by the situated aspects of the experiencing subject[42].

> The phenomenologist studies perception [or conscious experience], not as a purely subjective phenomenon, but as it is lived through by a perceiver who is in the world, and who is also an embodied agent with motivations and purposes. (Zahavi & Gallagher, 2008, p. 8)

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[41] Husserl differences between the mode of givenness of our acts and the mode of givenness of our objects. To go deeper into this differentiation, see §86 and the following paragraphs in *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy: First Book: General Introduction to a Pure Phenomenology* (Husserl, 1976).

[42] As I affirmed in this Chapter's Introduction, I will not go into details on what phenomenology is since a cautious and accurate exposition of it would exceed the purpose of this Dissertation. Nonetheless, I will present an extended account of situated experience in the Third Chapter. From an enactivist perspective, I will present how is it that subjects enact a meaningful world, and how this meaningfulness is tied to embodied and situated aspects. In the same line, in the Fourth Chapter, I will present a phenomenological exercise of exposing the subjective experience of temporality which, in the Fifth Chapter, will be an important resource to offer a phenomenological description of obsessive-compulsive experiences.

Fuchs, for example, holds that conscious experience emerges in the ecological system of organism and environment, in the interplay of the components that are involved in the interaction between organism and environment, and these components involve the brain, the body, and objects of the environment (Fuchs, 2021).

> The psyche is not a hidden interior space produced in the brain. It is alive and embodied, it embraces the entire body as a sounding board for all feelings (Fuchs & Koch 2014); and at the same time it is our relationship to the world -be it the perception and handling of things or the emotion and communication with other people. None of this is to be found in the brain as such- brains see nothing, feel nothing, and think nothing, as indispensable as they are as mediating or "relational organs" for these overarching processes (Fuchs 2011). (Fuchs, 2021, p. 187)

As it will be presented in the Third Chapter, the way the world *appears* or *presents itself* is *meaningful*[43]. For instance, a glass of water appears as "drinkable" when someone is thirsty, a mug appears as "grabbable" when someone wants to drink coffee, or the sidewalk appears as "walkable" when someone is walking around the city. In this sense, cognitive subjects are *sensemakers*, which means that they are organisms that *make sense* of their environment. *Sensemaking*, in any case, is not a reflexive phenomenon -as if the subject *projected*, *constructed* or *generated* a meaning upon the world. Rather, sensemaking is a relational process in which the world emerges as a meaningful place (it *presents itself* through *meaningful appearances*), which results from the subject's constitution/functioning -its *structural organization*-, the environment's properties, and the interaction -action and perception- between both. In this respect, phenomenology is interested in the way this *sense* or *meaningfulness* is constituted. Using Jasper's terms, the meaningfulness of the world is configured in the same movement in which the conscious experience is structured. The structuration of conscious experience entails the configuration of a *meaningful world* for the subject. In this respect, conscious and meaningful experience emerges in the presence and interaction of a subject and its world[44].

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[43] Regarding the general purpose of the Dissertation, the Third Chapter is determining. In the Third Chapter, I will present how is it that a subject *sensemakes* or, in other words, how is it that a *meaningful world* emerges for the subject. If I am going to describe how is it that the obsessive-compulsive phenomenon *presents itself*, it is necessary to understand how is it that subjects enact a meaningful world. Particularly, I am going to expose the *meaningfulness* of the world through the notion of *affordances*, which is an idea that the reader might recognize in the examples I will present in the text after this footnote.

[44] In the Third Chapter, at the time I present how a meaningful world emerges as an embodied organism navigates it, I will present an important difference between "world" and "environment".

At this point, it is important to ask: what is the relationship between phenomenology and psychiatry? Before I answer to this question, I will recapitulate what has been said in this Chapter:

1. The crisis of psychiatry might be summarized as follows. Psychiatry must deal with human beings, and this entails dealing with *experiences* and *ways of experiencing oneself, others, and the world.* In definitive, psychiatry must deal with *subjective experiences.* The crisis of psychiatry consists in lacking the tools to approach *subjective experience.*
2. Phenomenology allows approaching *subjective experience.* Indeed, phenomenology is interested in the way human beings *experience* and *sensemake.* More precisely, phenomenology offers an understanding of the very *lived conscious experience.*

2.3.   *Phenomenology and Psychiatry*

Phenomenology might serve as the resource that psychiatry needs to deal with its crisis. Indeed, according to Fuchs, "[a]s the systematic project of investigating the structures of subjective experience, phenomenology may also be considered the foundational science for psychopathology" (Fuchs, 2010, p. 547). As it has been suggested in this Chapter, psychiatry has had the problem of characterizing its subject: *what is it that psychiatry deals with?* Sanneke de Haan holds that psychiatry deals with persons. Nonetheless, a person can be approached from many perspectives -biological, psychological, social, among others. When de Haan holds that "psychiatric disorders pertain to the patient as a person", she refers to the fact that psychiatry is leaving aside the *very lived disturbed experience,* so those biological, psychological, social, and other *third-person perspective approaches,* do not approach the *subjective disturbed experience itself.*

Parnas, Sass, and Zahavi hold that a phenomenological account is necessary if psychiatry aims at understanding *psychopathological lived phenomena* (Parnas et al., 2008). Having an understanding of the *psychopathological experience* allows physicians and scientists to know what is it they are "[…]studying [6°], and to avoid a variety of mereological fallacies and category mistakes [1,7°°] (Parnas et al., 2008, p. 579). Therefore, to have an understanding of psychiatric

phenomena, it is necessary to know how a psychiatric disorder is *presented to* or *experienced by* the person, considering that psychiatric disorders appear on the *patient's field of consciousness* (Stanghellini & Aragona, 2016).

The attempt to approach psychiatric disorders from a phenomenological perspective is not actual or contemporary. Already in 1913 Karl Jaspers published the book *General Psychopathology*, the first systematic description and discussion of anomalous mental phenomena (Parnas & Sass, 2008, p. 249). Jaspers considered that, if mental health practitioners aimed at having an understanding of the patient's "psychic life", then it was necessary to consider a subjective approach to psychiatric disorders (Jaspers, 1913a). This would be an investigation to answer questions such as "how are experiences *lived* (or *experienced*) by patients?" or "how do those experiences *appear* or *present themselves* to patients?". Jaspers held that, to offer an answer, it is necessary to understand the *form* or *structure* of conscious experience, and to offer an understanding of the *modes of consciousness*[45] –*i.e.*, the *kinds of experiences* that patients have.

Jaspers distinguished between objective and subjective symptoms. Objective symptoms, affirmed Jaspers, are those concrete events that can be perceived by the sense organs, such as "reflexes, registrable movements, an individual's physiognomy, his motor activity, verbal expression, written productions, actions and general conduct", as well as the patient's capability to work, the ability to learn, the extent of the memory or rational contents that the patient communicates (Jaspers, 1968, p. 1313) –even though the latter cannot be perceived by the sense organs, they can be rationalized or manifested by someone from a third-person perspective. The subjective symptoms, on the other hand, cannot be perceived by the sense organs and "[…] have to be grasped by transferring oneself, so to say, into the other individual's psyche" (Jaspers, 1968, p. 1313). Jaspers called "empathy" this exercise of "transferring into the other's psyche". For Jaspers, empathy is not an intellectual effort; rather it is an effort to grasp the patient's experiences which "include all those emotions and inner processes, such as fear, sorrow, joy, which we feel we can grasp immediately from their physical concomitants; these we thus take to

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[45] In the Third and Four Chapters it will be exposed more carefully what "the kind of experiences" and "the form experience takes" refer to.

"express" the underlying emotion"[46] (Jaspers, 1968, p. 1313). For Jaspers, empathy is a phenomenon that allows understanding subjective experience or, as Jaspers calls it, "psychic events" (Jaspers, 1913a, p. 26). In other words, empathy is an understanding of "the expression" -which is the "direct manifestation of psychic events or psychic mood" (Jaspers, 1913a, p. 255)[47].

With the differentiation between objective and subjective symptoms, Jaspers was standing out that psychiatrists deal, not only with objective symptoms but also with the patient's subjective experiences (Jaspers, 1968, p. 1314). Jaspers considered that it was necessary to consider the "*forms* in which all our experiences, all psychic reality, take place" (Jaspers, 1968, p. 1323), which means that he was interested, not only in the contents of the patient's personal experiences, but also in the *form of experience.*

2.4. *Psychiatric Phenomena As "Disturbed Ways of Experiencing"*

Before continuing with the relationship between psychiatry and phenomenology, it is relevant to make one last clarification about phenomenology. The *meaningfulness* of the world does not present only through objects that subjects encounter in the world -as if they were *perceptual meanings. Meaningfulness* encompasses the whole *system subject-world,* so it involves both the way a subject *finds himself in the world* and the way the *world manifests itself* (de Haan, 2020b, pp. 55,

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[46] Jasper's notion of empathy has been criticized for being limited since, in the process of understanding the patient's experiences, physicians must ultimately attend to their own personal experiences (and not strictly to the patient's subjective experiences). For more about these critics, see (Stanghellini & Aragona, 2016).

[47] Following what was previously said about phenomenology, Jaspers holds the difference between explaining and understanding. For Jaspers, explaining refers to postulating causal connections or rules that are obtained inductively and lead to formulating theories "about what lies at the root of the given reality" (Jaspers, 1913a, p. 304). Understanding, on the other hand, can be conceived in different ways (Jaspers, 1913a, p. 307). First, there is the phenomenological understanding, which refers to the representations that the physician makes of the patient's manifested experiences. Second, the understanding of an expression, which is the physician's direct perception of the manifestations -the "individual's movements, involuntary gestures and physical form"- made by the patient. Third, the static understanding, which makes reference to the "psychic qualities and states as individually experienced", so it is focused on the description made here-and-now by the patient. Fourth, the genetic understanding indicates how mental phenomena emerge from one another and their connections. The genetic understanding is grasped directly and, according to Jaspers, it represents the temporal sequence of psychic phenomena, so it does not necessarily imply an empathic understanding. Fifth, the empathic understanding, is the "proper psychological understanding of the psyche itself" so it "always leads directly into the psychic connection itself". Nonetheless, an approximation to the phenomenon of empathy conceived as a methodology to understand psychiatric phenomena is something that exceeds the purpose of this Chapter. Additionally, Jaspers is not clear enough when he differentiates these kinds of understandings. If the reader is interested in this, see Jasper's *Chapter V Meaningful Connections* (Jaspers, 1913a) and *The Phenomenological Approach in Psychopathology* (Jaspers, 1968).

94). As I will present in the Third Chapter, the constitution of *self* and *world* is a dynamic process in which underlying and basic structures are configured. The configuration of these structures is what characterizes the way a subject *finds himself* in the world and, at the same time, the way the *world presents itself*. Phenomenology, therefore, does not conceive subjects as passive entities that receive information, process it, and act based on this processing. Rather, it conceives subjects as sensemaking entities that "[...] contributes actively to [the world's] articulation and significance" (Parnas & Sass, 2008, p. 253).

If phenomenology describes the way *meaningfulness* emerges, the way subjects *find themselves* in the world, and the way the whole *system subject-world* is structured, then phenomenology itself can offer the resources to understand the way *disturbed experiences present* or *appear themselves*. In this respect, de Haan's quote is appropriate:

> Phenomenologically oriented psychiatrists have often remarked that psychiatric patients live in 'a world of their own.' In 'A different existence,' psychiatrist Van den Berg (1972) argues that living in one's own world makes out the core of psychiatric disorders. As he puts it: 'Our world is not primarily a conglomeration of objects that can be described scientifically. Our world is our home, a realization of subjectivity' (pp. 39–40). Consequently, 'when the psychiatric patient tells what his world looks like, he states, without detours and without mistakes, what he is like' (p. 46). Psychiatric patients live in a different world, in a world that is more threatening, or more meaningful, or less meaningful, or more chaotic, or more 'flat' than our shared world. (de Haan, 2020a, p. 17)

In this regard, Fuchs holds that "psychiatric disorders involve a more or less pronounced disturbance of the self in its relation to the world" (Fuchs, 2010, p. 549). In the same line, de Haan affirms that "phenomenological psychiatry investigates questions like the changes in the [subjective] experience [...]" (de Haan, 2020b, p. 8). According to Stanghellini and Aragona, phenomenology "[...] seeks the underlying or basic structures or existential dimensions of the life-worlds patients live in. Abnormal phenomena are here viewed as the outcome of a profound modification of human subjectivity within the world" (Stanghellini & Aragona, 2016, p. 4). A

phenomenological approach[48] to psychiatry "[…] helps improve understanding of the unique personal values and beliefs by which each individual's experiences […] are shaped […]" (Stanghellini et al., 2013, p. 292).

In this respect, psychiatric phenomena can be conceived as *disturbed ways of experiencing*. If phenomenology studies the constitutive process involved in the structuration of *conscious and meaningful experience*, then, from a phenomenological perspective, psychiatric phenomena are disturbances in the structuration of *meaningful experience* or, in other words, they are disturbances of *consciousness* (Stanghellini, 2007). Another way of expressing the same idea is that psychiatric phenomena are disturbances in the way subjects *sensemake*, so psychopathological conditions are to be conceived as disturbances that involve the constitution of the *whole self-world system*[49], which not only comprise the way the *world presents itself* or the way subjects *find themselves in the world*, but also the way the subjects relate to themselves -de Haan refers to this as "the existential dimension"- (de Haan, 2020b, p. xiii; Stanghellini & Aragona, 2016, p. 15).

In this sense, dealing with psychiatric phenomena involves dealing with "[…] constitutive processes that build up subjective experience, such as the formation of perceptual meaning, temporal continuity or implicit bodily action" (Fuchs, 2010, p. 548; cf. Parnas & Zahavi, 2002). Other phenomena that are involved in psychiatric disorders, and which can be approached from a phenomenological perspective, are the sense of reality[50], subjective temporality[51], the minimal self[52], the sense of agency[53], the sense of ownership[54], body image[55], body schema[56], among

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[48] Stanghellini does not precisely refer to a "phenomenological approach". He refers to a "person-centered approach", which conceives subjects as "[…] meaning-making entities rather than passive individuals" (Stanghellini et al., 2013, p. 287).

[49] In the Third Chapter I will expose how is it that the whole *self-world system* is constituted.

[50] In the Fourth Chapter I will expose what "the sense of reality" refers to by explaining the notion of *existential feelings*.

[51] In the Fourth Chapter I will expose a Husserlian perspective on how subjective temporality presents itself in experience.

[52] The minimal self refers to the "[…] an implicit, prereflective self-awareness that is present in every experience without requiring introspection" (Fuchs, 2010, p. 549). If the reader is interested in this notion, see *Subjectivity and Selfhood: Investigating the First-Person Perspective* (Zahavi, 2006).

[53] This notion refers to the sense of being the initiator of an action (Gallagher, 2000, p. 204).

[54] This notion refers to the sense that I am the one -it is *me*- who is moving (Gallagher, 2000, p. 204).

[55] This notion refers to perceptions, emotional attitudes, and beliefs that pertain to one's own body (Gallagher, 1986).

[56] This notion refers to the global awareness of the bodily posture and movement in relation to tasks and solicitations of the environment (Gallagher, 1986).

others[57]. These notions[58] are conceptual developments that have been proposed from phenomenological perspectives and have been appropriate resources to approach the *subjective experience* of psychiatric phenomena. Indeed, phenomenological approaches have been becoming a systematic project, or a research program, that studies intentionality, self-awareness, spatiality, embodiment, intersubjectivity, or temporality, and approach psychiatric phenomena from these structures of consciousness (Parnas & Zahavi, 2002).

3. *Conclusions*

Although phenomenological approaches, due to their natural method of describing subjective experience (and not explaining it), do not offer causal explanations of psychiatric phenomena, they offer a valuable basis and conceptual resources to approach psychiatric phenomena. There is already research on psychopathologic phenomena from a phenomenological perspective, such as works on *schizophrenia*[59] (Gallagher, 2000; Mishara, 2007; Parnas, 2003; Parnas & Sass, 2001), *obsessive-compulsive disorder* (Bürgy, 2005, 2019; de Haan et al., 2015, 2013b; Denys, 2011), *delusions* (Broome, 2004; Campbell, 2001), *anorexia* (Bowden, 2012; Olster, 2021), *melancholic depression* (Fuchs, 2001, 2005; Stanghellini, 2004), *body dysmorphic disorder* (Fuchs, 2002b), among others.

Phenomenology can respond to the necessity of approaching psychiatric phenomena from a first-person perspective, which is one of the main reasons why psychiatry is in a crisis. Nonetheless, and despite not offering causal explanations, some phenomenological approaches are interested in offering a dialogue with neurology and cognitive science in order to investigate relations between subjective disturbed experiences and underlying neurobiological mechanisms (Fuchs,

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[57] In *Phenomenology and Psychopathology* (Fuchs, 2010), Fuchs offers an interesting framework, from a phenomenological perspective, of the different phenomena that are involved in psychiatric disorders. He does it by offering three aspects of human subjectivity: "(1) embodiment with its basic antagonism of subject-body and object-body, (2) temporality with its antagonism of past- and future-orientation, and (3) intersubjectivity with the complex dialectics of perspective-taking and self-other-distinction" (Fuchs, 2010, p. 549).

[58] Since it is not the objective of this Chapter to go into detail about these notions, I left some references -as footnotes- for each of these in case the reader is interested in going further.

[59] There have been proposals on exploring self-awareness disturbances by obtaining self-descriptions made by patients (Nordgaard & Sass, 2012). One of the most commented attempts to do this is the semi-structured phenomenologically based interview called *The Examination of Anomalous Self-Experience* (EASE) (Parnas et al., 2005).

2002a; Gallagher, 1997, 2004; Gallagher et al., 2007, 2015; Gallagher & Brøsted Sørensen, 2006; Mishara, 2007; Parnas et al., 1998). Establishing these links is a current and challenging project that, although recent, it might offer promising advances in researching psychiatric phenomena[60].

As it has been presented in this Chapter, phenomenology allows researching thoroughly the patient's subjective experience, so it can offer an understanding of the disturbed structures of the patient's consciousness, contributing to a better understanding of their *lived experiences*[61]. This, certainly, is a useful resource for psychiatrists and physicians, not only to have a better understanding of the subjective disturbed experience, but also to have a better performance at the moment of diagnosing and establishing a therapeutic course (Broome & Stanghellini, Giovanni, 2014; Fulford et al., 2004; Glas, 2020; Parnas & Zahavi, 2002). Therefore, the links between phenomenology and psychiatry are not just interesting; they are highly relevant.

If the purpose of this Dissertation is to offer a characterization of obsessive-compulsive phenomena, therefore, phenomenology is an appropriate resource to achieve this. Nonetheless, before offering any characterization of obsessive-compulsive phenomena, it is pertinent to understand how *meaningful experience* is structured. *How do subjects sensemake? How is the meaningfulness of the world constituted? What are the dynamics involved in the structuration of meaningful experience?* As it was exposed, phenomenology studies the way conscious and meaningful experience is structured or, in other words, it studies how is it that subjects *sensemake*

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[60] I will not go into details on this subject since it is not the particular purpose of this Dissertation. I leave some bibliographic suggestions on this subject (Fuchs, 2002a; Gallagher, 1997, 2004; Gallagher et al., 2007, 2015; Gallagher & Brøsted Sørensen, 2006; Mishara, 2007; Parnas et al., 1998).

[61] For example, Fuchs holds that, if researchers want to link phenomenology and psychiatry, the phenomenologist should answer questions such as:

- What is it like for the patient to be in a certain mental state (e.g. to feel depressed or to hear voices)? What is the personal meaning of that state?
- How does the patient experience his or her world? How does he or she express, move, and define space as an embodied subject?
- What is the subject's experience of existential time? Is there a sense of continuity over time, or are there breaks or fadings of self-awareness?
- Does the patient feel effective as an agent in the world, or rather as only being exposed to the world?
- Is there a tendency to take an external perspective to one's body, actions, and self? Do the knowing and the feeling subject coincide or diverge?
- How is the patient's ability to empathize with others, to take their perspective?
-How does he/she experience his or her relationships?

(Fuchs, 2010, pp. 547–548)

or *structure* a meaningful world. To answer those questions -and, afterwards, to offer a characterization of obsessive-compulsive phenomena-, in the next Chapter I will present the enactive approach to cognition. According to this approach, *meaningful experience* emerges in the *dynamic coupling* between subject and world. This characterization of cognition will offer valuable resources to understand obsessive-compulsive phenomena.

Chapter 3. Sensemaking and Phenomenology

In this Chapter, I will present a notion of cognition characterized by both its *embodied* and *situated* features. This notion of cognition is suggested by *enactivism*, a research program initially proposed by Francisco Varela, Eleanor Rosch, and Evan Thompson (Varela et al., 1991), that resulted from a dissatisfaction with the cognitivist conception of mind. To expose what enactivism is about, I will focus this Chapter on three features of it, each one of them understood as a perspective that highlights an aspect of the very same phenomenon. The first feature is the biological one, according to which cognition is a biological phenomenon that emerges when an embodied organism navigates its surroundings. According to enactivism, the emergence of cognition involves the emergence of a *meaningful world* for an *embodied organism*. In order to expose these aspects (the notion of *meaningful world* and that of *embodied organism*), I will present the other two features of enactive cognition, namely, its perceptomotor and affective characters. The objective is to offer the conceptual elements that allow to uphold the idea that cognition is a *continuous* and *dynamic* process of *sensemaking*. In this respect, the central concept I am interested to develop in this Chapter is that of *sensemaking*.

1. Introduction to Embodied Cognition

Regarding the relationship between mind and world, there is a renowned conception of cognition according to which *cognition* is a phenomenon that occurs *in* the mind, and it is executed by intermediary mental entities -representations- that allow bridging mind and world. This conception of cognition has, at least, two assumptions. The first is that both *mind* and *world* are independent entities, each one with their own features; the mind is *inside* the cognitive subjects, which is why it is *subjective* and *private*, while the world is *out there*, it is *objective*, and it is *accessible* for all cognitive subjects. The second assumption concerns the nature of the relationship between these entities. According to this conception of cognition, cognitive subjects' minds receive information from the outside world through their senses; this process is captured by the notion

of *input.* The information given in the input is processed by the mind and leads subjects to having an *output, i.e.,* a conduct that responds to the *input.* In this respect, the world is *pre-given,* so the world's properties are independent of the subject's cognitive capacities, and the information delivered in the input mediates between the subject and the world.

This notion of cognition is captured by *cognitivism,* a research program according to which the mind is an entity that manipulates information. For cognitivism, information consists of symbols that represent the world and are processed *in* and *by* the mind. It is also a wide research program that encompasses philosophical, psychological, neuroscientific, linguistic, and anthropological investigations, among others, which was, from its beginnings in the mid-1950s, strongly influenced by the *Computational Theory of Mind* (CTM) (Newell & Simon, 1976; Turing, 1950). Despite some differences in the way of understanding the notion of "mind" from the CTM perspective[62], most of this kind of approaches have in common the idea that the mind's functioning is not very different from that of computers. Indeed, for CTM, mental processes such as reasoning, decision-making, problem-solving, perception, and linguistic comprehension, among others, consist in the manipulation of symbols that are intentional, which means that their content corresponds with (*are about*) the world (cf. Rescorla, 2003). In this respect, a cognitive system manipulates information (symbols) (Newell & Simon, 1964, 1976; Turing, 1950), and this manipulation takes place *in* and *by* the mind. It is for this reason that, for cognitivism, cognitive systems are those capable of information processing, and this phenomenon takes place in isolation from the world, and independently of the body and sensorimotor capacities.

In the book *The Embodied Mind* (Varela et al., 1991), Francisco Varela, Evan Thompson and Eleanor Rosch question the idea that "cognition consists of the representation of a world that is independent of our perceptual and cognitive capacities by a cognitive system that exists independent of the world" (Varela et al., 1991, p. xx). These authors do not consider cognitivism as a misconceived program, since it accounts for intelligence and intentionality (if these are to be understood as symbolic computations)[63] (cf. Varela et al., 1991, p. 41). Nonetheless, according to

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[62] In the general context of cognitivism, there is not a single proposal on the nature of the mind. Different cognitivist approaches such as Connectionism, Intentional Realism, Eliminativism, Functionalism, among others, endorse different views on the nature of the mind. For an insight on these approaches see (Rescorla, 2003).

[63] Indeed, they consider that, for cognitivism, cognition consists in problem solving, which works to some degree for some domains, such as playing chess. Nonetheless, there are some domains in which problem solving is less

Varela, Thompson and Rosch, affirming that cognition consists in processing symbolic information leaves aside three constitutive features of cognitive phenomena: the very subjective experience, the integration of the different aspects involved in cognitive phenomena[64], and the place that the body has in the cognitive experience. With these features, Varela, Thompson, and Rosch refer to the way in which cognitive subjects experience the world: "[...] our cognition is directed toward an experiential world, or in the terms of phenomenology, toward a *lived* world" (Varela et al., 1991, p. 52).

In order to approach those three cognitive phenomena, and to offer an alternative view to cognitivism, the authors propose the *enactive program*, which is based on a biological perspective to cognition that emphasizes its embodied feature. Varela, Thompson and Rosch endorse the thesis according to which, "[i]nstead of representing an independent world, they [the cognitive subjects] enact a world as a domain of distinctions that is inseparable from the structure embodied by the cognitive system" (Varela et al., 1991, p. 140). In this respect, they hold a notion of cognition referred to a phenomenon that emerges in the interaction of an embodied subject in the environment. Therefore, cognition is not something that happens *in* and *by* the mind (understood as an information processor); it is rather something that emerges or enacts in the very same interaction between the subject and its surroundings, so the subject "[...] contributes actively to its articulation and significance" (Parnas & Sass, 2008, p. 253). How is this articulation and significance to be understood? According to Varela and Maturana (Varela, 1991; Varela et al., 1991), cognition is embodied, which means that it is to be conceived in relation to the body, the world, perception, and action. In other words, cognition is an *embodied* and *situated* phenomenon, and significance[65] emerges as an embodied and situated phenomenon.

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productive, like moving around a place. Moving around "depends upon acquired motor skills and the continuous use of common sense or background know-how", rather than a know-that (Varela et al., 1991, p. 147).

[64] Our sensorimotor capacities (capacity of movement, perception, and action), and the physiological, psychological, and cultural context.

[65] Other notions I will use to refer to "significance" are *meaningfulness* or *sensemaking*.

2. Cognition: Body and Biology

Varela affirms that "[t]he bacterial cell is the simplest of living systems because it possesses the capacity to produce, through a network of chemical processes, all the chemical components which lead to the constitution of a distinct, bounded unit" (Varela, 1991, p. 5). For Varela, the bacterial cell is not just the simplest living system. It is the simplest cognitive system, since cognition is a constitutive phenomenon of a living being that emerges in its activity in the environment[66] [67].

In order to understand this notion of cognition, it might be necessary to understand that of *autopoiesis*. Autopoiesis is a "neologism" used by Varela to designate the organization of a minimal living system[68], thanks to which it can continuously produce the components that specify it and, thus, constitute itself as a distinctive unit in space and time (Maturana & Varela, 1973; Varela, 1991, p. 5). In this sense, Varela agrees that bacterial cells are the simplest living system, considering that they can produce their own nutrients from chemical processes, which is possible due to their *structural organization*. What is essential to a living system is not its components or materials, but its organization and structural functioning, whose effect is the continuous production of the components that allow the system to distinguish itself as a unit, so autopoiesis is at stake in the emergence of an *identity (distinguishable unity)*. This process is labeled by Varela as *reciprocal causality*, and it refers to the relationship between the local processes in an organism's functioning and the global properties of the organism as a whole.

> This identity amounts to self-produced coherence: the autopoietic mechanism will maintain itself as a distinct unity as long as its basic concatenation of processes is kept intact in the face of perturbations. (Varela, 1991, p. 5)

The notion of autopoiesis, besides having implications for the biological notion of *distinguishable unit*, also has implications regarding the world in which the autopoietic organism develops. According to Varela, the world of the organism is not pre-established or prefabricated; rather, in

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[66] It is important to specify that, according to the autopoietic theory of cognition, the notion of "cognition" is broader than that of "knowledge", so it would be a conceptual inaccuracy to use them as synonyms. Cognition, according to Varela, is a phenomenon that emerges in living beings with an autopoietic organization, but this does not imply that knowledge is a phenomenon that also occurs in all living beings with an autopoietic organization. This, in any case, will become clearer while the notion of autopoiesis is developed.

[67] A striking difference between environment and world will be presented further on this Chapter.

[68] In what follows, the expressions autopoietic system and autopoietic organization will be used interchangeably.

the same movement by which the organism structures[69] itself as a *unit*, it structures what is *external* to it. To clarify this, Varela emphasizes in the phenomenon of engagement between organism and world, which he characterizes as one of *mutual specification* or *co-determination*. On the one hand, the organism finds itself in an environment that provides the necessary physio-chemical elements for its permanence as an organization capable of producing its own components (and, therefore, keeping itself alive), in behalf of which it structures itself as a unit (avoiding to get dissolved into the environment) (Varela, 1991). On the other hand, the environment becomes an *outside* when the organism constitutes itself as a unit and acquires a *perspective* from which the environment is presented as significant or meaningful, so the environment is defined or established as the *world of the autopoietic system* (it becomes its domain or niche). The phenomenon of structuring a perspective is also called *sensemaking* and it results from a relationship of *co-dependence* between organism and world. As Evan Thompson briefly exposes it:

> *2. Autopoiesis entails the emergence of a bodily self.* A physical autopoietic system, by virtue of its operational closure (autonomy), produces and realizes an individual or self in the form of a living body, an organism.

> *3. Emergence of a self entails emergence of a world.* The emergence of a self is also by necessity the co-emergence of a domain of interactions proper to that self, an environment or *Umwelt*.

> (Thompson, 2007, p. 158)

A difference between *environment* and *world* must be introduced. The *environment* of the system is one that can be observed from a third person perspective, and it could be described from chemical and physical laws. The *world* of the system, on the other hand, has a "surplus of meaning" that the system "adds"[70] to the environment. This "surplus of meaning", according to Varela, "is the mother of intentionality" (Varela, 1991). The world of the system is shaped by a significance that is neither in the environment (exterior) nor in the system (interior), but rather *emerges* as the

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[69] This expression must not be understood as a reflexive decision made by the organism. In the next pages, I will clarify how this expression, among others related to it, should be understood.

[70] This expression should not be understood as if the organism projects or discharges this significance. If so, Varela's proposal could be seen as a type of idealism, which is not his intention. How it is to be understood will be clearer in the progress of this Chapter.

organism (considered as a system of distributed processes that constitutes itself as a distinguishable unit) structures a perspective as a result of its interactions with the world. This perspective is directly related to the constitution and organization of the autopoietic system, considering that structuring a perspective *for* the organism is equivalent, first, to determine what is relevant to the organism in order to maintain and prolongate its existence and, secondly, to *enact* a world. Varela introduces the example of a bacteria:

> We use and manipulate physico-chemical principles and properties, while swiftly shifting to the use of *interpretation* and significance as seen *from* the point of view of the living system. Thus a bacteria swimming in a sucrose gradient is conveniently analyzed in terms of the local effects of sucrose on membrane permeability, medium viscosity, hydromechanics of flagellar beat, and so on. But on the other hand the sucrose gradient and flagellar beat are interesting to analyze only because the entire bacteria points to such items as relevant: their specific significance as components of feeding behavior is only possible by the presence and perspective of the bacteria as a totality. Remove the bacteria as a unit, and all correlations between gradients and hydrodynamic properties become environmental chemical laws, evident to us as observers but devoid of any special significance. (Varela, 1991, p. 7)

For instance, the world of the organism is attractive (for example, in the case of nourishment) or repulsive (in the case of danger). The world can be frightening, comforting, intriguing, striking, dubious, among many other *affections*[71]. What is central to his idea is that the organism is *affected* by its world. Attending to Jakob Von Uexküll words, "[a]s superficial appearance teaches us, each animal encounters in its dwelling-world certain objects with which it has a closer or more distant relationship" (Von Uexküll, 1934, p. 139). The properties of the environment (which can be examined from a third view perspective) and the biological conformation and functioning of the organism (including its needs and concerns) give rise to the emergence of a *world for the organism*, so the environment becomes the organism's *Umwelt, i.e.*, the "subjective universe" of the organism[72] (Von Uexküll, 1982). The *Umwelt* is a meaningful place for the organism; it is inserted into its world and appraises it. These ways of *experiencing* the world are not *projected*, *constructed*, or *generated* upon the world by the organism. Rather, those experiences (or

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[71] Further on this Chapter I will present what this affective feature of cognition is about.
[72] For instance, a tree can be experienced in different ways according to the organism it is related to. For a bird a tree can be a place to find shelter during the rain; for the farmer it can offer material to build a fence or a house; for an ant the tree can offer food.

appearances) result from both the organism biological constitution/functioning (its *structural organization*), and the environment's properties. In other words, the appraisal or perspective[73] of the organism must not be understood as a reflection made by the organism. It is the result of the constant coupling or engaging process between organism and environment (settling a relationship of *co-dependency*).

The emergence of the *Umwelt* can also be considered the result of a *dialectical* relationship in which the environment is *lived* or *experienced* by the organism as significant -due to its structural organization. On the one hand, the organism is constantly adjusting or adapting to its environment (to maintain itself as a living unit)[74]. On the other hand, the environment presents itself as *valuable* for the organism (like, dislike, ignore), which can *act* in one way or another over the world (attraction, rejection) (cf. Varela, 1991, p. 12). This dialectal relationship between organism and environment is a process of coupling, adjusting, or engaging to the environment[75]. In this sense, the meaningfulness of the world emerges as a *relational function* that must not be reduced neither to the organism, nor to the environment; it is rather "enacted, brought forth, and constituted by living beings" (Thompson, 2007, p. 158). *Sensemaking*, therefore, is a cognitive phenomenon that emerges from a *dynamic coupling process.*

According to Varela, the cognitive activity of a multicellular organism with a nervous system arises from perception-action correlations emerging from, and modulated by, an ensemble of interconnected neurons[76]. Neural activity enables correlations between sensors (sensory organs, nerves) and effectors (muscles), in such a way that activity of sensors brings with it the activity of effectors, and the activity of effectors comes with sensor activity. For this reason, the enactive

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[73] The phenomenon that Varela refers to as "perspective" can also be captured by the notion of "presentation", which refers to the way the world *presents itself* to the living organism or, in other words, to the way the world is *lived* by the living organism.

[74] This idea is similar to notion of "tendency to achieve an optimal grip" suggested by Maurice Merleau-Ponty (Merleau-Ponty, 1945), which will be exposed further on this Chapter.

[75] Further on in this Chapter, this will be explained from the perspective of the notion of *corporeal schema* proposed by Maurice Merleau-Ponty.

[76] Just as the identity of a basic living system emerges as the result of a distributed process and dynamic interaction with the environment, the identity of a multicellular system also emerges from certain processes that, unlike a unicellular organism, are more complex and give rise to greater cognitive possibilities. What is central when accounting for cognitive phenomena in multicellular organisms with brains is that they are complex systems that have a nervous system and the capacity for movement and perception.

approach maintains that "behavior is the regulation of perception"[77] (Merleau-Ponty, 1945; Noë, 2004, 2012; Thompson, 2007; Varela, 1991; Varela et al., 1991, p. 9). Behavior is to be conceived as a *mode of existence*, of coherence, and harmony in which the organism constitutes itself while structuring a world of action and perception. Varela calls this unit the *cognitive self*, which is in a constant adjustment with a world that emerges as a significant totality from the invariant, constant, and sensory-motor regularities.

What kind of coherence and harmony is it that is constitutive of behavior? What do those "invariant, constant, and sensory-motor regularities of the organism" refer to? It has been said that behavior is closely related to the engagement or coupling between organism and world. What is this relationship about? Regarding the world of the organism, there are two aspects that must be considered to understand *cognition* -and to answer to these questions- from an enactivist perspective.

First of all, the world is taken to be variable, volatile, fluctuating, unstable, changeable. This means that, when an organism is moving in its niche, the world presents itself through obstacles, encounters, perturbations, challenges, or demands (Varela, 1991, pp. 5, 12; Varela et al., 1991, p. 151); the world is confronting and troublesome. As Alva Noë puts it, there is a "vulnerability" or "fragility of our access to the world" (Noë, 2012, pp. 2, 40). For instance, when bacteria swim in a sucrose gradient, the organisms need to move (to swim) to nourish themselves, so they must confront and overcome the hydrodynamic properties of the environment. In the case of an infant who wants to leave a room, he finds that he cannot go through the walls, so he must go around the wall (either crawl or walk through the door). If a person wants to grab her mug, she must move her arm in a certain way towards a specific place so she can grab the mug by the handle. The world presents itself as *challenging*. In this respect, the body and perceptomotor abilities are imperative to relate to the world. Without them, cognitive subjects cannot confront the demands of the world; without them, cognitive subjects cannot be responsive to the demands that their own structural organization requires.

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[77] In this Chapter I am not going to focus on the neural activity involved in perception-action. I will approach perception-action as a bodily and embedded phenomenon.

Secondly, and in relation with the previous idea, "[we] achieve access to the world around us through skillful engagement; we acquire and deploy the skills needed to bring the world into focus" (Noë, 2012, p. 2). Although Noë is referring to human beings, this statement applies for every autopoietic organism. Autopoietic organisms have a tendency to maintain themselves as a distinct unity or, in other words, they tend to subsist and conserve themselves as a separate living entity (cf. Varela, 1991, p. 5). In order to achieve this, the organism must interact with its world which, as said, presents itself through obstacles, encounters, perturbations, challenges, or demands. This interaction takes place through perceptomotor abilities (perception and corporeal movement), so that "[t]he world makes itself available to the perceiver through physical movement and interaction" (Noë, 2004, p. 1).

> Thus the form of the excitant is created by the organism itself, by its proper manner of offering itself to actions from the outside. Doubtless, in order to be able to subsist, <u>it must encounter a certain number of physical and chemical agents in its surroundings</u>. But it is the organism itself -according to the proper nature of its receptors, the thresholds of its nerve centers and the movements of the organs- which chooses the stimuli in the physical world to which it will be sensitive. "The environment (*Umwelt*) emerges from the world through the actualization or the being of the organism- [granted that] an organism can exist only if it succeeds in finding in the world an adequate environment." This would be a keyboard which moves itself in such a way as to offer -and according to variable rhythms- such or such of its keys to the in itself monotonous action of an external hammer. (Merleau-Ponty, 1942, p. 13 underlining added)

The process of confronting and dealing with the perturbations of the world through perceptomotor abilities of the organism *enacts* (brings about) perceptomotor regularities or patterns (cf. Thompson, 2007, p. 13; Varela et al., 1991, p. 175). How to describe these regularities? As it was previously said, the world presents itself through perturbations and variations, so those regularities are not to be found "out there". They (*i.e.*, the coherence and harmony of behavior; the invariants, constants, and sensory-motor regularities of the organism; the regulation of perception) might be seen as the structuration of the perturbations and variability of the world, which are to be conceived as a *know-how* that manifest itself through *acquired bodily skills.* As Alva Noë affirms, "[t]o perceive [...] is to perceive structure in sensorimotor contingencies" (Noë, 2004, p. 105). In this respect, the regularities are bodily

structured, so that the subject's bodily constitution and its bodily capacities (*i.e.*, perception and movement) are a constitutive feature in the emergence of a *meaningful* world[78].

> Ordinary life is necessarily one of *situated* agents, continually coming up with what to do faced with ongoing parallel activities in their various perceptuo-motor systems. This continual redefinition of what to do is not at all like a plan, stored in a repertoire of potential alternatives, but enormously dependent on contingency, improvisation, and more flexible than planning. Situatedness means that a cognitive entity has -by definition- a perspective. This means that it isn't related to its environment "objectively", that is independently of the system's location, heading, attitudes and history. Instead, it relates to it in relation to the perspective established by the constantly emerging properties of the agent itself and in terms of the role such running redefinition plays in the system's entire coherence. (Varela, 1991, p. 11)

The regularities (or coherences) that emerge in the adjustment of the system in its world can be considered from two perspectives. On the one hand, the perceptual and motor regularities are structured as a result of the continuous interaction between the organism and its world; on the other hand, the environmental regularities emerge and present themselves as significant or meaningful for the organism. Both perspectives, called the *dialectic of identity* and the *dialectic of significance*[79], should not be seen as two different and independent components of the same phenomenon, but as a single phenomenon that emerges in the constant coupling and co-determination of the cognitive system and its world.

In this sense, the *cognitive self* is a dynamic organization of coherences and regularities that, on the one hand, continually emerges as a unit, whereas, on the other hand, enacts a world through the emergence of perceptual-motor regularities (Varela et al., 1991, p. 164). Perceptomotor systems are situated and embodied agents that are continually redefining[80] what to do according

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[78] Further on this Chapter, I will hold that the process of coupling and engaging with the world is the same phenomenon that Merleau-Ponty refers to as *corporeal schema*. In other words, I will hold that those regularities are to be understood as a bodily schematization of the variability of the world.

[79] Varela does not use the expression "dialectic of significance" but "dialectic of knowledge". I am inclined to use the first expression since the term "knowledge" could refer to theoretical or propositional knowledge that could be encompassed by the notion of "information", and it is not to this type of meaning that Varela refers to, considering that his purpose is to offer a notion of cognition that does not compromise with paradigms that characterize cognition as information processing.

[80] This expression should be considered a practical knowledge or "know how", not a theoretical knowledge or "know what". This statement will be developed in the next section of this Chapter.

to their encounters and interactions in their environment, which, in turn, emerges in the continuous perceptomotor activity of the system (cf. Varela, 1991, p. 11). This activity gives rise to regularities that are typical of the adjustment of the cognitive self in its environment. In this sense, there is a sensorimotor circuit (*loop*) in which perception and movement guide the action of the system, and continuously structure the environment. For this reason, navigation in the environment (perception and action) is what allows the continuous coupling of the situated and embodied agent with its world.

The significance of the environment emerges as both the dialectic of identity and the dialectic of significance unfold. Nonetheless, the very notion of *significance* does not seem to be clear enough. What does it mean that the world is *meaningful* to the cognitive self? What does *significant* or *meaningful* mean? What kind of *significance* is this? How close is the notion of *significance* to that of *regularities*? In the following sections, I will offer an answer to these questions from two perspectives, namely, from an embodied-perceptomotor approach and from an affective approach.

3. *Adjustment and Active Dimension: Body, Corporeal Schema, and Sensemaking*

For Francisco Varela, the notion of identity (*i.e.* the notion of *cognitive self*), far from relating it to a non-material nature, a substantial *I* or a *self*, or from defining it as something dissociated and independent from the environment, refers to a coherent unity of perceptuomotor regularities that structures itself in the very same dynamic of structuring a meaningful world for the cognitive self. This means that a cognitive self can be understood as an organic unity with perception and action capacities, which is continuously involved in a *sensemaking* dynamic in which its world *emerges*. To begin with, *sensemaking* can be understood as a *dynamic coupling process* that is continuously unfolding in the interaction of a *lived body* with its surroundings. An "[…] organism is not the passive recipient of sensations that inform the organism about the environment. Organisms perceive their environment by interacting with it, in a bodily, sensory, and cognitive way" (Glas, 2020, p. 44). How could this dynamic be described?

In the previous section, based on the proposal of Varela and Maturana, I exposed a biological approach to the phenomenon in which a cognitive self *enacts* a (meaningful) world. In this section,

I will offer a description of the *dynamic coupling* between cognitive self and world from an embodied and perceptomotor perspective. In order to offer this description, I will attend to Maurice Merleau-Ponty's notion of *corporeal schema* (Merleau-Ponty, 1945). Firstly, I will expose the notion of corporeal schema and, secondly, I will present how the corporeal schema is structured. In this section, I will shed some light on what the "emergence of meaningful world" or the "regulation of perception" is about.

3.1. *Corporeal Schema: Bodily Intentionality and Affordances*

In *Phenomenology of Perception* (1945), Maurice Merleau-Ponty takes distance from the Representationalist Theory of Mind (RTM) by considering that, for this approach, there is a difference between the investigating subject and the investigated object; for RTM, if the body is to be investigated, it has to be considered as another object in the world which might be studied by Biology, Psychology and Sociology. Nonetheless, Merleau-Ponty affirms that the body is not like other objects, since it cannot be manipulated like them (Merleau-Ponty, 1945, pp. 77, 78). The body *presents itself* (or is *experienced*) in a very different way from other objects in the world: I cannot take distance from it and, just like the body imposes a perspective over other objects, it imposes a perspective to itself as well. In this respect, subjects experience a *living body* (cf. Merleau-Ponty, 1945, p. 56).

For Merleau-Ponty, the body is an undivided totality of sensations, actions and feelings that exists toward its tasks (cf. Merleau-Ponty, 1945, p. 103). The body has an active relationship with its world, which consists in having the *tendency to achieve an optimal grip*[81] in the situations where action takes place. This is why he says that the "body appears to me as a posture toward a certain task, actual or possible" (Merleau-Ponty, 1945, p. 102). In this sense, the body *is* and *exists* towards -*is directed to*- the world (Merleau-Ponty, 1945, p. 103). In other words, the body is *for the world*. Merleau-Ponty calls this "being directed" as *motor intentionality* which is a way to name

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[81] Merleau-Ponty does not use the expression "tendency to achieve an optimal grip", although he does use "optimal grip". The expression is used by Hubert Dreyfus and Stuart Dreyfus (Dreyfus & Dreyfus, 1999). In the same line, the idea of using the expression "tendency to achieve an optimal grip" was suggested by Erik Rietveld, and I found it very appropriate as it is consistent with the idea that "the body is directed to the world". This intentionality, the experience of "being towards the world", or the idea that "the body is *action-oriented*", can be captured by the expression "having a tendency to achieve an optimal grip".

the phenomenon in which the body is presented as a *behavioral unified system* that is directed towards its tasks. How to account for the corporeal totality that responds to the tasks and requests of the world? How to do this without committing to representations or information processing? According to Merleau-Ponty, perception is a state of the body and of the bodily behavior that consists in *adjusting* to, and *gripping* the world.

First of all, there is a sense in which the body *knows how* to respond to the environment's requirements (as cognitivism does). This "knowledge" should not be considered as reflexive, propositional, or theoretical, but as a corporeal knowledge of the body in its active relationship and coupling with its environment. This means that there are certain *dynamic operations* between the corporeal space and its surrounding space in which the motor intentionality unfolds, and allows the corporeal movements to get organized as a totality towards the world. Merleau-Ponty refers to these dynamic operations as *corporeal schema.*

According to Merleau-Ponty, the body is not an assemblage of unified parts; it is a "total organ" in which all members are enveloped in each other (Merleau-Ponty, 1945, p. 100). *Corporeal schema* is the global awareness of the posture or spatiality of the body in the inter-sensorial world, so this is not a spatiality of position but a spatiality in which the body is actively integrated according to its tasks. In consequence, this is a spatiality of situation: corporeal schema is the organization of the body as a totality, according to the surrounding's demands. This is why Merleau-Ponty holds that *corporeal schema* is dynamic, and it is also a special mode of existence, since it corresponds to the sense of unity of the active subject who is directed towards the world (Merleau-Ponty, 1945, p. 102).

Since *corporeal schema* is an embedded *know how* that unfolds actively towards a task, then it could also be considered as the core of the adjustment between body and world. This means that *the tendency to achieve an optimal grip* on the world is equivalent to a directed, harmonic, and coherent behavior that allows the subject to be successful in his tasks. These tasks, on the other hand, are to be conceived as the way the world presents itself to the subject. In consequence, the world does not present itself in a passive or inert way; rather, it calls to action "and the task obtains the necessary movements from him through a sort of distant attraction" (Merleau-Ponty, 1945, p.

109). In this sense, the world appears attractive to the subject through what Merleau-Ponty calls "'come to grip' with his body", which can also be named as *grip points*[82].

In this regard, James Gibson offers a notion that is useful in this Chapter, *i.e.*, that of *affordances* (Gibson, 1979). According to Gibson[83], an affordance is what the environment offers, provides, and furnishes to specific organisms (or, in terms of Merleau-Ponty, *grip points*). Perceived objects in the environment, affirms Gibson, have values and meanings that can be directly perceived by animals (Gibson, 1979, p. 119). Nonetheless, these values and meanings are not abstract physical properties of the objects in the environment. Affordances are relative to each animal, and, in this respect, they depend on the kind of animal, since the very same object can be afforded either as food, as shelter, as a tool, among other possibilities. For a beetle, a tree might afford eating it; for a fox it might afford shelter; for a farmer, it might afford cutting it to be used as raw material. An office chair is "seatable" (it offers the property of being seated on) for a human being, but not for an elephant; a rock mountain is "climbable" for a goat, but it is not "climbable" for a seal. The same thing can be said, for instance, about food. An apple is something that is valued as food for a human being, but a plastic spoon is not perceived as nourishment for a human being.

Therefore, affordances are possibilities for action provided by things, and these possibilities result from both the characteristics of the organism (its abilities, capacities, needs and concerns) and its *niche*. A niche refers to *how* an animal lives, rather than *where* an animal lives. A niche, holds Gibson, is a "set of affordances" that offers different possibilities of actions for each kind of animal (Gibson, 1979, p. 120). Depending on the animal's capacities, needs and concerns, there is a niche with different affordances, *i.e.*, with different possibilities for action (cf. Gibson, 1979, pp. 4, 16, 31). There is a niche for every kind of animal, and every kind of animal implies a kind of niche and, in this respect, "affordance points both ways, to the environment and to the observer" (Gibson, 1979, p. 121).

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[82] The expression "'come to grip' with his body" is taken from the Colin Smith's translation of *Phenomenology of Perception*. Nonetheless, in this Dissertation I am using Donald A. Landes's translation of the book, who uses the expression "holds". In a footnote, Landes clarifies that the original expression is borrowed from the patient Schneider, which is *Anhaltspunkte*. This term, affirms Landes, means "reference points", "prise" ("hold" or "grip") (Merleau-Ponty, 1945, p. 517 footnote 27th). In my opinion, Smith's translation is more accurate capturing Merleau-Ponty's idea, which is why I am inclined to use the expression "'come to grip' with his body".

[83] However, I must clearly state that Gibson's notion of *affordance* was influenced by his readings of Merleau-Ponty (Baggs & Chemero, 2021; Gallagher, 2018, 2022b).

Noë sustains that perceiving the world through affordances is "[…]a matter of exploring the world and achieving contact with it. Laying hands on and picking things up. And this is something we can do thanks to our repertoire of [perceptuomotor] skills" (Noë, 2012, p. 29). The idea that objects have values and meanings (possibilities for action) and, also, that these values and meanings are dependent on the animal's skills, abilities, capacities, needs and concerns, is something that allow for, at least, two considerations regarding the enactive approach to cognition.

First of all, affordances (or grip points) can be understood in terms of *sensemaking*. If affordances are values and meanings that are constitutive of experience itself (*i.e.*, they are not projected or created by the animal), and these values and meanings are dependent on the animal's skills, abilities, capacities, needs and concerns, then, experiencing affordances is not different from enacting a meaningful world for an organism with a specific biological organization. For example, an apple has the property of being edible for a human being because of the latter's bodily functioning and capacities. The world of a kind of animal has a *presentification* (an affordance) that is dependent on the animal's bodily functioning. In this respect, and from an enactivist approach, the niche is the world of the organism (the *Umwelt*) that manifests itself through possibilities of action.

Secondly, Noë's thesis that "affordance points both ways, to the environment and to the observer", implies that there is an engagement between environment (niche) and observer. In other words, it is possible to experience a set of possibilities (a niche) because there is a perceptual engagement between world and animal or, as Merleau-Ponty affirms, the "body appears to me as a posture toward a certain task, actual or possible" (Merleau-Ponty, 1945, p. 102), so the body is *action-oriented*. Consider the next quote:

> If I find, while reflecting upon the essence of the body, that it is tied to the essence of the world, this is because my existence as subjectivity is identical with my existence as a body and with the existence of the world, and because, ultimately, the subject that I am, understood concretely, is inseparable from this particular body and from this particular world. The ontological world and body that we uncover at the core of the subject are not the world and the body as ideas; rather,

they are the world itself condensed into a comprehensive hold and the body itself as a knowing-body. (Merleau-Ponty, 1945, p. 431)[84]

According to Merleau-Ponty, corporeal schema is a correlate of the world in the sense that it is an articulation of perceptomotor abilities or skills. Being a "correlate" means that the body is a spatial organization (structuration) of the irregularity of the world, which means that subjects grasp regularities in the world by mastering their own perceptomotor capacities and, at the same time, subjects master their perceptomotor capacities by dealing with and grasping the world that presents to him. "We only grasp the unity of our body in the unity of the thing" (Merleau-Ponty, 1945, p. 336).

> To have senses such as vision is to possess this general arrangement, this schema [*typique*] of possible visual relations with the help of which we are capable of taking up every given visual constellation. <u>To have a body is to possess a universal arrangement, a schema of all perceptual developments and of all inter-sensory correspondences beyond the segment of the world that we are actually perceiving</u>. Thus, a thing is not actually *given* in perception, it is inwardly taken up by us, reconstituted and lived by us insofar as it is linked <u>to a world whose fundamental structures we carry with ourselves and of which this thing is just one of several possible concretions</u>. (Merleau-Ponty, 1945, p. 341 underlining added)

Merleau-Ponty's proposal is not only attractive if one seeks to avoid representations or information processing systems to account for motor intentionality; it is also very appropriate considering Francisco Varela's enactive approach. Indeed, Merleau-Ponty advocates for a notion of identity conceived as an embedded organization that *is* and *exists for* action (cf. Merleau-Ponty, 1945, p. 191), which is not very different from that of a *cognitive self*. Furthermore, the world is not conceived as passive and independent of the subject, but as a world for the subject, whose grip points invite and attract him to action. This relationship between subject and world is one of adjustment and coupling or, in other words, it is *action oriented*: the body is *for* the world and the world is *for* the body (cf. Merleau-Ponty, 1945, pp. 191, 244).

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[84] In Smith's translation of *Phenomenology of Perception*, instead of "comprehensive hold", the translation is "comprehensive grasp", which I find closer to the Gibsonian theory of affordances.

Corporeal schema, considered as a system open to the world and as a correlate of it, is the core of *meaningfulness* or *sensemaking*. The enaction -or emergence- of a meaningful world refers to the process of *sensemaking*, which is not different from that of structuring a corporeal schema. For Varela and Maturana, the emergence of a meaningful world results from the bodily coupling and adjustment between subject and world. This adjustment results from the fact of performing the subject's bodily skills which give rise to the regulation of a world that presents itself through demands. In the same movement, the regulation of the world reflects itself in the mastering of bodily skills. The way a subject unfolds in its surroundings is originally of perceptomotor kind; in other words, the world presents obstacles and tasks, so the subject's behavior is not random. It is rather *determined by* and *directed towards overcoming* these tasks and obstacles. Being able to cope with those tasks is not different from enacting a meaningful world, one that couples with the subject's perceptomotor skills.

To this point it has been exposed a perceptomotor approach to *meaningfulness, i.e.,* a meaningfulness that is lived as an embodied disposition and acquired ability to deal with the demands of the world. This is what the notion of corporeal schema refers to, namely, a spatial and dynamic organization of body that is directed towards -or unfolds in- the world's demands and tasks. This is not only a "perceptomotor meaningfulness"; it is a meaningfulness that encompasses the subject's lived experience. There are two dynamics involved in this sensemaking process: the establishment of an *intentional arc* and the *tendency to achieve an optimal grip*.

3.2.   *Intentional Arc*

Intentional arc refers to a tight connection between body and world which consists of bodily dispositions that, as the subject acquires skills, are not "stored" as representations, but as a "power of placing oneself in a situation" (Merleau-Ponty, 1945, p. 137) or, in other words, as an inclination to respond to the solicitations of the current situation (Dreyfus & Dreyfus, 1999, p. 103). The intentional arc "[…] creates the unity of the senses, the unity of the senses with intelligence, and the unity of sensitivity and motricity" that bounds the subject with the actual situation (Merleau-Ponty, 1945, p. 137). This unity is not just a unity of the body (understood as a "total organ"). According to Merleau-Ponty, the "life of consciousness – epistemic life, the life

of desire, or perceptual life – is underpinned by an "intentional arc" that projects around us our past, our future, our human milieu, our physical situation, our ideological situation, and our moral situation, or rather, that ensures that we are situated within all of these relationships" (Merleau-Ponty, 1945, p. 137). In this respect, the intentional arc is a sedimentation of "significations given in the absolute past of nature or in its personal past" (Merleau-Ponty, 1945, p. 138), so it refers to the embodiment of subject's habits that are built up through the development of abilities and skills in order to face the demands of the environment.

Hubert Dreyfus and Stuart Dreyfus interpret the notion of intentional arc as a progressive process in which the subject becomes an expert in a specific activity, going through the levels of novice, advanced beginner, competence, and proficient (Dreyfus & Dreyfus, 1999, p. 105). Intentional arc is reflected in the skills of a subject, aimed at sorting out the obstacles and tasks imposed by the world. These skills, as they are considered as acquired and developed through bodily experience, determine how things are *lived* by subjects or, in other words, the way they *present themselves* to subjects. In this respect, the world "[…] is transformed as we acquire a skill" (Dreyfus & Dreyfus, 1999, p. 138).

For instance, when a child is still learning how to play football, he is not familiar with the game, so, at first, the rules have to be taught to him. The child does not recognize (yet) the relevant features of the game, and this might be seen as an unfamiliar activity, so that, in most cases, the child might by clumsy. This means that the subject tends to think reflexively about the rules and how he should be moving his body to play the game. This is a primitive stage known as "novice" by Dreyfus and Dreyfus; it is the stage in which the subject -using Gibson's notion of affordance- starts to notice the field of relevant affordances of the game. Then it comes the "advance beginner" stage, in which the subject gains experience facing the game's situations. The rules of the game are not that strange or unfamiliar as before, and the subject can recognize relevant aspects or features of the game. After this, it comes the "competence" stage. In this stage, the subject can recognize much more relevant aspects of the game, "the number of potentially relevant elements that the learner is able to recognize becomes overwhelming" (Dreyfus & Dreyfus, 1999, p. 106), so the world presents itself through new features previously unfamiliar to the subject. As the field of relevant affordances increases, the game might show itself more challenging and difficult to the subject. The subject must try to adjust and couple to the new

challenging situations or tasks, and this change gets reflected in a deeper commitment or involvement (or a lack of interest to commit or involve) with the situation. It is for this reason that Merleau-Ponty holds that "[c]onsciousness is originally not an "I think that," but rather an "I can" (Merleau-Ponty, 1945, p. 139).

Then follows the stage of being "proficient", in which the subject starts to no longer depend on the rules of the game. Instead, he starts performing the acquired skills in such a manner that he can intuitively respond to the solicitations of the situation. The involvement with the game increases and the subject can discriminate relevant situations, *i.e.*, he is able to recognize what is important and ignore what is not. Action becomes easier as the child becomes more familiar with the rules of the game and discriminates what is relevant to it. In this stage, he starts to being able to unreflectively recognize the relevant aspects, and to recognize what needs to be achieved. According to Dreyfus and Dreyfus, in this stage, sometimes the subject falls back on following the rules, since he does not fully master the game yet. For instance, in the football example, the child must remember the "off-side rule" to know whether he should give the ball to the striker or not. The performer might be able to see and recognize what needs to be done, although it is still difficult to respond to those solicitations. Finally, there is the "expertise" stage. In this stage, the subject not only recognizes the relevant situations, but he also knows how to respond to them, or, in other words, the subject knows how to react to the demands of the situation and tasks. The familiarity, closeness and adjustment with the situation are steady and stable, so he masters it. The subject might face problems or demanding tasks but, in this stage, he might be able to cope with them and get over them.

> A movement is learned when the body has understood it, that is, when it has incorporated it into its "world," and to move one's body is to aim at the things through it, or to allow one's body to respond to their solicitation, which is exerted upon the body without any representation. (Merleau-Ponty, 1945, p. 140)

The development of the intentional arc reflects the structuration or enactment of a meaningful world. In the same movement by which the subject gives form to abilities and skills to respond to the solicitations of the world, there is also a process of enactment or presentification of a world through some specific features. In the case of the football example, the child is no longer in a field of grass, but in a place that requires and asks for a specific dynamic (*i.e.*, some specific bodily

dispositions and behaviors). The way in which the world presents itself changes when the intentional arc is being developed. Structuring a steady intentional arc not only falls back onto the body skills, but also on the way the situation presents itself. In this sense, the structuration of an intentional arc entails the structuration of a world for the subject.

Obstacles and tasks are contingent –they are constantly changing- and the subject, while moving around the world, gets to develop regularities that allow him to have a satisfactory unfolding. In this sense, the intentional arc is the process by which experience is organized and schematized, not only as bodily dispositions, but also as a world that invites the subject to action. This organization is reflected in the perceptomotor and perceptive regularities, which were called *cognitive self* by Varela, or *corporeal schema* by Merleau-Ponty, and it entails the structuration of a dynamic organization of coherences and regularities. The *self's* cognitive activity is reflected in the enaction of perceptuomotor regularities, which provide the basis for the *self* to determine *itself*, but also to enable the emergence of *its* world.

3.3.   *Optimal Grip*

The *tendency to achieve an optimal grip* is, on the other hand, the "body's tendency to refine its discriminations and to respond to solicitations in such a way as to bring the current situation closer to the optimal gestalt that the skilled agent has learned to expect" (Dreyfus and Dreyfus 1999 103, *cf.* Merleau-Ponty 1945b 177). This tendency is directly related to the subject's inclination to achieve a successful coupling with its environment, or, in Merleau-Ponty's words, subjects tend to achieve the *optimal equilibrium* of situations.

> The body is but one element in the system of the subject and his world, and the task obtains the necessary movements from him through a sort of distant attraction, just as the phenomenal forces at work in my visual field obtain from me, without any calculation, the motor reactions that will establish between those forces the optimum equilibrium, or as the customs of our milieu or the arrangement of our listeners immediately obtains from us the words, attitudes, and tone that fits with them – not that we are trying to disguise our thoughts or simply aiming to please, but because we literally are what others think of us and we are our world. (Merleau-Ponty, 1945, p. 109 underlining added)

As a system of motor powers or perceptual powers, our body is not an object for an "I think": it is a totality of lived significations that <u>moves toward its equilibrium</u>. (Merleau-Ponty, 1945, p. 155 underlining added)

The tendency to achieve an optimal grip might also be understood as an "urge to move to improve" (cf. Rietveld, Erik, 2012, p. 110). Moving around the world is a skillful activity in which subjects *tend to move fluently*. The demands of the world invite subjects to respond to those demands, considering that subjects tend to find and keep equilibrium with the surroundings. For instance, an autopoietic organism tends to keep itself as a living distinguishable unity and, in order to achieve this, it must couple and adjust to the environment. As it was already exposed, this adjustment is not something that an organism achieves once and for all. It is a continuous and, in the case of biology (as exposed at the beginning of this Chapter), it is a life-time process. Achieving an optimal grip is a continuous process of adjusting to (or structuring a stable interaction with) the world. In other words, the tendency to achieve an optimal grip is the tendency to structure a corporeal schema that responds to the solicitations of the world. This can be achieved in so far as an intentional arc is developed.

The optimal grip is deeply related to what Merleau-Ponty calls *grip points*. This notion refers to the active role the world plays in the subject's navigation through the environment. The tendency to achieve an optimal grip not only rests on the body's tendencies or directedness, but also on the way in which the world is available to the subject, and attracts him for action (*i.e.*, in the affordances). Grip points are the way the world calls for action (solicitations). These "calls" are "made" by the situation, so the subject must respond to them specifically. In this sense, grip points are *attraction points* through which the world presents itself[85]. For instance, if a football player has the ball and a player of the opposite team presses him to get the ball, the first player might feel the call of -at least- either dribble or give the ball to a partner of the same team. The situation might offer those two grip points. If the player responds adequately to the situation (if he is successful in dribbling or if he passes the ball properly), he might have achieved an optimal grip of it. For this reason, if the subject wants to keep the optimal equilibrium, he must respond adequately.

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[85] I must clarify that Merleau-Ponty does not use the expression "attraction points".

The tendency to achieve an optimal grip comes with a sense of being successful (or not being successful) when the subject reaches the optimal equilibrium[86]. Subjects are capable of recognizing (having the feeling of reaching) the equilibrium when facing the solicitations of the environment. This recognition comes as a feeling of fulfilling an expectation (cf. Merleau-Ponty, 1945, p. 155) which, in turn, is lived as coping, adjusting, and flowing with current situations. For instance, if a football player is successful at dribbling or passing the ball to the team partner, then he might have the feeling of having a good game at that very moment (*i.e.*, he is flowing with the situation). The sense of being successful is felt as an equilibrium in the interaction in the world[87].

Both the progress of establishing an intentional arc and answering to the tendency to achieve an optimal grip are equivalent to structure the corporeal schema. This means that the relationship between subject and environment, the one that Varela referred to as a relation of *co-determination* or *dialectic relation*, is the very embedded dynamic of establishing an intentional arc and an optimal grip of situations and, consequently, it is equivalent to the dynamic operation of *sensemaking* (enacting a meaningful world).

If the corporeal schema refers to the sense of unity of the active subject directed to the world and the directedness of the body –as a total organ- to its world of tasks and demands, then corporeal schema and, consequently, *sensemaking,* is a mode of existence, a mode of *being-in-the-world* that is constitutive of the *cognitive self.* A *cognitive self,* then, is a *sensemaker* that is *for-the-world.*

4. *Affective Dimension: Affectivity and Existential Feelings*

According to Varela, an organism navigates its surroundings from *its* perspective, which emerges in the continuous coupling between organism and environment. This navigation is not neutral

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[86] de Haan and colleagues describe this phenomenon with the expression "feels right" (de Haan et al., 2013a). Nonetheless, in the Fourth Chapter, I will expose this phenomenon in more detail. I will approach it attending to the notions of *anticipation* and *fulfillment structures,* and, particularly, attending to the notion of *certainty.*

[87] In the Fourth Chapter I will expose the phenomenon of "fulfilling an expectation" or "reaching optimal equilibrium". To do this, I will attend to the notion of "certainty".

as the organism's encounters are always valued one way or another: like, dislike, ignore (Varela, 1991, p. 12). This valuation or normativity must not be considered as an additional or different aspect of the continuous adjustment between organism and environment (or, following Merleau-Ponty's proposal, of the schematization of sensorimotor experience). It must rather be understood as a constitutive feature of this continuous adjustment, or as a constitutive feature of sensemaking. This feature can be captured by the notion of *affectivity* (Colombetti, 2013).

Affectivity, as a constitutive feature of the *cognitive self*, encompasses many phenomena that have been categorized under concepts such as *emotions, affects, feelings, sensations*, among others. For Giovanna Colombetti, affectivity "[…] refers to the capacity to be personally affected, to be "touched" in a meaningful way by what is affecting one" (Colombetti, 2013, p. 2). Affectivity, in this respect, refers to a "lack of indifference", and to being able to be sensitive. This means that, for a cognitive subject, it is impossible not to be able to be affected by its world (Colombetti, 2013, p. 12). From an enactive perspective, affective phenomena are not considered as mental states (inside the subject) that are projected outwards, but as a global encompassing phenomenon between *self* and world which manifests itself as bodily resonances in the form of sensations, postures, gestures, and movements (Colombetti, 2013, p. 14; Fuchs, 2013). Due to affectivity, a *cognitive self* experiences his world as meaningful. In other words, the way subjects are attuned or adjusted to the world is fully shaped by a qualitative feature.

> As we will see in detail later, according to the enactive approach, all living systems are sense-making systems, namely (and roughly for now), they inhabit a world that is significant for them, a world that they themselves enact or bring forth as the correlate of their needs and concerns. (Colombetti, 2013, p. 2 underlining added)

> But such purposefulness and concern need not be accompanied by consciousness; rather, they ought to be understood as properties of a specific organization that sets up an asymmetry between the living system and the rest of the world, which consists in a perspective or point of view from which the world acquires meaning. (Colombetti, 2013, p. 2 underlining added)[88]

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[88] The asymmetry and correlation Colombetti refers to support the idea that the world for the system emerges as a result of its own organization, its functioning, and the way it behaves with its changeable surroundings. In consequence, the lived world for the system is always one that is suitable for the system's capacities.

Not only Colombetti has researched on affectivity. Jan Slaby (Slaby, 2008), Achim Stephan (Stephan, 2012), Jan Slaby and Achim Stephan (Slaby & Stephan, 2008), Matthew Ratcliffe (Ratcliffe, 2005, 2008b, 2012, 2015, 2020), Thomas Fuchs (Fuchs, 2012, 2013), Joel Krueger (Krueger, Joel, 2014b, 2014a), Joel Krueger and Somogy Varga (Krueger & Varga, 2013), Joel Krueger and Giovanna Colombetti (Krueger & Colombetti, 2018), among many others, have been researching affectivity as constitutive phenomena of cognition and, consequently, of the subject-world coupling. Particularly, both Thomas Fuchs's and Matthew Ratcliffe's proposals are very suggestive regarding the topic of this Dissertation, and concerning the links that can be traced between affectivity and sensemaking.

According to Fuchs and Ratcliffe there is a kind of affective phenomenon that captures the *feeling of being connected to the world*[89]. This kind of phenomena are the *existential feelings*, and, as I will develop in the Fourth Chapter, these feelings encompass the affective dimension of the dynamic of adjusting to the world. In other words, existential feelings refer to the feeling of being *adjusted* or *coupled* to the world and, in this respect, the notion of existential feelings are at stake if cognition is to be understood as a continuous process of adjustment between subject and world. For this reason, I will conclude this Chapter by presenting what the notion of *existential feelings* refers to. In the Fourth Chapter I will go deeper in its characterization.

Fuchs describes affectivity as modes of coupling and adjusting between subject and world. These modes of adjustment can be considered from five perspectives: the feeling of being alive (or vitality), existential feelings, affective atmospheres, moods, and emotions (Fuchs, 2013). These affectivities are layers of experience that can be more or less basic, or more or less elaborated[90]. Fuchs holds that the *feeling of being alive* is the most basic layer of affective experience and he characterizes it as a "prereflective, undirected bodily self-awareness" that constitutes the background of intentional feelings, perceptions and actions (Fuchs, 2013, p. 2).

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[89] As I will briefly explain in the conclusion of this Chapter, in the Fifth Chapter I will characterize obsessive-compulsive phenomena as a disturbance of the *feeling of being connected to the world*.

[90] Fuchs is not explicit when he organizes hierarchically these affectivities. At moments he insinuates that certain layers are more basic; for example, the feeling of being alive is the most basic layer of affective experience, while emotions are more advanced layers, but it is not clear what the criteria to organize them are; in what sense are some of them "more elaborated" layers? How can those layers be differentiated?

What does it mean that this feeling is the most basic layer of affective experience? According to Fuchs, the feeling of being alive refers to an intricate connection between the organic and the biological process of life (*Leben*) and the subjective experience (*Erleben*). The way this feeling manifests itself can be captured by the notion of *Befinden*, which refers to the primary manifestation of embodiment in subjectivity, *i.e.*, the self-experience of an embodied self in meaningful relations to its world (Fuchs, 2012, p. 162). In this sense, the feeling of being alive can be considered as an elementary subjectivity that integrates the whole system *organism-in-its-environment*, and it is experienced as a feeling of ease or unease, relaxation or tension, restriction or expansion, security and vigor, or tiredness and exhaustion (Fuchs, 2012, p. 153).

The feeling of being alive, considered as the integration of life as a whole, results from two aspects of *Erleben*: vitality and conation (Fuchs, 2012). Vitality is the aspect of subjective life that nuances the subject-environment relation, so it permeates and colors experience. Feelings of vitality are closely linked to moods as serenity, euphoria, dysphoria, melancholy or boredom, among others, and they shape the way a subject experiences the world. Conation, on the other hand, is the spontaneity, activity, affective directedness and pursuing of achievements by the organism. Also, it is manifested as an urge desire, as dynamics and intensity in the affects, vigor and tension in motor action, persistence in the will, attention and interest in perception (cf. Fuchs, 2012, p. 156). With conation, the organism is inclined to achieve a satisfaction as it leads or directs the organism to the world when it finds something desirable, attractive, adverse, or threatening. Thanks to conation, the world becomes a space of valences (attraction or repulsion).

Befinden (*i.e.*, the expression of the feeling of being alive) refers to the way the subject finds himself in his world, and it transits between *Wohlbefinden* (well-being) and *Missbefinden* (ill-being). According to Fuchs, the feeling of being alive gives rise to a world of values and, in this sense, it is close to the notion of coupling or adjustment, as the *feeling of being* alive shapes all the bodily interactions between subject and world.

The second perspective, the *existential feelings*, refers to feelings that shape and permeate the *sense of reality* and the *feeling of belonging*, of being *connected* and *coupled* to the world[91]. These feelings

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[91] The existential feelings are going to be a central matter of this Dissertation. It is for this reason that the next Chapter will be focused on these, and I will not expose them in detail in this Chapter.

are at the background of experience and are manifested through the presence of the body in the experiential field (Fuchs, 2013; Ratcliffe, 2008b, 2012, 2020). Existential feelings have two features: they are both bodily and relational feelings. Being bodily feelings means that they are not localized; rather, they are affective states that are manifested through bodily experiences. Some examples of these experiences are: flexibility or rigidity, openness or suffocation, wideness or limitation, familiarity or estrangement, control or chaos, etc. They are relational because existential feelings structure the manner subject and world are related (both of them considered together as a *whole system*). In consequence, existential feelings are an "overarching" style of experience (Ratcliffe, 2020, p. 10).

According to Stephan (Stephan, 2012), existential feelings can be divided into elementary existential feelings and nonelementary existential feelings. The elementary are the most basic feelings and are manifested through the feeling of *reality, meaningfulness,* and of *being in the world.* The elementary feelings are related to the feeling of harmony or disharmony with oneself, feeling open or indifferent to what is presented in experience, tired or energetic. The nonelementary existential feelings concern the subject's vital state such as feeling healthy or strong, or feeling exhausted and weak (cf. Stephan, 2012, p. 158).

The third perspective Fuchs proposes, the affective atmospheres, are holistic and affective qualities of spatial and interpersonal experiences. These experiences are lived as bodily resonances that enclose all bodily expressive features in the same affective dynamic. For example, the joy in a party, the sorrow in a funeral, the serenity in a temple, etc. The fourth perspective are moods, which are a more complex layer of affective experience and "[…] disclose the quality of specific *possibility spaces* of a living being" (Fuchs, 2013, p. 5). This layer of emotional life refers to basic affective states of being-in-the-world and of being attuned to the world[92]. The fifth perspective are emotions, which Fuchs characterizes as affective responses to certain kinds of events and imply salient bodily changes that invite to certain behavior. "Emotions emerge as specific forms of a subject's bodily directedness toward the values and affective affordances of a

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[92] As it will be exposed in the Fourth Chapter of this Dissertation, existential feelings refer to the experience of "what is possible" and to the experience of "being-in-the-world". In this respect, there is no difference between the affective atmospheres (as Fuchs exposes them) and existential feelings (as Ratcliffe conceives them).

given situation. They encompass subject and situation and therefore may not be localized in the interior of persons (be it their psyche or **(p. 623)** their brain)" (Fuchs, 2013, p. 8).

Regarding these five perspectives to conceive affectivity, Fuchs is not accurate when he tries to establish differences between them and, particularly, concerning two of them: the feeling of being alive and existential feelings. First, the difference between the feeling of being alive and existential feelings is not clear. According to Fuchs, both of them are the background of intentional bodily experience and both shape bodily experience. Fuchs holds that the feeling of being alive is the most basic layer of intentional experience but also that existential feelings are at the background of intentional experience. What is it that distinguish them? How can there be established priority levels between them? The criterion used by Fuchs to establish a hierarchy seems to be based on considering that the feeling of being alive intertwines *Leben* and *Erleben*, so it articulates *life* as a whole. This is reflected in the integration between organism-world as a unified system that has meaningful experiences. Despite this, this criterion is not enough to establish a hierarchy for, at least, two reasons.

First of all, Fuchs holds that the feeling of being alive is the most basic layer of experience. Nonetheless, when he presents existential feelings, he affirms that they "[…] may be regarded as a paradigm for a number of related background feeling states that are characterized by a tacit presence of the body in the experiential field", and then he says, "[…] Ratcliffe has termed these background states existential feelings" (Fuchs 2013 3). In other words, the feeling of being alive is a paradigm of several feelings that are captured by the notion of "existential feelings". However, this could be considered as a conceptual and terminological confusion about the characterization of affectivity, not only in the case of Fuchs's research, but also in Ratcliffe's. Indeed, in different occasions Ratcliffe is aware of the necessity to develop a precise proposal on existential feelings that allows not only to characterize them, but also to distinguish them from other kinds of affective states, such as emotions, moods, or feelings (Ratcliffe, 2005, 2020).

Secondly, existential feelings, conceived as feelings of both belonging and being connected to the world, seem to be, at least, as basic as the feeling of being alive. First, according to the enactivist approach, cognition (and, consequently, *meaningfulness*) is a phenomenon that emerges in the basic dynamic process of adjustment between a *cognitive self* and its world. This adjustment is

nothing but the perceptuomotor activity by means of which the *cognitive self* "defines" its world, so this emerges in function of the organism's perceptuomotor capacities. This means that the subject's cognitive life is based in the adjustment between him and the environment. In this respect, and if existential feelings refer to the basic connectedness between subject and world, then "existential feelings" seem to refer to a basal layer and constitutive feature of cognitive life[93]. Second, and following the previous consideration, Merleau-Ponty holds that the body is *for the world* and the world is *for the body,* so the subject's optimal unfolding depends on the optimal grip achieved in the body-world co-relation. In addition, the directedness established by the intentional arc invites the subject to get involved with the world, and so the world gets involved with subject's corporality through *grip points.* The coupling between both of them allows for the emergence of a global and coherent system of perceptuomotor regularities and, in this sense, an optimal grip and an intentional arc are equivalent to the establishment of a suitable connection and coupling between subject and world (the development of this dynamic process is captured by the notion of *corporeal schema*). If existential feelings refer to the *feeling of being connected to the world,* and if the dynamic of structuring a corporeal schema refers to the establishment of a suitable connection and coupling between subject and world, then existential feelings seem to be a basal layer (or feature) of situated experience.

As said before, Merleau-Ponty and Varela hold that the coupling between organism and environment is a constitutive feature of cognition. This relationship is manifested through the structuration of dynamic coherent patterns between organism and world, which is nothing other than the attachment between them, *i.e.,* the *organism-is-for-the-world* and the *world-is-for-the-organism.* Consequently, the adjustment is manifested in the form of existential feelings. In addition to this, if the dynamic operations of sensemaking are the same that are involved in the structuring of the organism-world system and, also, if *sensemaking* is a mode of existence and of *being-in-the-world,* then existential feelings are a constitutive operation of *sensemaking.* In this respect, why are not existential feelings considered a basic layer of affective life?

Indeed, if corporeal schema is the unity of the active subject directed to the world, then existential feelings are the affective phenomenon that might capture the way this adjustment is *lived* or

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[93] This argument will be developed more adequately in the Fourth Chapter. In particular, it will be explained what "being connected" refers to.

experienced by subjects. Consequently, existential feelings are also at stake if the dynamic operation of sensemaking is to be understood.

5. *Conclusions*

In this Chapter I presented enactivism. In short, it is a conception of cognition that does not attend to the notion of representation of process of information (unlike cognitivism). Instead, for enactivism cognition is situated, embodied, and embedded. Cognition, according to enactivism, is a continuous process of sensemaking that is enacted in the perceptuomotor activity of an organism in its surroundings. Being enacted does not mean that the subject "creates" the world. It means that the subject contributes actively to its articulation and significance, so an *Umwelt*, a world for the subject, emerges and the subject has a tendency to master that world. "Mastering the world" means that the subject develops perceptomotor regularities (skills and abilities) -*i.e.* a corporeal schema- that are *lived* and *experienced* as environmental regularities. These environmental regularities are ways in which the world presents itself and they have the particularity of being meaningful, which is why it is said that cognition is a continuous process of *sensemaking*. Cognition, therefore, is a phenomenon that has a distinct bodily basis.

In regard to enactivism, sensemaking is a crucial concept since it refers to the way the world presents itself as a meaningful place. Sensemaking is a continuous dynamic process that can be understood from two perspectives: a perceptomotor and an affective perspective. This division is just a methodological resource considering that both perspectives refer to the same phenomenon -namely, that of enacting a meaningful world. The perceptomotor perspective is focused on the body (conceived as a perceptomotor system) and on how the meaningfulness of the world is attached and depends on the perceptomotor abilities and skills of the subject. The affective perspective refers to qualitative modes of adjustment between subject and world. According to this perspective, the world presents itself as valuable one way or another.

It is important to emphasize the importance of the enactive approach to cognition in the general context of this Dissertation. As it was exposed in the Second Chapter, psychiatry deals with the way patients *experience disturbed phenomena*, which is why phenomenology is relevant for

psychiatry. It was also exposed that, from a phenomenological perspective, psychiatric disorders are *disturbed ways of experiencing* or, which is the same, disturbances in the structuration of a *meaningful experience* or disturbances in the way subjects *sensemake*. In this respect, it was necessary to offer a characterization of how is it that subjects *sensemake* or *structure* a meaningful world.

If psychiatric disorders are disturbances in the way subjects sensemake, *how does a subject with obsessive-compulsive experiences sensemake?* Although the answer to this question will be offered in the Fifth Chapter of this Dissertation, it might be appropriate to give some advances. As it will be presented, obsessive-compulsive phenomena comprise a feeling of *perceptual decoupling* or, in other words, obsessive-compulsive phenomena concern a disturbance in the *feeling of being connected to the world*. If, according to enactivism, cognition is a continuous process of adjustment and coupling between subject and world, and the notion of existential feelings refer to the feeling of being connected or coupled to the world, then obsessive-compulsive phenomena involve a *disturbance of existential feelings.*

As it was insinuated at the end of this Chapter, existential feelings might be a fundamental feature of sensemaking. It is important to understand how the adjustment and coupling between subject and world is affectively constituted in subjective life, which is the reason why it is important to offer a precise description of existential feelings. For this reason, in the next Chapter I will offer a more accurate characterization of this notion, which I will characterize as a temporal structuration of subjective experience.

Chapter 4. Existential Feelings: Situated Experience, Temporality and Normativity

In the Third Chapter of this Dissertation, I exposed the notion of *sensemaking* and I focused on the central role this notion has when pursuing an enactive understanding of cognition and situated experience. *Sensemaking*, as shown, is a continuous dynamic operation of adjustment between subject and environment that unfolds in situated experience. This adjustment is not experienced as an unchangeable and static eternal present but as *continuous, changeable*, and *variable task-goals interactions*. In this sense, *sensemaking* is temporarily structured which means that, using a Husserl's and Merleau-Ponty's expressions, it emerges as a synthesis of human consciousness that discloses in situated changing *goal-directed* experiences. In this Chapter, I want to trace the temporal and normative structure of situated experience. I will hold that temporality and normativity of situated experience, far from being two different aspects, are dependent on each other to the point of holding that temporality cannot be conceived as normativity-independent nor normativity can be conceived as temporality-independent.

To do this, firstly, I will present Matthew Ratcliffe's notion of *existential feelings* which refers to the capacity of being *attuned to, coupled with*, or *adjusted to* the world. Secondly, I will expose what Ratcliffe considers is the conceptual ground of existential feelings, namely, the *horizonal structure of perceptual experience*. This notion leads Ratcliffe to describing existential feelings as the way subjects experience possibilities. To develop the idea that existential feelings are the way subjects experience possibilities, I will present the Husserlian notions of retentions, primal impressions, and protentions. In this section, I will also expose in what sense, according to Ratcliffe, existential feelings refer to the way subjects experience *protentional possibilities*. Thirdly, I will focus on two constitutive aspects of existential feelings: the *anticipation* and *fulfillment structures*. These aspects are the conceptual ground to understand why existential feelings encompass the qualitative character of lived temporality and lived normativity of situated experience. Finally, I will get back to the notions of protentions and retentions, and I will argue that existential feelings do not only involve an experience of *protentional possibilities* but also an experience of *retentional possibilities*.

My objective -in the general frame of this Dissertation- is to offer an argument that, firstly, illustrates in what sense situated experience is temporal and normative, and secondly, strengthens the notion of *existential feelings* that Ratcliffe proposes. The result will be a description of situated experience from a temporal-normative perspective which, in the Fifth Chapter, will be the resource to describe how is it that obsessive-compulsive phenomena are a disturbance at the level of existential feelings.

1. *Existential Feelings*

According to Matthew Ratcliffe, there are ways of *experiencing one's relation with the world* or ways of *finding oneself in the world* (Ratcliffe, 2005) which he calls *existential feelings*. Some descriptions of this kind of feelings are:

> The world can sometimes appear unfamiliar, unreal, distant, or close. It can be something that one feels apart from or at one with. One can feel in control of one's situation as a whole or overwhelmed by it. One can feel like a participant in the world or like a detached, estranged observer, staring at objects that do not feel quite 'there'. (Ratcliffe, 2005, p. 47)

Existential feelings should not be understood as intentional states referred to specific objects or situations in the world. Rather, they are a background bodily orientation through which experience is structured *as a whole* and gives a *sense of reality*, of being *connected* and *belonging* to the world (Ratcliffe, 2005). Experience is not qualitatively neutral or inert, rather it is shaped by an overarching and covering *"changeable sense of 'reality,' 'situatedness,' 'locatedness,''connectedness,' 'significance'"*, that not only shapes the bodily experience but also the way the world is presented to a subject and how he experiences it (Ratcliffe, 2009a, p. 179). For example, at a certain moment of his life a person can feel vulnerable, "locked inside her head", and unable to act skillfully, or she can feel invulnerable, like being one with the world, and like "flowing" with her daily experiences.

Existential feelings have two features; they are both embodied and relational feelings (Ratcliffe, 2009a). Being embodied means that, even if they are not localized feelings, they are bodily

experiences. For example, one can feel suffocated, loose, tensed, relaxed, being at ease, feeling heavy (fatigued) or vitalized (vigorous). But existential feelings are not reduced to these experiences. Being relational means that they shape the way subjects relate to the world as a whole, which means that they shape the whole *subject-world system*; for instance, the world can feel close, distant, overwhelming, approachable or unreachable. According to Ratcliffe, when a subject has an experience of *p* (either perceiving *p*, feeling *p*, or thinking about *p*), the subject already *finds himself in a world* where it is possible to direct himself towards entities, events, and situations, in those and other ways (Ratcliffe, 2005, 2020, 2009a). The feelings that characterize this *finding oneself in the world* concern an all-enveloping sense of reality that shapes experiences, thoughts, and activities (Ratcliffe, 2012, 2020).

Ratcliffe is emphatic when he holds that existential feelings are neither localized bodily feelings (or, if you will, *felt* experiences of bodily states) nor emotional experiences of or thoughts about specific objects (Ratcliffe, 2012, 2009b). Rather, they are ways of *relating, belonging, being connected* and *coupled* to the world as a whole, that are manifested through the presence of the body in the *experiential field*, so that when a person is happy, angry, worried or calmed, he already *finds himself in the world* (Fuchs, 2013; Ratcliffe, 2008b, 2020). What kind of *relating, belonging, being connected*, and *coupled* is this? It is not just a matter of being a body in an environment, but a matter of *how* we, embodied subjects, *experience* the world. About this, Ratcliffe holds that "[w]ays of finding oneself in a world are spaces of possibility, which determine the various ways in which things can be experienced" (Ratcliffe, 2008b, p. 37). In this sense, existential feelings are "[…] centrally about having a sense of possibility" (Ratcliffe, 2012, p. 6).

Before I continue exposing the notion of existential feelings, I want to get back to the notions of situated experience and *sensemaking* elucidated in the Third Chapter of this research. Situated experience is characterized as continuous *sensemaking* dynamic operations that structure the way subjects -*i.e.*, intentional bodily systems- experience the world, and it can be summarized as follows: the *meaningfulness* of the world is expressed through possibilities for action to which the subject can be *responsive to* -according to his interests, needs and concerns. *Sensemaking*, then, can be seen from two perspectives: while the world manifests itself through possibilities for action, the subject is not only capable of *being receptive* to them; he is also *directed at* or *being towards* this world, so he can be *responsive to* them. When it is affirmed that subjects are *sensemakers*, it implies

that they are *beings of possibilities* or, using Merleau-Ponty's words, an *I can*: being in the world entails being in a field of possibilities to which the subject can be receptive and responsive.

In the Third Chapter it was also shown that the way intentional systems structure their world determines the kind of experiences they have and, in particular, the possibilities the world offers to them. Using other words, the way subjects experience the world is determined by these structurations in such a way that, if those structures have any changes, the experience of the world and, therefore, the way subjects experience possibilities will be changed as well. Ratcliffe seems to be referring to these structures when he holds that "we might describe them [existential feelings] as "pre-intentional" rather than "intentional" […]. I treat it [existential feeling] as a space of possibility that our repertoire of intentional states presupposes" or that a "[…] change in existential feeling might affect our sense of possibilities for *perceptual and practical accessibility*" (Ratcliffe, 2012, p. 10), or "[Existential] Feelings emerge and develop in the context of ongoing interaction with the environment" (Ratcliffe, 2015, p. 63). If Ratcliffe holds that "[…] we do indeed experience possibilities" (Ratcliffe, 2012, p. 6) and if he stresses the "distinctive role that existential feelings play in determining <u>the kinds of significant possibility we are receptive to</u>" (Ratcliffe, 2012, p. 6 underlining added), then the notion of "existential feelings" seems to be closely related to that of *sensemaking* previously exposed in the Third Chapter.

In this respect, the notions of *sensemaking* and existential feelings are closer than they initially appear to be: I am prone to consider that existential feelings are another way of approaching *sensemaking*. This approach is not an "additional" feature or layer of *sensemaking*. As its name resembles, I consider that Ratcliffe's notion of existential feelings is an *affective-existential* way of approaching the cognitive phenomenon of *enacting* a meaningful world:

> Existential feelings do not consist of the sum total of specific possibilities involved in an experience. Rather, they constitute the <u>general *space* of possibilities</u> that shapes ongoing experience and activity. (Ratcliffe, 2015, p. 118 underlining added)

Indeed, enacting a meaningful world is a pre-reflexive operation of basic structures that configures the way subjects experience it. If situated experience is understood as a field of possibilities to which the subject can be bodily receptive and responsive to, and if *sensemaking* is

the configuration of the way subjects experience possibilities, then existential feelings disclose a constitutive aspect of sensemaking, *i.e.,* "[…] a sense of the *kinds of possibility* that the world offers" (Ratcliffe, 2012, p. 9) so they "determine the kinds of mattering we are receptive to […]" (Ratcliffe, 2012, p. 12).

In order to have a better understating of existential feelings, an answer to the following question might be appropriate. Is it possible to express propositionally these kinds of feelings (existential feelings)? And, if it is possible, how could it be done? I am likely to think that expressing existential feelings through words -in a way that they could be *fully captured* by words- is a hopeless effort. This difficulty is observable, firstly, in the large number of expressions that Ratcliffe uses to try to describe existential feelings, such as (and including those quoted previously in this Chapter):

> The feeling of being: 'complete', 'flawed and diminished', 'unworthy', 'humble', 'separate and in limitation', 'at home', 'a fraud', 'slightly lost, 'overwhelmed', 'abandoned', 'stared at', 'torn', 'disconnected from the world', 'invulnerable', 'unloved', 'watched', 'empty', 'in control', 'powerful', 'completely helpless', 'part of the real world again', 'trapped and weighed down', 'part of a larger machine', 'at one with life', 'at one with nature', 'there', 'familiar', 'real'. (Ratcliffe, 2005, p. 47)

> People sometimes talk of feeling alive, dead, distant, detached, dislodged, estranged, isolated, otherworldly, indifferent to everything, overwhelmed, suffocated, cut off, lost, disconnected, out of sorts, not oneself, out of touch with things, out of it, not quite with it, separate, in harmony with things, at peace with things or part of things. There are references to feelings of unreality, heightened existence, surreality, familiarity, unfamiliarity, strangeness, isolation, emptiness, belonging, being at home in the world, being at one with things, significance, insignificance, and the list goes on. People also sometimes report that "things just don't feel right", "I'm not with it today", "I just feel a bit removed from it all at the moment", "I feel out of it" or "it feels strange". (Ratcliffe, 2012, p. 2)

Secondly, the difficulty is also noticeable when Ratcliffe exposes some reports he uses as examples to explore existential feelings in situated experiences, most of which are first-person descriptions of experiences that express ways of relating to the world in both a narrative and a metaphorical way (Ratcliffe, 2008b, 2012, 2009a, 2009b). For example:

Consider the following passage from Sebastian Faulks' The Girl at the Lion d'Or:

> She thought of the landscape of her childhood and the wooded slopes around the house where she was born. They seemed as alien to her now as these anonymous fields through which she passed. Since she felt she belonged to no part of it, she could make no sense of this material world, whether it was in the shape of natural phenomena, like woods and rivers, or in the guise of man-made things like houses, furniture and glass. Without the greeting of personal affection or association they were no more than collections of arbitrarily linked atoms that wriggled and chased each other into shapes that men had named. Although Anne didn't phrase her thoughts in such words, she felt her separation from the world. The fact that many of the patterns formed by random matter seemed quite beautiful made no difference; try as she might, she could dredge no meaning from the fertile hedgerows, no comfort from the pointless loveliness of the swelling woods and hills. (1990, 243)

> The predicament that Faulks describes is not simply a way of experiencing self or world. It is an altered sense of relatedness between the two that affects the way in which both are experienced. A certain kind of feeling is at the same time a lack of connectedness to the world, an absence of warming familiarity, of significance, of belonging. And the scope of such feelings is not restricted to the relatedness between self and the inanimate world. (Ratcliffe, 2009a, p. 180)

Even though it is unlikely that Ratcliffe would agree with me in holding that expressing existential feelings *explicitly* through words is a hopeless effort[94] (cf. Ratcliffe, 2015, p. 63), he is aware that there is a struggle in doing this. On this issue, he claims:

> It will become apparent as the discussion progresses that the vocabulary used to describe these feelings is quite extensive. However, it is usually metaphorical or vague. There is no accepted taxonomy of existential feelings, their very nature makes them difficult to describe and they cannot be conveyed in terms of certain distinctions that have become entrenched both in academic and everyday life. (Ratcliffe, 2008b, p. 6 underlining added).

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[94] Ratcliffe would agree on the difficulty of expressing existential feelings through words, but he does not affirm it is a hopeless effort. Even though he holds that "there is no neat, established vocabulary for expressing and communicating them [existential feelings]" (Ratcliffe, 2015), the metaphorical language used to describe them "might not be quite so metaphorical after all" (Ratcliffe, 2008b), leaving the door open for having an appropriate vocabulary to have the possibility of communicating them through phenomenological expressions, for example: "[o]nce we allow for the role of perceptual and practical possibilities in experience, it is not difficult to understand what is meant by 'losing one's footing' or being 'uprooted'" (Ratcliffe, 2008b, p. 130).

One might worry that talk of a 'felt sense of reality and belonging' or a 'way of finding oneself in the world' is too vague and suggestive. I have therefore sought to provide a more specific and discerning account of what existential feelings consist of, by emphasizing the manner in which we experience possibilities. (Ratcliffe, 2020, p. 3 underlining added)

Despite providing a possible way out of the problem of making existential feelings explicit, namely, by emphasizing the manner in which subjects experience possibilities, this option is also difficult according to Ratcliffe:

[...]I think it is helpful to emphasize that existential feeling consists not in an abstract, static sense of the possible but in an anticipatory structure, something Merleau-Ponty (1945/2012) refers to as an overarching "style" of experience. In essence, this structure is fairly simple. But that is easily obscured by the complexity of the language needed to make it explicit and describe it. (Ratcliffe, 2020, p. 12 underlining added)

The vocabulary used to describe these feelings is extensive, vague, and metaphorical; also, the language needed to make "the way we experience possibilities" explicit and describable is complex and obscure. The reason behind this might be found in the nature of existential feelings: they are a pre-reflexive structuration of experiences. Ratcliffe is aware of this, and it is the reason why he goes deeper into a phenomenological description of existential feelings, focusing on the way subjects experience possibilities and, particularly, in the notion of *horizonal structure of experience*. In the next section I will develop this proposal and, based on it, I will present a suggestion on the possibility of expressing existential feelings through words.

2. Existential Feelings: Horizonal Structure of Perceptual Experience

Ratcliffe holds that "[w]ays of finding oneself in a world are presupposed spaces of experiential possibility, which shape the various ways in which things can be experienced" (Ratcliffe, 2005, p. 47 underlining added), and also that existential feelings are ways of *experiencing* one's world and possibilities (Ratcliffe, 2005). Nonetheless, how is it possible to "feel" a presupposed space of possibilities or the kinds of possibilities existential feelings refer to? What kind of feeling is it? I

am not that interested in exploring and determining what specific kinds of possibilities are there, although this is, indeed, something Ratcliffe is focused on:

> How, then, should existential feelings be distinguished and categorized? I suggest that we focus on possibilities. To offer a comprehensive account, we need (1) an analysis of the kinds of possibility that are integrated into human experience and then (2) a further analysis of changes that the possibility space is susceptible to (Ratcliffe, 2015, p. 64).

Instead of exploring the kinds of possibilities that existential feelings entail, I want to focus on how they are structured, *i.e.*, what those "presupposed spaces of experiential possibility" are about. Ratcliffe states that existential feelings "constitute a changeable sense of reality and belonging, which can be construed as a possibility space" (Ratcliffe, 2005, 2012, p. 12). What does "belonging" mean? And, in what sense do they "constitute a changeable sense of reality"? In some sense, as long as a subject is alive, he is belonging and connected to the world: he cannot think about himself without being related to an environment (there is an "inside" as long as an "outside" is enacted, as it was exposed in the Third Chapter of this Dissertation). In this respect, while a subject is alive, he is never disconnected from, decoupled of, or not belonging to, the world. However, this might be considered an ontological claim stated by the enactivist approach to cognition rather than a subjective description of the *feeling* of *being connected* and *belonging to the world*. Belonging and being connected to the world would be better understood as presupposed spaces of possibilities that determine situated experiences (Ratcliffe, 2005, p. 55). Two relevant questions at this point are: what are those *presupposed spaces of possibilities*? And how do those *presupposed spaces* shape the experience of the world as a whole? In this respect, Ratcliffe affirms:

> "[…]the relationship between possibilities and the sense of reality can all be understood in terms of the phenomenological concept of a 'horizon', as it is employed by Husserl (e.g. 1960, 1989, 2001) and later by Merleau-Ponty (e.g. 1962). Both appeal to the <u>horizonal structure of experience</u> in order to convey the way <u>in which the body sets up the world</u> and how it is then implicated in the various experiences that we have within that world" (Ratcliffe, 2008b, p. 141 underlining added)

According to Husserl, when a subject perceives an object, even though it *appears* and it is *given* to him from a limited perspective (for example, from its frontside, its backside, or its underside), he experiences *it* as *a fully present object* that can be potentially explored. If I look at the mug that

is in front of me, I can see the part of the mug that is accessible to my view from my actual perspective, while the rest of the mug is not given -it is hidden- to my actual perceptual range. This does not mean that my experience of the mug is reduced to the *appearance* (the *given* profile) of it; rather I experience *the cup* as a *genuinely perceived* object *appearing* in a certain way (Husserl, 1960, p. 44). The perception of objects is not an experience of *appearances*, but an experience of *enduring entities*: even though an object is not given in its totality (it is given only through *limited*, *momentary*, and *partial perspectives*), subjects experience *it* as fully present (Husserl, 2001, p. 34).

> [...] what is visible "of" the thing, is first of all a surface, and in the changing course of seeing I see it now from this "side," now from that, continuously perceiving it from ever differing sides. But in them *the* surface exhibits itself to me in a continuous synthesis; each side is for consciousness a manner of exhibition *of* it. (Husserl, 1970, pp. 157, 158)

In seeing, touching, smelling, hearing, or tasting an object there are continuous changes, alterations, and differences in the course of perceiving it. Nonetheless, despite the continuous changes, experience is not chaotic, fragmented, disintegrated, atomized, or segregated in different unrelated perceptual experiences. Rather, an object is experienced through a structured "sense of identity" that is manifested in the continuity of appearances (Husserl, 2001, p. 35).

> If we observe an unchanging object at rest, for example, a tree standing before us, we pass over it with our eyes, now we step closer to it, now back away from it, now here, now there, we see it now from this, now from that side. During this process the object is constantly given to us as unchanged, as the same; we see it as such; and yet a slight turn of our attention teaches us that the so-called perceptual images, the modes of appearance, the aspects of the object constantly change. In a constant variation of modes of appearance, perspectives, that is, during a constant variation in the actual lived experience of perception, we have a consciousness that runs through them and connects them up, a consciousness of the one and the same object. (Husserl, 2001, p. 33)

> This implies that, while the surface is immediately given, I mean more than it offers. Indeed, I have ontic certainty of this thing [as that] to which all the sides at once belong, and in the mode in which I see it "best." Each side gives me something of the seen thing. In the continuous alteration of seeing, the side just seen ceases being actually still seen, but it is "retained" and "taken" together with those retained from before; and thus I "get to know" the thing. (Husserl, 1970, p. 158)

The *appearing object* is experienced as "one and the same object" involving "its *potentialities*, which are not empty possibilities, but rather possibilities / intentionally predelineated in respect of content -namely, in the actual subjective process itself- and, in addition, having the character of possibilities *actualizable by the Ego*" (Husserl, 1960, p. 44). In this respect, the experience of objects has, at least, two features that are not independent, neither are two distinguishable phenomena, but rather two ways of referring to the same issue: an object is *given* as *an appearing object* despite its *multiplicity in its appearances* and it is also experienced as offering *potential possibilities* for further perceptions. As potential possibilities are actualized when they become *actual appearances*, other possibilities become potential, and so on. What Husserl calls the *horizonal structure of experience* is manifested through these "possibilities of perception, as perceptions that we could have, if we actively directed the course of perception otherwise" (Husserl, 1960, p. 44).

The experience of potential possibilities should not be understood as an additional layer or feature of the experience of objects, neither as an inference of what is actually perceived. Rather, the experience of salient possibilities for perceptual interaction -*the experience of a horizon*- is constitutive of experience itself:

> Everywhere, apprehension includes in itself, by the mediation of a "sense," empty horizons of "possible perceptions;" thus I can, at any given time, enter into a system of possible and, if I follow them up, actual, perceptual nexuses. (Husserl, 1989, p. 42)

This "perceptive orientation toward particular objects" is the result of an "active performance of the ego", "an objectivating operation of the ego" which Husserl refers to as *passive syntheses* (Husserl, 1973, pp. 71, 72): the experience of objects is structured and constituted by a "passive pregivenness and [… by] the active orientation of the ego, of interest, of receptivity and spontaneity" (Husserl, 1973, p. 71). At this point, I would like to consider four notions that are entwined to what Husserl calls *the horizonal structure of experience*: *retention*, *primal impression*, *protention* and *world-horizon*. Perceptual experience is synthetically integrated, which means that it is temporarily structured: it is lived as integrated moments in a stream of time. This temporal synthesis is captured by the notions of *retention*, *primal impression*, and *protention*. I will focus on the former and the latter. The fourth notion, the *world horizon*, refers to an "already there",

"pregiven" world that is a coherent universe of existing objects, a correlate of actual experiences that predelineates all possible experience (Husserl, 1970, p. 108, 2006, p. 623).

2.1.   *Perceptual Experience: Retention – Primal Impression – Protention*

Perceptive experience, understood as a stream of conscious acts and perceptions of intentional objects, is temporally structured. As shown previously, the experience of perceiving an object does not consist of fragmented impressions or appearances. It is rather a continuous and changeable experience of the very same *given* object which is structured through a synthesis of different moments, so there are a continuity and a harmony in a threefold intentionality: what has been perceived, what is actually perceived, and what is about to be perceived. When subjects perceive an object, they always have an appearance, an instant impression of the perceived object. The *primal impression*, as it is named by Husserl, is the original consciousness of the *now* and it is not independent of or appears in isolation of previous impressions and neither it is independent of those to come.

On the one hand, a primal impression is constituted by previous primal impressions that become *retentions* in consciousness. For instance, if someone is listening to a melody, the melody is not listened through fragmented moments (or sounds), each of which appears separated from the others. The melody appears to consciousness as a sequence in which the tone B -that sounds at a very specific moment- does not appear to consciousness by its own. Even when the tone B is a primal impression (it is the *now-phase* of experience), the previous tone A is in consciousness, not as a primal impression (the *now-phase* of experience), but as the tone that was *just-listened*. It is not as if the person listens to both tones at the same time. Rather, the previous tone A is in consciousness as the tone that was *just-listened*, so it is intuited as *just-past* (Husserl, 2008, pp. 38, 41). The tone A is present in the experience of listening to the melody as something that *just-have-been*, so it is an original consciousness of the *just-past*. This *just-past-phase* of experience is named *retention*.

In this respect, retentions are attached to primal impressions, establishing a continuity and succession in perception: primal impressions are not experienced as isolated perceptions, but

rather as impressions of complete objects with a definite temporal form (Husserl, 2008, pp. 30, 44). In the previous example, retention (or, as it is also named by Husserl, *primary memory*) is what allows subjects to listen to the melody as a sequence. In this sense, even though there is a *now-given* tone, subjects do not have fragmented perceptions; rather, there are perceptions of complete objects as a succession of perceptions:

> The use of the word "*perception*" requires, of course, some further elucidation at this point. In the case of the "perception of the melody," we distinguish the tone *given now*, calling it the "perceived" tone, and the tones that are over with, calling them "not perceived." On the other hand, we call the *whole melody* a perceived melody, even though only the now-point is perceived. We proceed in this way because the extension of the melody is not only given point by point in the extension of the act of perceiving, but the unity of the retentional consciousness still "holds on to" the elapsed tones themselves in consciousness and progressively brings about the unity of the consciousness that is related to the unitary temporal object, to the melody. An objectivity such as a melody cannot be "perceived" or originally given itself otherwise than in this form. […] But the whole melody appears as present as long as it still sounds, as long as tones belonging to it and meant in *one* nexus of apprehension still sound. It is past only after the final tone is gone. (Husserl, 2008, p. 40)

It must be clarified that the *presence* of retention does not concern any kind of memory or *recollection*—or *secondary memory*, as it is also named by Husserl-, which refers to the act of bringing the past to the *now-consciousness* (Husserl, 2008). When someone remembers or recollects something from the past, it becomes a *re-representation* of the past, he *re-presents* the past as a *now* (Husserl, 2008, p. 64), so it becomes present once again in the form of an immanent object of consciousness: what is re-presented is not an original consciousness. In this respect, recollection is a "presentification" of what is past, so the subject brings it to reflexive attention, and it becomes an intentional object of consciousness. In recollection there is freedom of reproduction: subjects can decide when to bring the past content to the present focus of attention, and when to stop doing that (Husserl, 2008, pp. 44, 49).

> […] a succession of two enduring data is given with a definite temporal form, an extent of time that encompasses the succession. The *consciousness of succession* is consciousness that gives its object originally: it is "perception" of this succession. We now consider the reproductive modification of

this perception - specifically, the recollection. [In the case of recollection,] I "*repeat*" *the consciousness of this succession*; I re-present it to myself memorially. I "can" do this and do it "as often as I choose." *A priori* the re-presentation of an experience lies within the domain of my "*freedom*." (The "I can" is a practical "I can" and not a "mere idea.") (Husserl, 2008, p. 44)

The presence of *retention* refers to an original consciousness which means that it is a consciousness of something that is *presented* or *given* in a primal impression as "receding into the past" (Husserl, 2008, p. 44). This implies that primal impressions are not independent or isolated intentional acts.

On the other hand, a primal impression is also constituted by a continuous sense of undetermined and unthematized anticipations or intentions of the phase of the object that is *just-about-to-arrive* or that is *just-to-occur*, an intuitive and implicit phase of *what-is-to-come*, which Husserl names *protention* or *primary expectation* (Husserl, 2001, pp. 111, 115, 2008, p. 41). As seen before, in primal impressions there is a presence, not only of the *now-phase*, but also of the *just-have-been-phase* and a *just-to-arrive-phase*. Following the melody example, when listening to the tone B (which is the primal impression), a subject "anticipates", in a more or less determinate, way the immediate phase of what *is-to-occur* or what *is-to-come* in the melody. In this case, the subject would have an anticipatory disposition to listening to a tone -the tone C- that is related to the tone B.

Nonetheless, what does it mean that the anticipation is "more or less determinate"? A protention can be understood as an "[…]intention directed towards what is to come, even if not towards continuations involving the same temporal object" (Husserl, 2008, p. 240). This means that, when subjects are perceiving an object or doing an action, they experience an undetermined anticipation –in the sense of being a changeable and variable anticipation- of what might come next in the experience. If retentions are how subjects experience what *just-past*, then protentions are the way subjects experience what *is-to-occur*, an awareness of the future whose object is not yet fully determined. In this respect, protentions can be described as an openness of the *now-phase* to *what-is-to-come*.

Undetermined anticipations should not be taken as specific expectations (Husserl, 2008, p. 89). In the case of a specific expectation or, as Husserl calls it, "secondary expectations", such as when

someone is waiting for a friend, so the person is expecting to see his face among the people walking in the street, there is a new intentional object that is present to consciousness, namely, the friend's imaginary picture. In the case of protentions, there is not a new intentional object; instead, there is a future-oriented disposition that "constitutes its object originally": it is not a reflexive anticipation of a specific object or perception, it is rather a towardness that "emptily constitute what is coming as coming [...]" (Husserl, 1989, p. 38, 2008, p. 54).

Some expressions previously used to describe protentions (such as: protentions are "more or less determinate", or that they involve "an openness of the *now-phase* of what is to come", or that they are "an awareness of the future whose object is not yet fully determined") need for further clarification, especially those highlighted expressions. Protentions refer to the implicit presence of "possible motivated courses of perception" that belongs to the perceived object (Husserl, 1989, p. 38) so, in the perception of an object, "there is included a determinate directive for all further experiences of the object in question" (Husserl, 1989, p. 38), which indicates, at least, two features of protentions. Firstly, it indicates that protentions include a whole field of possible perceptions and interactions with the experienced object. Secondly, these possibilities are experienced as being offered by the object of experience, not in a fully thematized way, but as indications of possibilities that *can be thematized* and *actualized* by us.

> Perception has its *perceptual sense*, its meant, just as it is meant, and lying in that sense are directives, unfulfilled anticipatory and retrospective indications, which we only have to follow up. (Husserl, 1989, p. 38)

> All the different directions of determination which lie in the meant thing as such are thereby traced out in advance, and that holds for each of the possible motivated courses of perception belonging to it, to which I can give myself over in freely forming phantasy, and to which I must give myself over-at least if I want to bring to clarity the sense of the modes of determinateness in question and, therewith, the full content of the essence of the thing. (Husserl, 1989, p. 38)

The way subjects experience possibilities is originally given in the act of perception. In this sense, an object is not completely grasped in the experience of it: it offers a set of possibilities that, despite of not being in the actual experience, they can be actualized. This can be captured by the notion of *horizons*, which refers to "what is itself not strictly perceived - a horizon (this is implicit

as a presumption) that can be opened up by possible experiences" (Husserl, 1960, p. 23). Horizons "are "predelineated" potentialities", meaning that in any point of perceptive experience subjects can "*ask any horizon what "lies in it"*, we can *explicate* or unfold it, and "*uncover*" the potentialities of conscious life at a particular time" (Husserl, 1960, p. 44).

Horizons are not present to consciousness in the way of a punctual or specific datum of experience; horizons are rather what makes the perception of an enduring object possible as it has a determinate structure (despite the horizon's indeterminateness). Husserl offers the example of a dice: when someone sees a dice, he can only perceive one of its faces, but the fact of seeing <u>it</u> already implies that he is encountering a *construed* dice, a specific, complete, and determined object that can be further explored (or, using Husserl's words, consciousness has the property of being "*able to change into continually new modes of consciousness of the same object*"), even when the subject does not explore it. This entails that the object of experience is a "pole of identity", so every primal impression of it is an index, a sense or an intentionality that can be further actualized. It is for this reason that Husserl holds that, even when horizons are indeterminate (*i.e.* unthematized), they have a determinate structure (cf. Husserl, 1960, p. 45): the dice of the example is experienced as *an object* (*i.e.*, subjects experience *it* as the very same *object* despite its continuous changes while they perceive it) but it "leaves open a great variety of things pertaining to the unseen faces" (Husserl, 1960, p. 45).

In this respect, horizons can be understood as a pre-reflective structure of the possible: they are changeable structures that unfold in organized ways, and despite the changeability of experience, it has a harmonious and organized flow. This means that possibilities have the form of potentialities that unfold as organized structures. How are horizons possible? Or, in other words, what does it mean that the object of experience is already experienced as *an object*? According to Husserl, the "[o]bjective world is constantly there before me as already finished, a datum of my livingly continuous Objective experience [...]" (Husserl, 1960, p. 106). It is a synthetic unity that involves an infinite system of potentialities. This means that experience entails more than what is actually experienced; it also entails a whole field of possible perceptions that can (or not) be actualized. The notion of an "objective world" can also be captured by the notion of "world horizon", which is an "already there", "pregiven" world; it is a structure "of possible thing-

experience" (Husserl, 1970, p. 138). In this sense, the world horizon is a pre-theoretical world that predelineates all possible experiences (Husserl, 1970, p. 108, 2006, p. 623).

Retention, primal impression, and protentions are possible due to the synthesis of the world horizon or, using other words, those temporal features are possible due to the unity of perceptual experience (to the synthetic unity of the world), which involves not only what is present to the subject, but also what can be perceived (what is *possible*). The interplay between actuality and possibility in experience, *i.e.*, the relationship between actual experience and the experience of possibilities is to be understood in terms of the horizonal structure of experience (cf. Husserl, 2008, p. 141).

In this respect, and according to Ratcliffe and to what has previously been said, existential feelings are the way subjects experience possibilities. The horizonal structure of experience encompasses or shapes the *world experience* which leads Ratcliffe to affirming that it is "the world as 'universal horizon' that existential feelings constitute", meaning that "we encounter objects in the context of a pre-reflective background sense of belonging to the world and this belonging, this universal horizon, is a space of possibilities" (Ratcliffe, 2008b, p. 129). What does that feeling of the "the world as 'universal horizon' that existential feelings constitute" refer to? A consideration of the difficulty to express existential feelings would be useful to answer this question. This consideration will serve as an introduction to the next section of this Chapter.

Before I started this second section of this Chapter, I presented Ratcliffe's suggestion that expressions used to describe existential feelings are vague and metaphorical, and that a language to make "the way we experience possibilities" explicit and describable is complex and obscure. Nonetheless, Ratcliffe considers that such a language or vocabulary could be developed, which is why he attends to the Husserlian notion of "horizon". Despite this, there is a distinction that must be made: one thing is to experience the continuous *process* of structuration of conscious experience -which would be a misleading idea, as I will explain-, and another issue is to experience an *already* meaningful and structured world (*i.e.*, to have a meaningful experience). I will try to make this clearer.

Conscious experience is lived as *synthesized*, as already structured. Under normal conditions[95], subjects have experiences of a world that *appears* to them as already meaningful, a *given* world. Subjects do not experience the process of structuration of the world *per se* or, in other words, they do not experience the process of constitution -structuration- of a conscious and meaningful experience; rather, subjects experience a *structured* and meaningful experience. Ratcliffe holds that existential feelings are the way subjects experience possibilities, so those feelings refer to a "pre-reflective background sense of belonging to the world and this belonging, this universal horizon, is a space of possibilities" which, according to Ratcliffe, could be put into words (Ratcliffe, 2008a, p. 28).

In this respect, existential feelings refer to a pre-reflective dynamic structuration of conscious experience. This dynamic structuration is *lived* as synthesized and, indeed, could be further *thematized* by the subject through a narrative; Ratcliffe gives numerous examples of this, which, as he states, attend to vague and obscures metaphors. Nonetheless, the dynamic structuration itself (the process of structuration), as Ratcliffe affirms (following Husserl), is a pre-reflective and *unthematized* feature of experience. It is for this reason that it should be clear that one thing is to describe the subject's *lived experience* and another thing is to describe the structuration of conscious experience.

The former could be expressed in a narrative (vague) way, while the latter is the result of a phenomenological approach. Why is the narrative way vague and obscure? First of all, bringing what is a "pre-reflective background sense of belonging to the world" into words implies making reflexive what is, according to Ratcliffe, pre-reflexive and pre-theoretical, and this is a problematic idea. Secondly, existential feelings are an all-encompassing way of relating to things that Ratcliffe characterizes as the way subjects experience possibilities (Ratcliffe, 2008b, p. 131). This "all-encompassing" way of experiencing possibilities has a qualitative feature that shapes or encompasses the subject's experience. Describing this qualitative experience is something that can hardly be achieved in a precise way through words, which is why Ratcliffe needs to use a set of inaccurate expressions (such as those exposed at the beginning of this Chapter) -or, for

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[95] Psychiatric disorders are, as remarked in the Second Chapter, disruptions in the structuration of a meaningful world, which is why they can be considered "abnormal" experiences.

instance, through literature- to describe them. It is one thing to describe the dynamics that are involved in existential feelings, and another thing to express these feelings through words.

Indeed, the argumentative strategy used by Ratcliffe to express what existential feelings are about is to attend to the temporal structure of experience (protentions and horizonal structure of experience), considering that they are a pre-reflective and pre-theoretical dynamic of structuration of conscious experience. The notions of "retention", "primal impression", "protentions", and "horizonal structure of experience" -but, mainly, those of "protention" and "horizonal structure of experience"- let Ratcliffe characterize existential feelings in terms of "ways of experiencing possibilities". In this respect, his characterization of existential feelings is one of a temporal kind. In what follows I will go deeper into this temporal characterization.

3. *In What Sense Are Existential Feelings A Protentional Experience of Possibilities? Anticipation and Fulfillment Structures*

In the Third Chapter of this Dissertation, it was argued that the *meaningfulness* of the world presents itself through certain possibilities for action to which the subject can be responsive. This responsiveness-capacity would not be possible if subjects did not have a sense of *what-is-to-come* or, simply, a sense of the possible. In a situation, subjects are related to a world (understood as a *whole*) that opens up or shuts down different kinds of possibilities. Existential feelings, in this sense, envelop this "sense of the possible":

> Hence the structure of thought is like the horizonal structure of world experience. When we look at a chair, its hidden sides are not part of what is actually perceived. However, the possibility of accessing them is part of the experience and, as one moves around the chair, experience unfolds in line with tacit, bodily expectations. We do not anticipate the exact perceptual content of what is to come next. Nevertheless, the possibility space is still constrained in a structured way. Bodily expectation provides a sense of what might come next and a directive for how to actualize it (Ratcliffe, 2008b, p. 17)

It is important to highlight the emphasis that Ratcliffe makes in the "sense of what might come next". The next quotes can be more illuminating:

I think it is helpful to emphasize that existential feeling consists not in an abstract, static sense of the possible but in an anticipatory structure, something Merleau-Ponty (1945/2012) refers to as an overarching "style" of experience (Ratcliffe, 2020, p. 12)

We can think of existential feelings in much the same way: they are styles of anticipation that permeate one's engagement with the world as a whole, which can open up or shut down types of possibility (Ratcliffe, 2020, p. 12)

Ratcliffe emphasizes that existential feelings are "styles of anticipation". In this respect, existential feelings are not just a "sense of the possible", but a *protentional sense*, meaning that these feelings have a temporal directedness that is focused on *what-is-to-come*. If Ratcliffe interprets existential feelings in terms of a sense of the possible or, using Husserl's words, as a sense of the space of possibilities that the universal horizon entails, and this sense of the possible is interpreted as future possibilities, then the idea that existential feelings are "styles of anticipation" is accurate. According to Husserl:

"[w]aking life is always a directedness toward this or that, being directed toward it as an end or as means, as relevant or irrelevant, toward the interesting or the indifferent, toward the private or public, toward what is daily required or intrusively new. All this lies within the world-horizon [...]". (Husserl, 1970, p. 281)

Existential feelings, according to Ratcliffe -and using Husserl's expression-, are the sense of the "directedness toward..." that characterizes waking life. This sense is captured by Ratcliffe attending to two notions, namely, the *style of anticipation* and *the style of fulfillment* (Ratcliffe, 2020, p. 12). The style of anticipation is "a cohesive, dynamic way in which events are anticipated and in which they unfold" (Ratcliffe, 2020, p. 12); this "anticipation" is not, in any case, a reflexive or conceptual anticipation like when, for instance, a person is looking for her friend at the train station so he is reflexively anticipating seeing her face among the crowd. The anticipation Ratcliffe refers to is rather an "engagement with the world as a whole", meaning that subjects are usually being directed or being towards the world, and this towardness is to be understood as the experience of "a salient but not wholly determinate possibility; we experience its coming" (Ratcliffe, 2008b, p. 197). In this respect, the style of anticipation is a *feeling* of the not-determinate possibilities that are to come. These undetermined possibilities might be actualized and, in this

sense, the notion of "style of anticipation" is close to that of protention (Ratcliffe, 2008b, p. 197). In this respect, existential feelings entail an anticipatory structure.

The sense of the style of anticipation manifests itself in the interaction of the subject with the environment. For instance, a professor who prepared her class and masters the issue she is lecturing might feel that, the day she is going to expound the subject of the class, she feels "not quite there", like not having or feeling an engagement with the situation (lecturing to a group of students): she might feel a "disconnection" or distance with the students (like not having a fluent interaction with them), or that the way she is exposing the subject is not accurate or articulated. This kind of feeling shapes or permeates the whole situation, so "it is not felt in any particular part of one's body or at any particular moment but manifests itself more widely in one's engagement with the environment" (Ratcliffe, 2020, p. 12). Nonetheless, it might not be completely clear what the relation is between "one's engagement" with the environment and the feeling of anticipation. In order to make this clear, the notion of "style of fulfillment" might be useful.

The experience of anticipating *what-is-to-come* (protentions) -even if it is not something determinate- entails or involves a feeling of fulfillment: protentional anticipations might be fulfilled or not. For example, in the previous example of the professor, the feeling of "not being quite there" means that, even though she prepared her lecture, she is not having the experience of "being optimal" or succeeding in her task (which is lecturing her students): she is not fulfilling the way she is experiencing possibilities. Having an experience of possibilities is a normative experience, which is why surprising, unexpected or unfamiliar experiences happen (Ratcliffe, 2008b, p. 128, 2015, p. 47; Zahavi, 2003, p. 83). For example, someone is drinking coffee from his mug and, without noticing it, a friend takes the mug and hides it from the subject, so when this subject extends his hand to grasp it, he does not grasp anything. In this example, even if the subject is not reflexively thinking "I am going to grasp the mug when I move my hand", his experience involves a set of unthematized expectations (possibilities) that might or might not take place. When these possibilities do not take place, the subject has a surprising, unexpected, or unfamiliar experience. In the case of the example with the mug, when the subject extends his hand and does not grasp the mug, he becomes aware of the fact that the mug is not there, so his unthematized expectation of finding and grasping the mug is not fulfilled.

In this respect, the style of anticipation comprises a style of fulfillment -that might be achieved or not. This idea is close to that exposed in the Third Chapter of this Dissertation regarding the concept of *optimal grip* and its connection to the notion of *corporeal schema*. In that Chapter, I supported the idea that the world is a space of goal-directed projects that involves the body (which is directed towards the world): the body is and exists towards the world. It was also said that the meaningfulness of the world is expressed through possibilities for action to which the (bodily) subject is responsive to or, in Husserl's words, in waking experience there are "protentional anticipations" (or a "tendency to attain new modes of givenness of the same object") that tends to "attain givenness in the further course of perceptive contemplation of the object" (Husserl, 1973, p. 87). When the style of anticipation is fulfilled -, for example, when there are no surprises- it means that there is a balance between the style of anticipation and the style of fulfillment, and it is expressed or experienced through a fluent bodily experience in the world or, in Ratcliffe's words, as a feeling of being connected or belonging to the world.

In this respect, the feeling of belonging to the world or of being coupled to it is configured and emerges in daily situated experience. In the Third Chapter it was affirmed that, according to enactivism, sensemaking is directly related to the notion of "corporeal schema". Summarizing what I presented, corporeal schema refers to an attunement between subject and world in which the body shapes the way subjects experience the world, while this shapes their actions. It was also said that the attunement between subject and world was a continuous process of configuring an intentional arc between subject and world in which the subject is continuously pursuing an optimal grip of situations. Corporeal schema, as a general structure of motor intentionality, therefore, reflects the attunement between subject and world. This attunement was understood as the capability of being fluent in daily situated experiences and, as a capability, subjects can be successful or not. Corporeal schema, then, is a notion that is closely related to that of existential feelings if it is considered that both of them refer to the constant coupling or adjustment between subject and world. It seems that, with the notion of existential feelings, Ratcliffe wants to emphasize the qualitative experience of being adjusted (or not) to the world.

Indeed, and regarding the relation between notions of existential feelings and corporeal schema I am suggesting, Ratcliffe holds that "[p]erception of possibilities is not a detached, voyeuristic

affair. It involves a structured system of non-conceptual bodily expectations" (Ratcliffe, 2012, p. 7). This idea of "non-conceptual bodily expectations" is strikingly close to that of "I can", which was also mentioned in the Third Chapter. Being an intentional system implies being in a field of affordances, *i.e.*, being in a field of situated possibilities to which the subject has the capability of being responsive (Merleau-Ponty, 1945, p. 139). Existential feelings, then, can be seen from two perspectives: while the world manifests itself through possibilities for action, the subject is not only *being receptive* to them, but he is also *directed at* or *being towards* this world so he can be *responsive to* those possibilities for action.

Ratcliffe, nonetheless, would not agree with me concerning the close relation I am proposing between existential feelings and corporeal schema. Ratcliffe holds that "[...] possibilities structure experience in a range of ways, rather than comprising a simple 'I can'" (Ratcliffe, 2008b, p. 124). According to Merleau-Ponty, the "I can" notion refers to a horizonal structure of perception (a structuration of the perceived world) that unfolds itself as a general or universal space of possible actions which, in consequence, is closely related to the notion of corporeal schema (as it was presented in the Third Chapter). In this respect, the "I can" can be considered to be closely related to the notion of "horizon". If, for Merleau-Ponty, the notion of "horizon" refers to the openness that resembles "an infinity of different perspectives", an undetermined "universal space", a background of possible perceptions that makes action and perception possible (Merleau-Ponty, 1945, p. lxxvii, 72, 104, 119), then the "I can" resembles the directedness of the bodily subject to the world. This world -which presents itself through possibilities for action- entails a space of possibilities, which is precisely the context in which Ratcliffe conceives the notion of existential feelings.

The relation between the notions of corporeal schema and existential feelings can be stronger than it has been suggested. If I return to the notions of *optimal grip* and *tendency to achieve an optimal grip* exposed in the Third Chapter, they can endorse the previous considerations on existential feelings. Reaching an optimal grip, as it was shown, is conceptually close to the notion of "style of fulfillment"; the former refers to the tendency of being successful in the goal-task oriented actions, just like the latter does since it refers to the structural experience of fulfilling protentional expectations. On the other hand, the notion of "tendency to achieve an optimal grip" resembles the idea that subjects are directed *towards the world* (which shows itself through

possibilities of action): in situated experience, there is an anticipating structure of *what-is-to-come*. This is precisely how Ratcliffe describes the "style of anticipation". The tendency to achieve an optimal grip is connected to the tendency of being successful in daily tasks and to the tendency of fulfilling the anticipating towardness of *what-is-to-come*. This, in Ratcliffe's expressions, is the "style of fulfillment". The tendency to achieve an optimal grip manifests itself in the subject's engagement with the environment.

3.1. *Certainty, Anticipation and Fulfillment Structures*

It was said that the style or structure of anticipation involves an unthematized expectation that appertains the tendency to achieve an optimal grip. This means that subjects, unreflexively, tend to have a fulfilled experience, *i.e.*, subjects expect to be successful in daily actions and, when they are, it is said that experience is "fluent" or "transparent". This "expectation for a fulfilling" experience is captured by the notion of *certainty*. According to Husserl, the structural anticipations or expectations involve certainties.

> In the instance of an actual fulfillment in the actual progression of perception, the appearance of color fulfilling what is indeterminately prefigured is constituted in itself as certainty. (Husserl, 2001, p. 80)

> Watching the smith, I expect the raised hammer to fall down and bend the iron; watching the glass fall, I expect it to strike the ground and break, and so forth. – Alternative possibilities are there: Some unforeseen effect can intervene, an accidental bump can make the glass fall on the nearby straw mat instead of on the stone floor, etc. Every event as a physical event is surrounded here by a horizon of open possibilities—but they are open; nothing speaks in favor of them in this given moment; the expectations are straightforward certainties that are not inhibited. (Husserl, 2001, p. 91)

In this respect, Ratcliffe also states that:

> For the most part, the possibilities offered by things take the form of habitual certainties. As I walk across the street, I take for granted that the texture of the road will remain fairly constant, that I will not fall into a hole or sink into a bog. Such alternative possibilities do not feature as part of the experience. (Ratcliffe, 2012, p. 7)

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Anticipations, then, are shaped by a mode of certainty. This means that both the style of anticipation and the style of fulfillment involve a "primordial" mode of certainty, a "straightforward, naive certainty" (Husserl, 2001, p. 75). In other words, expectations integrates a "fitting fullness" that suits those expectations (tendencies to *what-is-to-come*), and this fitting fullness is grounded by the empty universal horizon that constitutes the general space of possibilities (Husserl, 2001, p. 76). Even expectations that are or can be disappointed entail a mode of certainty that presupposes the possibility of being fulfilled:

> But every expectation can also be disappointed, and disappointment essentially presupposes partial fulfillment; without a certain measure of unity maintaining itself in the progression of perceptions, the unity of the intentional lived-experience would crumble. (Husserl, 2001, p. 64)

This means that the "experience of the possible" already involves a pre-reflective experience of expectation to fulfill protentions. Getting back to the phenomenon of surprising, unexpected or unfamiliar experiences, these would not be possible if there was not a default mode of certainty in experience. It is because experience is structured in such a way that subjects expect to fulfill or to suit unfulfilled horizons (open spaces of possibilities) that, when they are not fulfilled -so experience is not *ratified* or it does not appear as protentionally expected- the phenomenon of surprise, unexpectedness or unfamiliarity emerges. In this respect, certainty shapes or structures the basic experience of being in the world; experiencing possibilities (having a sense of the possible and an anticipatory structure) implies satisfying them (having a fulfillment structure), and this, in turn, implies a mode of certainty that is constituted as a tendency to actualize possibilities.

This idea is close to the concept of "tendency to achieve an optimal grip": experience involves a pre-reflexive expectation to fulfill or being successful in the interaction with the world. In this respect, the *feeling of belonging to the world* (existential feelings) can be seen or understood as a balance or equilibrium between the anticipation and fulfillment structures of experience. This balance or equilibrium is characterized by the feeling of achieving or fulfilling the protentional expectations or, in Merleau-Ponty's terms, by the feeling of achieving an optimal grip of situated goal-directed interactions with the world (in other words, subjects tend to achieve *equilibrium* with their surroundings). The feeling of belonging to the world is shaped and constituted by the default mode of certainty, so the interactions with the world presuppose an expectation of

stability between what is expected and what is fulfilled. This mode can be experienced in different ways, or, better, it can take different forms; when someone keeps the balance between those two structures of experience, it is felt as being skillful in daily tasks, as coping with the world, as being connected with the world or as belonging to the world. This concerns *normativity* in experience: fulfilling expectations in order to have and to keep a balance in the default mode of certainty implies a normativity in experience. A subject can feel he is being successful, competent, or fitting in his daily experiences, and this is experienced through a continuous flow, automaticity, and transparency of experience (just as it was also affirmed in the Third Chapter attending to the notion of *intentional arc*).

This is no other than a way of experiencing *normativity* of experience, and this is precisely what *existential feelings* entail. It is for this reason that existential feelings can be characterized as a way of *experiencing normativity in experience*:

> The world can sometimes appear unfamiliar, unreal, distant or close. It can be something that one feels apart from or at one with. One can feel in control of one's situation as a whole or overwhelmed by it. One can feel like a participant in the world or like a detached, estranged observer, staring at objects that do not feel quite 'there'. (Ratcliffe, 2005, p. 47)

Having a sense of the possible and experiencing possibilities implies a fulfillment of them. From this constant interplay between the anticipation and fulfillment structures emerges a qualitative feature of experience through which normativity of experience is lived. If existential feelings are a presupposed space of possibilities that are constituted as a continuous interplay between the anticipation and fulfillment structures (that, in turn, have a default mode of certainty, which is why there can be surprising, unexpected, or unfamiliar experiences), then the notion of existential feelings refers to a *structuration of the basic normative experience of being in the world*.

Nonetheless, if existential feelings refer to a sense of the possible which, in turn, have a default mode of certainty, how to explain that there are existential feelings such as unfamiliarity, strangeness, isolation, emptiness, or feeling detached and estranged? As it was said, certainty is the default mode in the interplay between the anticipating and fulfillment structures. Those feelings of unfamiliarity, strangeness, isolation, emptiness, or feeling detached and estranged

emerge when there is an imbalance between the interplay between anticipating and fulfillment structures, which might lead to different modes of consciousness (such as the mode of negation, the mode of doubt, or the mode of possibilities). In order to understand those feelings[96], the notion of *uncertainty* is appropriate.

One of the modes of consciousness is the mode of possibilities, which is understood within the scope of *uncertainty* (Husserl, 2001, p. 79). *Uncertainty* is not "merely a case of privation of certainty" (Husserl, 2001, p. 79). It entails a *space of open possibilities* that, even when they are indeterminate, they might become determinate. Indeed, for Husserl, the general indeterminacy that a horizon entails "has a range of free variability". *Uncertainty*, in this respect, entails a structural "open range" of possible perceptions that are not determinate, but could be concreted "by determining more closely the generality that was indeterminate" -since horizons have the mode of certainty that can be fulfilled (or disappointed)- (Husserl, 2001, p. 81). In this respect, the "general indeterminacy" that horizons entail encompasses *uncertainty*, which, according to Husserl, "makes up the concept of open possibility" (Husserl, 2001, p. 81).

Husserl holds that "[…] by modalities of uncertainty, we mean those that do not pertain to decision at all" (Husserl, 2001, p. 79). In this respect, *uncertainty* is related to "what is intentionally prefigured in the apperceptive horizon of a perception" but it is not yet "an actual fulfillment in the actual progression of perception", so *uncertainty* involves an indeterminate generality that is not *yet* fulfilled (which, for instance, might not be fulfilled) (Husserl, 2001, pp. 79, 80). In this sense, *uncertainty* is involved in the horizonal structure of experience, and it could be concreted if expectations are fulfilled (Husserl, 2001, p. 81). Husserl distinguishes two kinds of *uncertainty*: open uncertainty and problematic uncertainty. The former refers to the indeterminate and unthematized space of possibilities (it does not refer to particularities of actual *lived experiences*), while the latter refers to a more particular feeling of lacking confidence concerning particular alternatives (actual lived experiences) where the subject has a conflict (Husserl, 1973, p. 98). Open uncertainty, therefore, is the structure through which problematic uncertainty emerges.

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[96] The emergence of these feelings will be clearer in the Fifth Chapter. For the moment, I will introduce the relevant notions needed to achieve this.

The horizonal structure of experience is not static. It is rather a space of open possibilities that comprises the dynamic interplay between the anticipation and fulfillment structures. The fulfillment between those structures leads to *equilibrium* or balance in experience that takes place as action becomes fluent and transparent (*i.e.*, unreflective or automatic actions), so subjects do not have to, constantly, focus on their actions (as it happens when the intentional arc is in the process of being structured). Nonetheless, there might not be equilibrium between those structures (Husserl, 2001, p. 64). For instance, the structure of anticipation might be disappointed, leading to an experience of "otherwise" that might take place in experience. This experience of "otherwise" or not "actualizing" what was structurally anticipated is what Husserl calls the "mode of negation", which is a "mode of impure (or incomplete) certainty".

> But every expectation can also be disappointed, and disappointment essentially presupposes partial fulfillment; without a certain measure of unity maintaining itself in the progression of perceptions, the unity of the intentional lived-experience would crumble. Yet despite the unity of the perceptual process occurring with this abiding, unitary content of sense, a break does indeed take place, and the lived-experience of "otherwise" springs forth. (Husserl, 2001, p. 64)

In this respect, horizons involve a consciousness of alteration and change. There might also be doubt regarding an expectation, which is the "mode of doubt". In this mode, subjects are not sure regarding what they are expecting to perceive or what they are perceiving, so the given "data is the common support for [...] overlapping apprehensions" and an appearance "gains a second content, one that overlaps the other" (Husserl, 2001, p. 73). The mode of doubt "can be resolved, be it in the form of negation or also in the form of affirmation" of expectations (Husserl, 2001, p. 72). In this respect, Husserl holds that the mode of doubt entails "indecisiveness" that has the possibility of being resolved, which is "the very essence of doubt" (Husserl, 2001, p. 75).

There might be the case in which subjects do not fulfill their expectation, not because consciousness entails the mode of negation or doubt, but because the mode of possibility is not fulfilled or disappointed (so expectations are not actualized or ratified). Rather, consciousness remains shaped by an encompassing *uncertainty*. Nevertheless, this case will be explored in the Fifth Chapter of this Dissertation in the light of obsessive-compulsive phenomena.

To summarize this section, Ratcliffe conceives existential feelings as the "general *space* of possibilities that shapes ongoing experience and activity" (Ratcliffe, 2008b, p. 118). In order to explain them, Ratcliffe emphasizes the *protentional* stage of temporal experience, which is why he attends to the notions of horizonal structure of experience. This becomes clear just as he accentuates the role of the "anticipating and fulfillment styles" of experience when he offers a phenomenological description of existential feelings. In this respect, Ratcliffe establishes a close relation between existential feelings and the protentional stage of experience or, in other words, he relates existential feelings to the experience of protentional possibilities -that can be fulfilled or not- (Ratcliffe, 2012, p. 7), which, in turn, allows to introduce the notions of *certainty* and *uncertainty*. The dynamic interplay between the anticipation and fulfillment structures, therefore, might lead to different kinds of experiences, such as those captured by the notion of existential feelings (Ratcliffe, 2012). To finish this Chapter, I will make a brief consideration about why existential feelings do not only involve the experience of *what-is-to-come* but also the *retentional* and *impressional* stages of experience.

4. *In What Sense are Existential Feelings A Protentional, Retentional and Impressional Experience of Possibilities?*

The previous section of this Chapter was focused on characterizing existential feelings in terms of "having a sense of possibilities". This characterization was focused on the protentional stage of experience just as it was described in terms of anticipating and fulfillment styles or structures of experience. Nonetheless, and as it was exposed in the section *2.1* of this Chapter, experience is structured as a synthesized three-fold temporal consciousness: *retentions-primal impressions-protentions*. This means that experience is pre-reflectively structured as an intertwining of succeeding moments that constitute the internal time-consciousness (lived or experienced time). Lived time, it was shown, unfolds as a succession of different moments that are not fragmented or isolated from each other; instead, they are synthesized and integrated. This synthesis gives rise to an experience of a continuous and unified whole.

Every *now-moment* of experience involves or contains the three moments of temporal experience. This means that there are a continuity and a harmony in a threefold intentionality: what has been

perceived, what is actually perceived, and what is about to be perceived. The three moments are constitutive of situated experience: experience does not only involve what is present to us but also *what-has-just-past* and *what-is-to-come*. In this respect, primal impressions include a consciousness of the *what-just-past* and a consciousness of the *what-is-to-come*. For example, extending the hand to grab the mug does not only involve the *actual* (here and now) perception of the mug: it also involves the immediate last perception of it (so the person is aware that he is perceiving the very same mug), and the expectation of grabbing it by the semicircular handle. In other words, the experience is not only an experience of what is present to the person, but also an experience that is *past-directed* and *future-directed*.

Getting back to the way Ratcliffe exposes existential feelings, he is emphatic when he holds that these feelings refer to the experience of possibilities (emphasizing the protentional phase of experience), and that this experience is grounded in a *horizon* which, as Ratcliffe uses this expression, is better understood as a *protentional horizon*. This way of understanding existential feelings is incomplete or not completely accurate. There are two reasons to hold this. First of all, protentional stages of experience are not isolated from retentional and impressional phases of experience. Secondly, according to Husserl, horizons do not only include a protentional experience of possibilities. They also include a *retentional horizon*.

About the first claim, it was already suggested that protentions are not detached from primal impressions, neither from retentions. Having a sense of *what-is-to-come* also includes a sense of *what-is* and *what-just-past*. Under normal conditions, it is not possible to experience *what-is-to-come* isolated from *what-is*. For instance, when someone is going to grab his mug, the experience of going to grasp it by its semicircular handle is attached to the *here-and-now* experience of perceiving it: the expectation of grabbing the mug by its semicircular handle is attached to the experience of perceiving *the mug* he is going to grab. In other words, the subject has a sense of *what-is-to-come* because *there is* an experience that will unfold. Without primal impressions there would not be any *coming appearances*. In the same style of reflection, the experience of *the mug* as appearing can be experienced, for instance, as the experience of an appearing object that a subject was not perceiving but, when he directed his attention to it, he started to perceive it, or as an appearing object that he was perceiving and he still does so it is not like the mug appeared from

nowhere. Without the retentional phase, the experience of the world would be chaotic; for example, intentional objects of experience would appear from nowhere[97].

It is because these three stages of experience are structurally synthesized that subjects can have experiences of enduring and unified objects. If existential feelings are a changeable sense of 'reality,' a sense of 'situatedness,' 'locatedness,''connectedness', or ways of *relating, belonging, being connected* and *coupled* to the world as a whole, or ways of *finding ourselves in the world*, then existential feelings must encompass, not just the experience of the possible (understood in a protentional mode), but the experience of *what-just-past* and *primal impressions.*

The three-fold structure of experience is conceptually bounded: the "now-phase" of experience involves retentions and protentions. This reason to consider that existential feelings also involve the experience of *what-just-past* and the *now-phase* is based on the characterizations of the three phases of temporal experience. There is also a practical reason I want to suggest to support this idea. "Being connected to the world" entails being in a "space of possibilities", and possibilities, understood in Ratcliffe's terms, are not detached from primal impressions which, in turn, are not detached from retentions. For instance, the feeling of "not being quite there" does not only entail a sense of not grasping the possibilities offered by the world; it also involves the feeling of not completely grasping primal impressions (which, in terms of possibilities, can be understood as *here-and-now* offerings for action of the world) and, indeed, not grasping what *has-just-past* in every moment of the situation. The feeling of "not being quite there" encompasses the whole experience of being in the world, it is a situational feeling that involves the whole temporal structure of experience. I will make this clear.

According to Husserl:

> Every subjective process has a process "horizon", which changes with the alteration of the nexus of consciousness to which the process belongs and with the alteration of the process itself from phase to phase of its flow - an intentional horizon of reference to potentialities of consciousness that belong to the process itself. For example, there belongs to every external perception its

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[97] It was already exposed earlier in this Chapter that protentions and retentions do not refer to any kind of content of consciousness. Retentions are not re-presentations (contents) of what-just-past neither protentions are a determinate expectation.

reference from the "genuinely perceived" sides of the object of perception to the sides "also meant" - not yet perceived, but only anticipated and, at first, with a non-intuitional emptiness (as the sides that are "coming" now perceptually): a continuous protention, which, with each phase of the perception, has a new sense. (Husserl, 1960, p. 44)

Nonetheless, horizons also encompass the past. As the "living now" has a triadic structure, the horizonal structure of experience also has what Husserl calls a "horizon of retentions".

Moreover, as might have been said earlier, to every perception there always belongs a horizon of the past, as a potentiality of awakenable recollections; and to every recollection there belongs, as a horizon, the continuous intervening intentionality of possible recollections (to be actualized on my initiative, actively), up to the actual Now of perception. (Husserl, 1960, pp. 44, 45)

According to Husserl, "[e]very perception has an empty horizon of retention that is itself an undifferentiated empty retention" (Husserl, 2001, p. 527). The "horizon of retention" refers to the empty horizon of "what has been", *i.e.*, an empty, indeterminate, non-intuitive past that gives experience a "retentional tone". This means that subjects have a sense of past -which is not composed of particular memories- which constitutes a general and indeterminate space that can be uncovered through *remembering*. In this respect, the horizon of retention is the general and indeterminate space of "something that has been" (Husserl, 2001, p. 528): it is "an empty <u>presentation</u> that is in itself completely indeterminate, a presentation of an "endless" past" (Husserl, 2001, p. 528 underlining added).

The horizon of the past, then, is the background of the present experience and it shapes the present (Zahavi & Gallagher, 2008, p. 86). It is because subjects have a retentional horizon that they can remember things of their past; it is the space where *what-just-have-been* is structurally synthesized. Indeed, according to Husserl, remembering happens when subjects disclose their horizon of the past (Husserl, 2001, p. 596), and just like it happens with the horizon of protentions, horizons of retentions can be fulfilled (or not) so they also have a fulfillment structure and a structure that might be called a "backward structure", which refers to the space that might be disclosed or awakened by remembering. For example, and regarding the fulfillment structure of horizons of retention, someone might have doubts about whether he did or perceived something, in which case he could say that there has been a failed retention (it did not become a

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successful retention). In other words, retentions do not always become and constitute a successful memory.

Every perception involves a horizon of retentions and a horizon of protentions, that are just two perspectival ways of referring to the general horizonal structure of experience, which could or could not be fulfilled.

> The horizon of the past is disclosed by remembering, the horizon of the future by perception, and every perception itself is the fulfillment of an empty horizon of the perception that has just preceded it. (Husserl, 2001, p. 530)

Regarding the "backward structure" of horizons of retentions, every experience has "an open, infinite, indeterminately general horizon, comprising what is itself not strictly perceived – a horizon (this is implicit as a presumption) that <u>can be opened</u> up by possible experiences", and can also be opened up by remembering (Husserl, 1960, p. 23 underlining added). An experience that emerges (an *appearance*), entails an intentional relation to the "now moment" or "lived now". This intentional relation is shaped and structured by the general and empty horizon that can be *actualized* or *particularized* while the world *appears* or *presents itself.* This *appearing* or *presentification* is accompanied by an "intentional tendency toward fulfillment […]. Indeed, it belongs to the essence of every such intention that it can be fulfilled in such a way, possibly deliberately fulfilled" (Husserl, 2001, p. 530).

Consequently, if existential feelings are considered a changeable sense of 'reality,' a sense of situatedness and connectedness, or a way of *finding ourselves in the world*, then a characterization of them must encompass the horizon of retentions as well. For instance, the existential feeling of "not being quite there" does not only indicate that the subject does not find his world "attractive" or that he does not fulfill his anticipations. It would also indicate that the subject does not feel certainty respecting *what-has-just-been*, meaning that there is not a fulfillment of the retentional experience which, in turn, is structured by the general horizon (including the horizon of retentions).

For example, when someone leaves her home, she locks the door, but when she is waiting at the bus stop, she doubts whether she, indeed, closed the door. She asks herself "did I close the door?". Having this doubt can be read as having a *failed retention*, as lacking fulfillment in her retentional fulfillment structure, so the now-experience of closing the door does not *become* a successful or finished retention. This, indeed, is the way uncertainty appears concerning the retentional phase of experience.

The existential feeling of "not being quite there" can be described in a retentional mode. Getting back to the example of the professor, the feeling of not "controlling" or not being fluent in her task of teaching can be seen as a lack of fulfillment in her retentional mode of experience. In other words, retentions are not fulfilled, which, in terms of Merleau-Ponty, means that the professor does not achieve an optimal grip of the situation. When *here-and-now* experiences are not optimally grasped, they could not be retentionally grasped. In the case of the professor, she could feel that the way she is explaining the subject of the class is not accurate, even though she has prepared it. In this case, the general feeling of uncertainty (of "not being quite there") can be seen as a general experience of not completing or fulfilling the general horizonal structure of experience, which includes *what-just-past* (the retentional horizon), so there is a failure in the tendency of achieving an optimal grip.

The lack of fulfillment of *what-just-past* leads to a failure in the protentional structure of fulfillment: if there is not an optimal grip of the situation, then the world appears as uncertain (as distant), meaning that subjects do not feel *connected* to the situation, so the protentional anticipations appear as uncertain or unstable. In this respect, it could be said that, in the case of the professor, the protentional failure has its root in the retentional failure. In this sense, and to summarize, existential feelings do not only involve a protentional horizonal world (a *protentional horizon*); they also involve a retentional horizonal world (*retentional horizon*), meaning that they encompass the whole *general horizonal structure of experience*. The notion of existential feelings refers to a protentional, retentional, and impressional experience of possibilities, not only because the protentional phase of experience is structurally linked to the impressional and the retentional phases, but also because the kinds of feelings that are related to this notion refer to the experiences of retention. Existential feelings embrace the feeling of grasping (or not) what is

perceived or lived, meaning that this notion captures the very experience of capturing *what-is-being-perceived* (so it can become a successful retention).

In this respect, existential feelings refer to the temporality and normativity of experience. If existential feelings entail the experience of the possible (in a retentional and protentional mode of experience), then they capture the temporality of experience and, specifically, they capture the qualitative character of temporal experience. In the same way, since temporality involves a normative feature of experience (because of the anticipation, backward, and fulfillment structures of experience), then existential feelings also capture the normative feature that is at the background of the feelings of being connected to the world which, finally, shapes and encompasses the way subjects *find themselves in the world.*

In this Chapter, I exposed how Ratcliffe understands the notion of existential feelings and his emphasis in their protentional character. I also exposed in what sense existential feelings refer to the normativity of experience. For this, I recalled the notions of "optimal grip" and "tendency to achieve an optimal grip" developed in the Third Chapter of this Dissertation. Finally, I offered an argument in which I stated that a description of existential feelings does not only involve the protentional horizon of experience; it must also involve a retentional horizon of experience as this is temporally structured as a synthesized three-fold temporal consciousness. This conception can enrich the notion that Ratcliffe offers of existential feelings. It can also offer more tools to describe some particular kinds of experiences, such as those presented in obsessive-compulsive phenomena, which I will present in the next Chapter.

Chapter 5. Obsessive Compulsive Disorder: An Enactive Perspective

In the First Chapter of this Dissertation, I presented a set of diverse perspectives from which obsessive-compulsive phenomena have been approached. As the reader might have noted, this set of approaches is extensive and diverse. An attempt to unify all those proposals under one single approach is not only an arduous project. It might be a hopeless effort since some of those approaches are incompatible -for instance, a reductionist approach is not compatible with a dualistic one. As it was held in the First Chapter as well, one of the main reasons behind the diversity of approaches is a relatively poor, partial, and sometimes even flawed understanding of obsessive-compulsive phenomena.

Indeed, in the Second Chapter, I exposed that one of the major reasons for which psychiatry is in a crisis is that *subjective disturbed experiences* have not had the attention that is required to understand the way psychiatric phenomena *present* or *appear themselves*, which is why phenomenology is a valuable resource to approach psychiatric phenomena. In this regard, phenomenology offers conceptual resources that allow approaching obsessive-compulsive phenomena. The notion of *existential feelings* -and those that this notion entails, such as *anticipation* and *fulfillment structures*, or *certainty*- are convenient and useful conceptual resources to understand obsessive-compulsive phenomena.

The objective of this Chapter is to offer a description of obsessive-compulsive phenomena attending to these notions. The result will be a description of obsessive-compulsive phenomena as a disturbance at the level of *existential feelings* in which subjects experience a *perceptual decoupling* in their *lived situations*.

To do this, first and to summarize the relevance of my proposal, I will succinctly expose what I call a "dual conception" of obsessive-compulsive disorder, which is the current and most accepted approach to obsessive-compulsive disorder in the medical and academic context. This conception is found in the Fifth Edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013), and has resulted from most of the numerous debates and

proposals exposed in the First Chapter. The proposal I will develop aims at supplying the deficient, or even faulty, understanding of obsessive-compulsive experience that Manuals such as the DSM-5 entail. Secondly, I will expose an *enactive approach* to obsessive-compulsive phenomena proposed by Sanneke de Haan, Erick Rietveld, Martin Stokhof, and Damiaan Denys. I find this approach noteworthy since these authors focus their argument on how patients *find themselves* in their *situated experiences*. I want to present this approach to situate in context the path I will follow. My proposal is strongly based on de Haan and colleagues' approach. I will hold that it is necessary to go deeper into this proposal and consider some dynamic operations involved in obsessive-compulsive phenomena.

In the third and fourth sections, I will present five features that I find to be constitutive of obsessive-compulsive phenomena, and I will present them as features that are constitutive of the same *experiential structure*. These features will delineate the exposition I will develop in the fifth and sixth sections, in which I will offer a description of the kind of experiences that obsessive-compulsive phenomena entail. In these sections, I will hold that obsessive-compulsive phenomena entail a *perceptual decoupling* that is to be understood as a disturbance of *existential feelings*. My objective is to offer a description of the obsessive-compulsive phenomena through an exposition of its *experiential structure*. I must clarify that, as the reader will observe in the development of the fifth and sixth sections, the idea of "the lack of actualization of the mode of certainty" might be the most characteristic feature of obsessive-compulsive phenomena. In this respect, this feature will allow me to approach different structural aspects of the obsessive-compulsive experience, which is why it will appear in different moments of the Chapter.

Finally, I will conclude the Chapter with a brief comment on de Haan and colleague's proposal and I will suggest some questions for further research on obsessive-compulsive phenomena.

1. Obsessive Compulsive Disorder (OCD): A Dual Conception

According to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013), obsessive-compulsive disorder is characterized, on the one hand, by the presence of persistent and recurrent thoughts, urges, or impulses −*obsessions*−, which are

experienced as unwanted and intrusive. The subject of these obsessions are usually related to contamination (coming from both objects and people), aggression, religion, sex, or the need to keep things in order (Akhtar et al., 1975, p. 346; American Psychiatric Association, 2013, p. 236). Obsessions are not under the subject's will and control, which is why those cause anxiety, fear, and the feeling of lacking control over thoughts, emotions, and autonomy. On the other hand, subjects try to prevent, neutralize, ignore, or suppress obsessions by carrying out bodily or mental repetitive behaviors that aim to ease those obsessions. Some examples of these behaviors are: washing their hands intensively, continuously checking things, ordering and cleaning everything, avoiding social contact, praying, counting until a specific number, or repeating certain words, among others. This tendency is named *compulsions* (American Psychiatric Association, 2013, p. 237).

Subjects seem to feel there is a causal relation between obsessions and compulsions (Szalai, 2016, p. 49); if subjects don't execute the compulsions, the feeling that obsessions can become true will be stronger, which would be felt as: "if I don't do this (compulsion), then this thought (obsession) will become real". This leads, according to Szalai, to feeling fear and anxiety (additional to that caused by the obsessions themselves). In any case, subjects find that causal relationship to be nonsensical and difficult to falsify (Szalai, 2016, p. 55). This is related to another feature of obsessive-compulsive phenomena, namely, subjects can consider both obsessions and compulsions reflexively. In the case of obsessions, subjects usually consider them as imposed and highly difficult to avoid, even when they do not want to have them. Compulsions, on the other hand, are striking since subjects feel the need to realize them, even when they find those compulsions to be troublesome.

This way of presenting obsessive-compulsive disorder can be considered *dual* because both obsessions and compulsions are conceived *independently*. For example, in the DSM-5, obsessive-compulsive disorder "is characterized by the presence of obsessions <u>and/or</u> compulsions" (American Psychiatric Association, 2013, p. 235 underlining added), which means both phenomena should be fully distinguishable so practitioners are able to know whether the patient experiences an obsession, a compulsion, or both. Others, such as Bürgy, consider obsessive-compulsive disorder entails two features that must take place in order to diagnose this psychiatric disorder. Indeed, Martin Bürgy holds that obsessive-compulsive disorder involves *obsessions in a*

broader sense (*primary obsessions*) and *obsessions in a strict sense* (*secondary obsessions*), -which correspond to DSM-5's *obsessions* and *compulsions*-, and both must be present in the patients' experiences in order to diagnose obsessive-compulsive disorder (Bürgy, 2005, p. 292).

Even though the debate on the *sufficiency* and *necessity* of obsessions and compulsions to diagnose obsessive-compulsive disorder is highly intriguing, not all proposals related to obsessive-compulsive disorder are based on the duality obsessions-compulsions (and their relation). As presented in the First Chapter, there are proposals -which are not necessarily incompatible with the previous ones- that are not focused on the obsessions-compulsions distinction; rather they are focused on the *subjective experiences* and the *life-world* of subjects with obsessive-compulsive experiences.

2. *Obsessive-Compulsive Phenomena: A Subjective Conception*

Sanneke de Haan, Erik Rietveld, Martin Stokhof, and Damiaan Denys (de Haan et al., 2015, 2013a, 2013b) have addressed the *subjective dimension* of obsessive-compulsive phenomena. They hold that obsessive-compulsive phenomena are a disorder in which people have a singular way of *being-in-the-world*[98] (de Haan et al., 2013a, p. 2). In their "The Phenomenology of Deep Brain Stimulation-Induced Changes in OCD: An Enactive Affordance-Based Model", de Haan and colleagues offer a characterization of the subjective experience of obsessive-compulsive phenomena (de Haan et al., 2013a). Their proposal is based on the Deep Brain Stimulation treatment -practiced on subjects with obsessive-compulsive experiences- in which patients, through continuous electrical pulses that are produced by implanted electrodes in the brain, experience changes in their way of *being in the world, i.e.*, their way of *finding themselves in the world* and their way of *relating to the world*. These impulses lead to experiencing "global and profound changes" in the patient's experience (de Haan et al., 2013a, p. 1). What are these changes about?

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[98] de Haan and colleagues do not use the expression "singular". They use the expression "different". Nonetheless, this expression might be problematic since it leads to the question "different from what?", which might entail an additional analysis that is not offered by them. Rather, I will expose de Haan and colleagues' proposal in terms of clarifying what that "singularity" is about.

Immediate effects for instance are that patients become emotional, or they report seeing colors more brightly, or feeling "as if the shutters have been opened," or experiencing themselves as equals of the doctors that they had been looking up to just a minute ago. Long term effects include changes in self-esteem, in social interest and communicative interactions, an increase of spontaneous actions, increased expressiveness and creativity, and even the experience of being oneself again. (de Haan et al., 2013a, p. 1)

De Haan and colleagues hold that these changes take place not just at the level of the symptomatology of patients; rather they manifest changes in the way they find themselves in the world, the way the world presents itself in experience, the way they relate to their surroundings, and the way they unfold in their daily situated experiences. These changes are difficult to capture or to describe through traditional approaches to psychiatric phenomena (cf. Chapter 1), which is why de Haan and colleagues embrace an *Enactive Affordance-Based Model*. This Model is inspired by the enactive approach to cognition -already exposed in the Third Chapter of this Dissertation-, based on which they address and describe the interactions between subjects with obsessive-compulsive experiences and their world (cf. de Haan et al., 2013a, p. 6).

There are four features of obsessive-compulsive phenomena that are significant for de Haan and colleagues. First of all, these authors hold that obsessive-compulsive patients feel a tendency to -or feel driven to- do or think things they do not want to do or think, considering that this is a problem of *agency*. In a sense, patients do have agency as they recognize those obsessive thoughts as *their own*, and they themselves are the ones acting compulsively; in another sense, their agency is impaired as their compulsions and obsessive thoughts are not something they want; they cannot avoid or interrupt them. A second striking aspect of obsessive-compulsive phenomena for these authors is that compulsions must be done to avoid tension and anxiety. These authors compare the experience of tension and anxiety of not executing the compulsions with that of being pushed under water without being able to breathe: both actions (compulsive acts and trying to breathe while the person is under water) must be done *now* to release tension and desperation. A third feature is that "their compulsive behaviors do not make sense" (de Haan et al., 2013a, p. 3). This means that patients have *insight* of the strangeness of their intrusive thoughts, feelings, and compulsions. This insight produces a reflexive "battle" for the patient: she does not want to experience those thoughts or feelings, but she cannot get rid of them. The fourth feature is that patients have the need for explicit control over the emergence of those intrusive feelings and

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thoughts, as well as their compulsions. This feature of obsessive-compulsive phenomena is closely related to the previous ones:

> In part, we can understand this need for control as the corollary of the experience of tension. The experience of a certain tension, and of uncertainty whether or not you have done something and whether or not you have done it correctly, is familiar to all of us. Just as familiar is the response to maximize conscious control over your actions.
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> Speaking very generally, we can say that we experience a certain tension when things are not optimal.
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> (de Haan et al., 2013a, p. 3)

In order to account for these features of OCD, in the first place, de Haan and colleagues attend to the notion of *tendency toward an optimal grip* proposed by Merleau-Ponty (Merleau-Ponty, 1945). As it was exposed in the Third Chapter, this tendency is an "urge to move" to successfully address the solicitations and demands of the surroundings. This "urge to move" is unreflective and spontaneous, meaning that, in daily situations, there is a tendency of the body to refine its discriminations and to act in a balanced and optimal way in accordance with what is solicited by the surroundings (Dreyfus & Dreyfus, 1999, p. 103; cf. Merleau-Ponty, 1945, pp. 140, 153). The tendency to achieve an optimal grip is *lived* as a bodily experience and it entails the expectation of being successful[99]. de Haan and colleagues refer to it as a "*just feel right*" experience (de Haan et al., 2013a, p. 3). This feeling is not to be understood as a reflective state but as a feeling of *completion* and of *successfully* completing the action.

The way subjects with obsessive-compulsive experiences try to establish a stable relationship with their world is striking. They feel "overridingly driven to act" in very *specific* ways, *i.e.*, they need to perform some specific actions until "it [the world-person interaction] feels right" (de Haan et al., 2013a, p. 3). One of the reasons why patients do not achieve an optimal grip is that they have a feeling of "being imprisoned by their thoughts and/or the constant tension and

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[99] This is the same idea that, in the Fourth Chapter, was exposed under the concept of *certainty*. Further in this Chapter, I will get back to this.

pressure to perform certain actions" (de Haan et al., 2013a, p. 3). This allows mentioning a fifth feature of obsessive-compulsive experience, namely, *hyper-reflexivity*[100].

Hyper-reflexivity refers to the excessive reflexive attention patients put on their thoughts, feelings, and actions, so the automaticity and unreflectiveness of action become an exaggerated self-awareness that makes behavior an interrupted way of dealing with the world. In other words, this conscious or reflexive focus on thoughts, feelings, and situations, disturbs the tendency toward an optimal grip, leading to increasing tension, insecurity, and anxiety, so it becomes what de Haan and colleagues call the *hyper-reflexivity trap*:

> (1) First, there is the feeling of tension: the feeling of having insufficient grip.
> (2) This feeling leads to attempts to regain control through deliberation (What might have gone wrong? What might go wrong in the future? How can I prevent that?), and reflexive awareness of one's actions (trying to perform all actions with maximal attention).
> (3) But too much reflexive awareness can be dangerous: analyzing and paying attention to your movements may lead to alienation and typically augments insecurity.
> (4) As a last step, the increase of insecurity brings us back to the first step.

> (de Haan et al., 2013a, pp. 3–4)

How does phenomenology account for these features of obsessive-compulsive phenomena? It is in the continuous coupling and interactions between subject and world that de Haan and colleagues approach obsessive-compulsive phenomena. These authors hold that four aspects are constitutive of disturbed situated experience: the patient´s experience of the world (*i.e.*, the way the world *presents itself*), the person-side of the interaction, the way patients relate to the world, and lastly, the existential stance. The first three aspects were already presented in the Third Chapter when I exposed how is it that a meaningful world emerges in the interaction subject-world. Nonetheless, what is the "existential stance"? The existential stance refers "[…] to the person's evaluative relation to her world and to herself" (de Haan et al., 2013a, p. 10). Subjects not only have situated bodily experiences; they can also be aware of them and evaluate them reflexively, so a person can have an "evaluative relation to her world and to herself" (de Haan et

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[100] This feature was initially introduced by Sass and Parnas to approach schizophrenia from a phenomenological perspective. If the reader is interested in this approach to schizophrenia, see "Schizophrenia, Consciousness, and the Self" (Parnas & Sass, 2003).

al., 2013a, p. 10). This evaluative stance can be directed to events in the world as well as to subjects' own feelings and thoughts.

In obsessive-compulsive experiences, when there is not an optimal grip -*i.e.*, when the tendency toward an optimal grip is not *fulfilled*-, the subject might reflexively focus on the situation. For example, when someone is going to bed, he might check that the front door of his house is locked; nonetheless, after checking it, he might *feel* that the door is not locked, even though he already saw that it was, indeed, locked. This feeling of having an insufficient grip might lead the person to reflexively seeing and evaluating whether the door is locked or not.

To continue with their proposal, de Haan and colleagues distinguish between the *field of affordances* and the *landscape of affordances*[101]. For these authors, the *landscape of affordances* refers "[…] to all the possibilities for action that are open to a specific form of life and depend on the abilities available to this form of life" (de Haan et al., 2013a, p. 7), so it names the *ecological niche* of a form of life. In this respect, the *landscape of affordances* provides possibilities for action, which depend on both the subjects' abilities and concerns, and what the environment offers to them. On the other hand, the *field of affordances* refers to "[…] the <u>relevant possibilities</u> for action that a <u>particular individual</u> is responsive to in a <u>concrete</u> <u>situation</u>, depending on the individual's abilities and concerns" (de Haan et al., 2013a, p. 7 underlining added). In this sense, the *field of affordances* refers to possibilities for action in specific lived situations.

de Haan and colleagues focus their proposal on the notion of *field of affordances*. According to them, obsessive-compulsive phenomena involve changes in their *field of affordances*, so the world-experience is singular. What is this singularity about? The authors distinguish three dimensions of the *field of affordances*: *width*, *depth*, and *height*. The *width* is the broadness of the scope of affordances that are perceived or ready for being perceived; in other words, it refers to the range or amplitude of choices -or options- for action for the subject. For instance, a tool store presents itself with a different width to a construction worker than to a professional singer. The *depth* refers to the temporal aspect of affordances: subjects do not only have actual affordances at their

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[101] The notion of "affordance" that de Haan and colleagues entail is not different from that exposed in the Third Chapter of this Dissertation, which, briefly, is understood as possibilities for action provided by the world.

disposal; they also experience horizontal possibilities for action[102]. These authors do not refer to a reflexive feature of situatedness; they are referring rather to a pre-reflective awareness. For instance, when listening to a song, people *pre-reflectively* anticipate the tune to come; it is not that a subject reflexively thinks about the exact tune to come, rather a subject has an experience of *what-is-to-come*[103]. de Haan and colleagues relate the *depth* to the "anticipatory affordance-responsiveness" (de Haan et al., 2013a, p. 7). The *height* refers to the relevance and importance of the solicitation or affective allure a subject is responsive to; not all affordances are equally attractive or significant, and their relevance is continuously changing.

The way of *being in the world* of subjects with obsessive-compulsive experiences is reflected in features regarding the affordances' width, depth, and height. The patients' concerns are usually about possible catastrophic situations (*depth*) that make them focus on the immediate affordance (*height*) to which they must be responsive at that specific moment (*width*). Indeed, de Haan and colleagues hold that the field of affordances of obsessive-compulsive phenomena is very much one of fear and anxiety (de Haan et al., 2013a, p. 8). For instance, when someone has the intrusive thought that he is going to have an accident if he steps on the line of the sidewalk, this person also feels the need to, for example, pray ten times so he can avoid that (possible) accident. The thought of having an accident entails an experience in which the world presents itself as a space of fear and anxiety. To remove fear and anxiety, the person feels the need to pray *now*.

Obsessive-compulsive experience is also shaped by *hyper-reflexivity*. The subject pays exaggerated attention to what he is doing, which increases the tension and anxiety. This is why de Haan and colleagues introduce the *existential stance*, the fourth feature of situated experience. This feature allows understanding the way subjects relate to the *world-person interactions* and to *themselves*. Subjects with obsessive-compulsive experiences reflexively focus both on the way they relate to the lived situation and on their feelings and thoughts, and this disturbs the stream of fluent experience. As it has been said, obsessive-compulsive phenomena are characterized by a continuous state of doubt, self-questioning, lack of confidence, and an absence of certainty and equilibrium in the flow of experience, which might be captured by the idea that subjects with

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[102] This idea assumes the notion of *horizon*, which I already presented in the Fourth Chapter.
[103] This is not different from the notion of protentions, which I exposed in the Fourth Chapter.

obsessive-compulsive experiences do not focus on the current situation; they are rather thinking about what *might* happen in the future.

To summarize, de Haan and colleagues hold that subjects with obsessive-compulsive experiences have a particular way of *being in the world* that can be described in terms of a "change in the *field of relevant affordances*" (de Haan et al., 2013a). Patients feel a failure in their tendency to achieve an optimal grip, which leads to having a narrow *field of affordances* that is immediate and "is very much a field of fear or anxiety [...]" (de Haan et al., 2013a, p. 8). According to these authors, it is precisely in this particular *field of affordances* where patients have certain ways to achieve an *optimal grip.*

This way of approaching obsessive-compulsive phenomena is highly attractive since it is focused on the *situated* and *subjective experience* of subjects. Nonetheless, this approach leaves some open questions. What are the subjective structures involved in the *changed field of affordances*? What is it that is disturbed so the feeling of "achieving an optimal grip" –or the "*just feel right*" feeling- is not *experienced*? How to describe the feeling of "not achieving an optimal grip"? These questions might be resumed to this: *What is it that is disturbed so, using de Haan and colleagues' words, the field of affordances has changed?*

Before answering these questions, first I want to highlight some features of obsessive-compulsive phenomena that I found relevant and constitutive of them.

3. Obsessive-Compulsive Phenomena: Some Striking Features[104]

Consider the next quotes regarding obsessive-compulsive experiences:

> John: 'My whole day is spent checking that nothing will go wrong. It takes me an hour to get out of the house in the morning, because I am never sure that I've turned off all the electrical appliances like the cooker, and locked all the windows. Then I check to see that the gas fire is off five times, but if it doesn't feel right I have to do the whole thing again. In the end, I ask my

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[104] I will not offer a description of these features until the next section of this Chapter.

partner to check it all for me again anyway. At work I am always behind as I go through everything several times in case I have made a mistake. If I don't check I feel so worried I can't bear it. It's ridiculous I know, but I think if something awful did happen, I'd be to blame.' (Royal College of Psychiatrists, 2009, taken from de Haan et al., 2013, p. 2).

I am constantly worried that I might say something that would hurt other people. When I talk to someone, I pay close attention to what I say, but afterwards I am never sure whether I did not unintentionally say something offensive. I am constantly aware of all the possibilities for being offensive or insulting. Therefore I avoid people as much as I can. I hate it: I feel trapped inside my own head. (OCD patient). (de Haan et al., 2015, p. 2)

I will start highlighting some significant features of obsessive-compulsive phenomena by referring to the tendency to check "that nothing will go wrong", which is in the first testimony. This tendency entails considering obsessive-compulsive phenomena an experience in which there is a feeling of *uncertainty* regarding *both* (i) what is *being experienced* and (ii) what *could* or *might happen*.

(i) The former, what is *being experienced*, is displayed in the constant need that the subject has to check whether some situation is under *control* or not; indeed, in one of the previous examples, the subject expresses that, to deal with his *lived situation* and the feeling that something "awful" could happen, he must constantly check what he has done. For example, he must check that "nothing will go wrong"; also, he is "never sure"; or, for him, doing some tasks "doesn't feel right"; or he doubts whether he "made a mistake". This is also displayed in the need to ask his partner to check everything again for him, which also manifests a lack of trust in his own experience. In the second testimony, the subject is never sure whether he or she said something offensive (even when the person paid close attention to what he or she said). About this, I would like to formulate some questions.

First, why do subjects with obsessive-compulsive experiences have to check several times what they have done, even though they seem to[105] perceive that things are "settled" or "just fine"? For example, they doubt whether they were offensive or not (even when he or she paid attention to

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[105] I use the expression "seem to" because, as I will expose further in this Chapter, there is a disturbance in the way subjects perceive their surroundings.

what was said), or they check several times whether the gas fire is off, even when they already checked that it was off. What kind of *uncertainty* is it that they feel? How can *experience* and *perception* be described when someone *sees* and *experiences* something (like looking at the gas fire or walking quietly around people) but, at the same time, this person feels like not *grasping* what is being *perceived*? There seems to be a *struggle* in experience itself: it is like experiencing something and, at the same time, not *grasping* what is being experienced.

(ii) In the first testimony, the feeling of *uncertainty* regarding what *could* or *might* happen can be recognized in the need that the subject feels to check several times whether the electrical appliances are turned off. It does not suffice to check them once or twice, so he must check them again so "nothing will go wrong". Something similar happens at work. He has the feeling that, what he has done, was not done adequately, so he must go through it several times anticipating that "nothing will go wrong". This feeling of *uncertainty* about what *could* or *might happen* can also be traced in the second testimony. The person is worried he or she might say something offensive since the person is "constantly aware of all the possibilities for being offensive", which can be understood as if his or her experience of interacting with other people was an uncertain space of possibilities.

Another feature that might be traced is the idea that subjects feel the need to check -or to control the situation- "*until it feels right*" (using de Haan and colleagues' words). In the first testimony, the subject manifests that he has to check several times everything he has done. It can take hours for him to check whether what he has done in his daily routines was done adequately. If what he has done "doesn't feel right", then he has to do it again. This feature has been described as the feeling of *not being optimal* (de Haan et al., 2013a, p. 3). It has also been described as a "*just not right*" experience which is close to an experience of *incompleteness* in perceptive experience (Bürgy, 2019, p. 5). This feeling might be related to that of *uncertainty* as subjects manifest a lack of trust in their own experience. Since those experiences "don't feel right", *uncertainty* regarding them emerges and shapes experience.

Obsessive-compulsive phenomena also involve a salient feature that concerns the way subjects relate to themselves. In the cases presented at the beginning of this section, persons experience a conflict between what they expect to perceive and what they feel. For example, in the first

testimony, when the person checks whether the gas fire is off but "it doesn't feel right", he experiences a conflict between what he expects to perceive (the gas fire being off or the windows being closed) and what he feels ("it doesn't feel right"). In this regard, subjects have insight into their feeling of *incompleteness*. They could recognize, for example, what a gas fire being off looks like, or what a closed window might look like, but the feeling of *incompleteness* shapes experience, and they find it troublesome. The subject of the first testimony describes it with the expression "It's ridiculous I know". In the second testimony, the subject describes it with the expression "I hate it: I feel trapped inside my own head". This feature of obsessive-compulsive phenomena can be identified as an *egodystonic feature* and it might be captured by de Haan and colleagues' notion of *existential stance* (de Haan et al., 2013a, p. 10).

This egodystonic feature can be understood in relation to the feeling of *uncertainty* regarding both *what is being experienced* and *what could* or *might happen*. In the first case (the *uncertainty* about what is *being experienced*), there seems to be an impairment between what is *being perceived* -or experienced- and what is *felt* -the feeling of *incompleteness*-, and subjects are aware of this impairment. In the second case (the *uncertainty* about what *could* or *might happen*), there seems to be an impairment between what is *being perceived* -or experienced- and the possibilities that might take place in the *lived situation*. For instance, in the first testimony, the subject is afraid that "if something awful did happen, I'd be to blame", even when he already checked that all the appliances are turned off or the gas fire is off. In the second testimony, the person is aware "of all the possibilities for being offensive or insulting", even when the person pays careful attention to what he or she says. This feature, therefore, is closely related to those of *uncertainty* and the *just not right* feeling.

The egodystonic feature allows presenting a fifth feature, *hyper-reflexivity*. In these testimonies, *situated experience* is not fluent and continuous; rather, it is interrupted by the focus subjects put on their actions, to the point of being "constantly aware of all the possibilities" or avoiding that "something awful" might happen, so subjects focus on both their actions and on the possible consequences. This way of experiencing is related to the egodystonic feature since *hyper-reflexivity* entails a disruption between what the person experiences (*what the case is* or the *actual situated experience*), and what they feel (*uncertainty*). For instance, the insight subjects have into their feelings of *uncertainty* interrupts the automaticity and unreflectiveness of action, since they

focus their attention on this feeling of *uncertainty*. It is also related to the feeling of *incompleteness* or *just not right* since it is this feeling that leads subjects to reflexively focusing on their own experiences. In this respect, exaggerated self-awareness interrupts the fluency of action in *situated experience*.

One last feature I want to highlight is *the need for conscious control*, which is closely related to the feeling of *uncertainty*. *Uncertainty* appears in *what is the case* and in *what might happen*. As presented in those testimonies, subjects need to check that their experienced situations are under control. In the case of the first testimony, the subject checks several times whether the electrical appliances are turned off. In his job, he must "go through everything several times" in case he made a mistake. In the second testimony, the subject is constantly worried that he or she might say something hurtful, so this person is constantly paying attention to what he or she says. This lack of trust in their own experiences leads subjects to consciously controlling their behaviors, feelings, and thoughts. In other words, subjects are constantly focusing on what they are doing, feeling, or thinking, so the spontaneity of experiences is diminished, and, in this respect, this feature is related to *hyper-reflexivity*. According to de Haan and colleagues, "patients report that they cannot keep control over their thoughts and worries and that they feel unfree" (de Haan et al., 2015, p. 3), which leads to consciously controlling those thoughts, worries, and the actions they are performing. In this regard, control must be imposed by subjects. The consequence of conscious control is that action becomes reflexive, so the automaticity of experience is interrupted.

4. *Obsessive-Compulsive Phenomena: A Structural Disturbance*

There are five features that I find to be constitutive of obsessive-compulsive phenomena: *uncertainty, the feeling of incompleteness or "just not right", the egodystonic experience, hyper-reflexivity*, and *the need for conscious control*. As the reader might have seen, it is arduous to present each of these features without relating it to the others. In this respect, although this exposition was done to highlight some features of obsessive-compulsive phenomena from different perspectives, it seems that each of these perspectives is related to one another. This *relatedness* suggests that they

entail a structure, or, in other words, they emerge from the structure of an experiential phenomenon, namely, the *obsessive-compulsive phenomenon.*

If a structure is to be understood, it would be a misconception to take each part of the structure independently and comprehend it on its own. A structure must not be conceived as a group of independent items or, in this case, as a group of independent features. Rather, it must be conceived as an organization in which its features are related to one another in specific relations. If I want to offer a phenomenological approach to obsessive-compulsive phenomena, this description might be of the way these phenomena are structured. In what follows, I will hold that the structure in which obsessive-compulsive phenomena emerge is that of *existential feelings,* so it is a disturbance of the *temporality of subjective experience.*

5. *Obsessive-Compulsive Phenomena: Uncertainty and Perceptual Decoupling*

Husserl holds that "[o]riginal, normal perception" has a primordial mode; "[…]this is what we call straightforward, naive certainty. The appearing object is there in uncontested and unbroken certainty" (Husserl, 2001, p. 75). *Certainty* is an originary basic mode of perceptive experience: every perception appears in the "primordial mode of certainty" (Husserl, 2001, pp. 68, 76). One of the modalizations of certainty is the mode of possibilities (Husserl, 2001, p. 83), which emerges within the scope of *uncertainty. Uncertainty* is a structural feature of perceptive experience that entails a *space of open possibilities* that is indeterminate -although it *might* become determinate-, which is why Husserl also refers to it as a "consciousness of indeterminacy" (Husserl, 2001, p. 80).

Uncertainty does not involve a disappointment of expectations (which would entail the mode of negation). It rather entails a structural "open range" of possible perceptions that are not actualized. Therefore, *uncertainty* is not a privation of certainty -since expectations could be materialized. It rather is "an indeterminacy-consciousness that does not indicate [a] determinate" apprehension since *uncertainty* does "not pertain to decision at all" (Husserl, 2001, pp. 79, 80), which is why it does not entail the mode of doubt neither, assuming that this mode is resolved by affirming or negating expectations. *Uncertainty,* therefore, entails an absence of

actualization or fulfillment of the mode of certainty -not a disappointment nor an achievement-, so "there is still indeterminacy" (Husserl, 2001, p. 79).

The *uncertainty* presented in obsessive-compulsive phenomena is an *encompassing uncertainty*. Expressions such as "my whole day is spent checking that nothing will go wrong", "I am never sure that I've turned off all the electrical appliances like the cooker, and locked all the windows", "I go through everything several times in case I have made a mistake", "I am constantly worried that I might say something that would hurt other people", "I am never sure whether I did not unintentionally say something offensive", "I am constantly aware of all the possibilities for being offensive or insulting", do not refer to occasional or transitory feelings of *uncertainty*. Those feelings are not resolved by affirming or negating an expectation, and, in this respect, there is a difference between the fact of checking just once (or even twice) when a person doubts whether she turned the lights off after leaving her home, and the fact of spending the whole day "checking that nothing will go wrong".

Since the obsessive-compulsive experience is not one that can be overcome with a single action, it would be mistaken to consider it in the light of the mode of doubt. Rather, it entails an *encompassing uncertainty* which is why it is more appropriate to approach it from the mode of possibilities. The principal idea I will develop in the following sections is that subjects with obsessive-compulsive experiences do not feel they *achieved the grip* of (or *equilibrium* with) the situations they are dealing with, not because they do not intend to, but because the mode of certainty does not actualize itself, so the world gets stuck as a *space of open possibilities*.

5.1. *Uncertainty Regarding What Is Being Experienced: A Retentional Failure and the Feeling of Incompleteness*

According to Husserl, perceptual experience is *constituted* as synthesis of retention, primal impression, and protention (Husserl, 2008, p. 24). In one of the previous testimonies, one of the subjects checks whether the gas fire is off and, despite checking it directly, the person does not *apprehend* the situation, which is *checking whether the gas fire is off*. Not apprehending what *appears* or *presents* might be understood as a failure in the constitution of the perceived object which, in

turn, manifests a problem in the synthesis of temporal experience. This can be described as follows: a subject is looking at the stove to check whether the gas fire is off and, even when he is attentive to what he is looking, he does not *grasp* what *is being presented* (the gas fire being off). It is not that the subject doubts whether the gas fire is off (which is an expectation that could be fulfilled or disappointed). Rather, the subject feels he cannot fulfill or disappoint his experience.

Consider this testimony: "I check to see that the gas fire is off five times, but if it doesn't feel right I have to do the whole thing again". In this case, the subject expresses the experience in which he does not *fulfill* the expectations of his situated experience, which consists in *checking whether the gas fire is off*. Even when the subject checks it, he does not experience the "*just feel right*" feeling, and it might be understood in terms of *lacking an actualization of the mode of certainty*. This can be expressed in terms of Merleau-Ponty's proposal. When the subject is looking at the gas fire expecting to see whether it is off or set, he does not achieve the *grip* that the situation demanded, not because the subject is not skillful or he lacks the abilities to do it, but because he does not accomplish the "*just feel right*" feeling that *gripping a situation* entails.

This experience can be described as an *impairment with the lived situation* or a *perceptual decoupling*. The next quote might be appropriate in this respect:

> Or consider an experience with no sense of practical connectedness to objects. Everything would seem somehow distant, not quite there. The sense of reality is not just a matter of perceiving an actuality through a particular sense. The feeling that something *is* involves a space of intersensory and practical possibilities that might be taken up by oneself or others. Without those possibilities, its sense of being is changed, diminished. (Ratcliffe, 2008a, p. 30)

I will make this clearer by attending to the idea of *failed retentions* I exposed in the Fourth Chapter. In *failed retentions* there is no fulfillment of the *retentional horizon*. The *just-have-seen* phase of experience (retention) does not *become* a *successful retention* and, therefore, the subject's experience does not actualize *his mode of certainty* respecting *what-has-just-been*. In this respect, the default mode of certainty is not *actualized* or *ratified* regarding *what-has-just-been*. When retentions are not *successful* (or the retentional horizon is not *fulfilled*), the synthetic and temporal constitution of the perceived object is not *accomplished*. In the obsessive-compulsive experience,

"not being successful" does not mean that the subject does not perceive *a unitary object* or that his temporal perception of the object is *fragmented*. It means that the perception of the object is experienced as not completely *grasping* (or *apprehending*) what is being *presented*, even when the subject acts as the situation *requires* it.

The feeling of *incompleteness* or "*just not right*" regarding *what is being perceived* can be captured by the mode of possibilities. When the retentional horizon of experience is not fulfilled, consciousness remains stuck in the space of open possibilities of the retentional horizon. In this respect, the feeling of *incompleteness*, or which is the same, the feeling of *not achieving an optimal grip*, emerges from the failure of consolidating a *retentionally backgrounded primal impression*. When retentions are unsuccessful, primal impressions appear as an *impressional experience of undetermined possibilities*, and consciousness becomes a "consciousness of indeterminacy". In this sense, in obsessive-compulsive phenomena, the way experience unfolds and predelineates the form of potentialities of *situated experience* becomes disturbed. What is this disturbance about? The impressional phase of experience is lived as *detached* or *distant* from *what has been*. This *unsettlement* of the *retentionally failed* structuration of the temporal object structures the feeling of *not grasping* or *apprehending what appears* (or, which is the same, the feeling of *incompleteness*). Consider the next quote:

> In principle, an open possibility does not imply a propensity. It does not exert an enticing demand to be; nothing speaks in favor of it; there is no demand directed toward it, even if there were one inhibited by opposing demands. Thus, we do not speak here of enticements at all. (Husserl, 2001, p. 83)

This quote describes the space of open possibilities in terms of an indeterminacy that does not entail a determinate apprehension. Nonetheless, in the case of obsessive-compulsive phenomena, subjects do expect "an enticing demand to be" since their experiences *tend* to a determinate apprehension, *i.e.*, at fulfilling the mode of certainty. Despite this tendency, their experiences take the form of a *space of open possibilities*, as an open range of possible perceptions, that *are not actualized*, which can be felt as a *perceptual decoupling* with what *appears*. In this respect, the *uncertainty* that shapes the subject's experience involves a feeling of *detachment* from the situation. Subjects remain in an "indeterminate generality" that is not fulfilled (even when they tend to and

act to fulfill it), which is felt as an *experiential stagnation* that subjects find arduous and problematic to overcome. This can be exposed in terms of the *experience of possibilities*.

5.2.   *Uncertainty Regarding What Is Being Experienced: The Experience of Possibilities*

In the Third Chapter, it was said that the world of the organism (the *Umwelt*) manifests itself through possibilities for action. The world is structured as a *space of possibilities* for action that *can be actualized*. This structuration can be captured by the notion of *horizonal structure of experience*, which is manifested through "possibilities of perception, as perceptions that we could have, if we actively directed the course of perception otherwise" (Husserl, 1960, p. 44).

Consider the first testimony previously exposed. In this case, the subject has to constantly check what he does given that he is "never sure" whether he made a mistake because the experience of checking "doesn't feel right". For instance, when the subject *sees* the gas fire being off, he claims that it "does not feel right", and this, in terms of Husserl, refers to the feeling of not actualizing the mode of certainty or, in terms of Merleau-Ponty, refers to not *achieving an optimal grip* of the situation. How to understand the experience of not actualizing the *mode of certainty* in terms of *possibilities for action*?

This can be developed by attending to the notion of *intentional arc*, which refers to the way subjects experience and deal with possibilities offered by the world. When subjects respond adequately to daily situations, it can be said that they have structured a sturdy intentional arc and, therefore, the adjustment between subject and world is strong; the sturdier the intentional arc is, the stronger the adjustment between subject and world. When retentions fail, the predelineated possibilities that horizons entail lack the retentional background that allows subjects to "open up" or "uncover" the "potentialities of conscious life at a particular time" (Husserl, 1960, pp. 23, 44). In this respect, a *detachment* of primal impressions is experienced as a field of *uncertainty* regarding *what is being experienced*, and the world appears as a *space of open possibilities* that are not *actualizable*.

In this regard, in obsessive-compulsive phenomena, the intentional arc is disturbed. When retentions fail, there is not a sense of *practical connectedness* to objects, because the way in which *practical possibilities present themselves* is rather loose. For instance, when a subject has the *tendency* to check whether the gas fire is off, this tendency is not fulfilled since the gas fire does not appear as something that is *off* or *set* anymore. Rather, there is a feeling of *detachment* in which the subject does not get to *apprehend* what *appears*. When experience does not "open up" the potentialities of the perceived object due to a failed retention, the perceived object does not become a *constituted object* of experience that presents itself through its possibilities for action. Rather, those possibilities for action remain as a "general indeterminacy" that horizons entail, and that cannot be fulfilled. In this sense, those possibilities are experienced as distant so there is no sense of *practical connectedness* to the perceived object. This, as it was previously exposed, is experienced as if subjects were *stagnated* in a world that remains *stuck* as a *space of open possibilities.*

5.3.   *Uncertainty Regarding What Is Being Experienced: The Egodystonic Feature*

In the Third Chapter, I affirmed that *affordances* resulted from the subject's capacities, needs, and concerns (among other features). Checking whether the gas fire is off involves the subject's concern that he needs to check it and he needs to perceive that it is off. In the case of obsessive-compulsive phenomena, subjects *know how* to act according to the solicitation of the situation (subjects have established an *intentional arc* regarding the situation of checking what a gas fire looks like when it is off). Indeed, in the presented testimonies, the subject's affirmations entail that he knows what a gas fire being off looks like, and despite this knowledge and the fact he acts as the situation requires it, he does not have the *just feel right* experience. Subjects do not manifest a conflict regarding a *know-how* to deal with situations. For example, in the first testimony, the subject knows that, to check whether the gas fire is off, he must go and *perceive* whether it is, indeed, off. In the second testimony, the person manifest that he or she pays close attention to what he or she says and avoids saying insulting expressions, so he or she knows what a conversation without insulting words would be like and, therefore, he or she acts in accordance with it.

The reader might have noted an apparent contradiction between what has been said in this section and the previous one. Previously, I affirmed that in obsessive-compulsive phenomena there might be a "singular intentional arc" since subjects *feel detached* from the situation *they are dealing with*, so they feel an *unsettled coupling* to the world. Nonetheless, in the last paragraph, I affirmed that, in obsessive-compulsive phenomena, subjects do not have a problem with their *structured intentional arc* since they *know how* to deal with situations. It is important to highlight this apparent contradiction since it allows to understand the *egodystonic feature, i.e.*, the conflict subjects have between what they feel (*uncertainty*) and what is *being perceived*.

The *intentional arc* entails bodily *dispositions* that place "oneself in a situation" (Merleau-Ponty, 1945, p. 137). In this respect, it is a notion that is not isolated from that of "tendency to achieve an optimal grip", so it involves the *inclination* or *tendency* to respond and adjust to the solicitations of the world. In obsessive-compulsive phenomena, subjects do not feel an *adjustment* to the situation. In this regard, there is a conflict between what is *being experienced* -the tasks that subjects are dealing with, considering that they *know how* to deal with them- and what is *felt* -the feeling of *incompleteness*. Subjects are aware of this impairment and, as those testimonies indicate, they reflexively recognize it to the point of feeling the need to reflexively focus on their actions as they perform them.

5.4.   *Uncertainty Regarding What Might Happen*

Obsessive-compulsive phenomena do not only involve what is being experienced *here-and-now*. It also involves the experience of *what-is-to-come*. As it was affirmed, the three structural features of the temporal constitution of experience are not independent of each other. A primal impression is constituted by previous *primal impressions* just as *retentions*. They also involve protentions. In this respect, the experience of *what appears* is not isolated from both *what-has-just-been* and *what-is-to-come*. Lacking the actualization of certainty in *here-and-now* experiences comprises the experience of *what-is-to-come*.

Zahavi and Gallagher hold that the horizon of the past is the background of the present experience and it shapes it (Zahavi & Gallagher, 2008, p. 86). If the *retentional horizon* is not

fulfilled, this lack of fulfillment shapes the experience of the *protentional horizon*. As it has been exposed, subjects with obsessive-compulsive experiences do not feel an *optimal grip* of situations, which can be understood in terms of a *failed retention*. Since conscious experience involves a pre-reflexive expectation to fulfill *what-is-to-come*, obsessive-compulsive phenomena can also be understood in terms of not *fulfilling* the *protentional horizon*[106]. What happens when the structure of anticipation cannot be actualized into the mode of certainty? If the structure of anticipation involves a "fitting fullness" that might suit expectations, but these expectations are not *fulfilled* because subjects cannot achieve an optimal grip, even when they act the way the world demands, then the *sense of the protentionally possible* or the way subjects *experience protentional possibilities* is involved.

What is the difference between this idea and that presented previously regarding *uncertainty* in the *retentional horizon*? Previously, it was exposed how subjects in obsessive-compulsive phenomena experience a *perceptual decoupling* or *impairment* with *what is being perceived*, which is experienced as a *detachment* from the *lived situation*: the possibilities offered by the *appearing world* remain *open* since the retentional horizon is not actualized into the *mode of certainty*. Nonetheless, in the case of the *protentional horizon*, what is involved is the experience of the *protentional horizon* of possible perceptions.

Protentions entail an expectation of stability between what *appears* and what is *indeterminately expected*. In obsessive-compulsive phenomena, since the *experience of the possible* is shaped by *uncertainty* regarding the experience of *what appears* (as it was previously supported), then the experience of *what-is-to-come* lacks the background that primal impressions provide to the horizon of possibilities through which an object *appears*. This means that the *openness* of the *what-is-to-come* phase is shaped by *uncertainty*, not because protentions entail undetermined and unthematized possibilities of *what-is-to-come*, but because primal impressions are not retentionally *grasped* or *apprehended*, so the temporal structuration of experience is not synthesized. Since protentions lack the background that primal impressions provide, then the experience of the possible (regarding the protentional horizon) remains *uncertain*. It is as if there

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[106] This is very much the thesis that de Haan and colleagues support when they propose the three dimensions of the field of affordances. Particularly, they defend this thesis when they introduce one of those dimensions, the depth, which refers to the "anticipatory affordance-responsiveness" regarding the experience of what-is-to-come. According to them, the experience of what-is-to-come is disturbed in obsessive-compulsive phenomena.

was an *"unsustained protention"*[107], so the structural temporal feature of *what-is-to-come* is *unactualizable*.

This *uncertainty* is not the kind that can be disappointed or fulfilled into the mode of certainty. Since the whole temporal synthesis of the perceived object is not *accomplished*, then the protentional horizon of experience remains indeterminate, not in the sense that it might become determinate, but in the sense that it cannot be resolved by fulfilling or disappointing protentional expectations. Consciousness remains in indeterminacy. In this respect, if expectations are not experienced as something that can be actualized, which is the case of obsessive-compulsive phenomena, fulfillment (or disappointment) cannot be *achieved*. Therefore, and regarding the *protentional horizon*, situated experience appears as a *space of open possibilities* in which the experience of *what might happen* is shaped by *uncertainty*. It is not that the subject doubts about *what might happen*; it is rather that the subject experiences the world as if it *was not possible* to actualize the *protentional expectations*: the world is a space shaped by *uncertainty*.

An imbalance in the dynamic interplay between the anticipation and fulfillment structures entails a sense of instability and changeability of experience. This sense of instability and changeability presupposes the "mode of certainty"; when the latter is not actualized, then experience remains in and is shaped by that sense of instability and changeability and, in this respect and regarding obsessive-compulsive phenomena, the horizonal structure of experience becomes a *consciousness* of alteration and change (Husserl, 2001, p. 64). Expressions such as "my whole day is spent checking that nothing will go wrong", or "I am constantly aware of all the possibilities for being offensive or insulting", not only concern an experience of a *failed retention*. They also involve an experience of *uncertainty* regarding *what might happen* in which the world becomes a *space of open and unactualizable possibilities* that presents itself as uncertain, unstable, and changeable.

Husserl holds that "without a certain measure of unity maintaining itself in the progression of perceptions, the unity of the intentional lived-experience <u>would crumble</u>" (Husserl, 2001, p. 64 underlining added). The failures in the retentional and the protentional horizons, and, therefore,

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[107] The expression "unsustained protention" connotes an oxymoron since the three structural features of the temporal constitution of perceptive experience (retention, primal impression, protention) cannot be conceived independently from one another. A protention is attached to a primal impression (which becomes a retention), so it is not *unsustained*; it does not "come from nowhere". This is the reason why I use it in quotation marks.

in the whole horizonal structure of experience, entail that in obsessive-compulsive phenomena subjects do not *grasp* or *apprehend* what is being *presented* (even when the subject acts as the situation *requires* it), altering the protentional experience of *what is being presented*. In this sense, the constitution of a synthetized and structured temporal world *crumbles*.

To finish this section, I will address those features of obsessive-compulsive phenomena that I have not approached in the terms proposed in this Chapter. I already exposed the *uncertainty* (regarding *what is being presented* and *what might happen*), *the feeling of incompleteness or "just not right"*, and *the egodystonic experience*. Still, *the need for conscious control of their situations* and *hyper-reflexivity* have not been described under the terms proposed in this Chapter.

5.5.   *Hyper-Reflexivity*

It was already exposed that *hyper-reflexivity* refers to the excessive reflexive attention subjects put on their thoughts, feelings, and actions. When subjects inhabit their world, there is usually *equilibrium* or balance in experience, which means that subjects can navigate their world in a fluent and automatic way. Nonetheless, when equilibrium (or, which is the same, the *tendency to achieve an optimal grip* or the equilibrium between the *anticipation* and *fulfillment structures*) is not *achieved*, the automaticity and unreflectiveness of action become interrupted. When this happens, subjects must focus their attention on what they are doing. For instance, when I do not get to grab my mug (even when I move my hand towards it), I have to reflexively check whether the mug's handle is in a position I did not expect it to be, or the mug is just not in the place I expected it to be.

In the case of obsessive-compulsive phenomena, even when subjects act as the situation requires it, they do not feel an *optimal grip* of the situation, which leads them to focusing their attention on their *lived situation*. For instance, regarding the testimonies previously presented, when a subject wants the check whether the gas fire is off, he stands in front of the stove and sees whether the gas fire is off. Nonetheless, even if the subject is situatedly perceiving the gas fire being off, he does not *grasp* the situation. As one of the testimonies expresses, he has to check it five times and, still, he has to ask his partner to check it all for him. This subject has to, constantly and

reflexively, check everything he does at his job since he is afraid he made a mistake. Something similar happens in the second testimony. The person has to reflexively pay close attention to what he or she says. The subject is "constantly aware of all the possibilities for being offensive or insulting".

In those testimonies there is an exaggerated self-awareness of the subjects' lived and situated experiences, so those situations become an interrupted way of dealing with the world. *Hyper-reflexivity* disturbs the tendency toward an optimal grip, and, in this respect, the approach proposed by de Haan and colleagues regarding *hyper-reflexivity* is very close to the approach I am proposing in this Chapter. Indeed, what they call the *hyper-reflexivity trap* describes the way the tendency to achieve *equilibrium* with situations is interrupted. Since *uncertainty* emerges as a *mode of consciousness*, the interplay between the anticipation and fulfillment structures is not *balanced*. This can be described attending to what I have named the *perceptual decoupling*. Since subjects feel a *detachment* from the possibilities offered by the world, and this becomes a place of *unactualizable open possibilities*, subjects need to balance the interplay between the anticipation and fulfillment structures to recover the flow of automatic and unreflective experience. In other words, subjects focus their attention on their own experiences to re-establish the adjustment and equilibrium between them and their world.

Since, as it has been presented, in obsessive-compulsive phenomena *uncertainty* shapes the sense of the possible, and, therefore, the world *presents itself* through *uncertainty*, subjects are constantly focusing their attention on what they are doing in order to overcome it. Nonetheless, since the *uncertainty* that emerges in obsessive-compulsive phenomena is constant and continuous, those subjects have to *constantly* and *reflexively* focus on their actions and, particularly, on the lack of *fulfillment* in their daily tasks.

5.6.   *The Need for Conscious Control*

The remaining feature, *the need for conscious control*, is closely related to *hyper-reflexivity*. In the Third Chapter, it was affirmed that subjects have a *tendency to achieve an optimal grip*, and it was presented as a constitutive feature of cognitive subjects. In terms of Merleau-Ponty, the body is

for the world, and it is *towards* the world. In the case of obsessive-compulsive phenomena, subjects do not feel they achieve an optimal grip of situations, and it leads to *hyper-reflexivity*. Nonetheless, considering that the body is *for* the world and there is a *tendency* to achieve an optimal grip, subjects with obsessive-compulsive experiences *tend to* overcome *uncertainty* through explicit and reflexive control.

In obsessive-compulsive phenomena, the feeling of *uncertainty* interrupts the "power of [unreflexively] placing oneself in a situation" that the *corporeal schema* entails (Merleau-Ponty, 1945, p. 137). This means that the acquired abilities and skills to deal with the demands of the environment are hindered (the *intentional arc* and the unreflectiveness of action that the *corporeal schema* entails are *disrupted*), and the flow of experience -*i.e.*, the successful adjustment to situations- is interrupted. This is reflected in a lack of flow in situated experience. Since subjects do not deal with situations in a fluent way, which leads to reflexively focusing on those situations, they *tend* to achieve an *optimal grip* in a controlled and reflexive way. In this sense, the need to strive for explicit control results from the failure in *being successful* in the tasks that subjects deal with.

6. *Obsessive-Compulsive Phenomena and Existential Feelings*

To start closing this Chapter, I want to highlight how the description of obsessive-compulsive phenomena offered in this Chapter is framed into the notion of *existential feelings*. In particular, I consider obsessive-compulsive phenomena to be a disturbance of *existential feelings*.

Existential feelings refer to feeling of being *connected*, *coupled*, or *adjusted* to the world. These feelings emerge through bodily experiences, and they entail an affective structure of the system subject-world. Indeed, in the Third Chapter, I affirmed that existential feelings entail the affective experience of *corporeal schema*, which is the sense of unity of the active subject who is directed towards its world. This sense of unity is structured as subjects structure a meaningful world which entails both structuring perceptomotor abilities and regularities. The structure that corporeal schema entails can also be understood as a *co-determination* of subject and world, which

can be captured by the notion of *sensemaking*, which is a dynamic structuration of a meaningful, significant, and valuable world by and for the subject.

Existential feelings, therefore, refer to the affective experience of structuring a meaningful world. This affective experience is to be understood as an experience of being *coupled* or *adjusted* to the world, which appears through *possibilities for action*. Being adjusted entails being skillful to deal with the tasks or requests of the world. Being successful with those tasks and request entails a *successful* adjustment and, therefore, an existential feeling of being *adjusted* to the world. Not being successful entails a weak adjustment and, therefore, an existential feeling of "not feeling quite there" or "feeling distant" from the *lived situation*.

This affective experience can be understood as the way subjects *experience possibilities*. Since the world appears through possibilities for action, and being *successful* (or not) entails the feeling of being *adjusted* to the world, then existential feelings entail the way subjects feel their *adjustment* to the world. This adjustment is an interplay between actuality and possibility in experience that involves an anticipatory structure and a fulfillment structure: experiencing possibilities implies an experience of their fulfillment (or disappointment). These structures suppose a horizonal structure of experience, which refer to a pre-reflective structure of the possible. The affective experience of being adjusted to the world entails an experience of what is possible, and, in this sense, existential feelings are the affective experience of the structure of the possible, or in other words, existential feelings refer to the affective experience of the horizonal structure of experience. In this regard, existential feelings refer to the way subjects experience *possible perceptions* or, to be more precise, to the *sense of the possible*. Therefore, existential feelings are an all-encompassing way of relating to the world.

On the other hand, in this Chapter, I defended that obsessive-compulsive phenomena are a way of experiencing that can be described as a *perceptual decoupling* with *lived situations*. This decoupling refers to the experience of not *gripping* or *apprehending* what *appears* in perceptual experience. This lack of grip must be understood as a *failure* in *fulfilling* the horizonal structure of experience which leads to an experience of *uncertainty*. Not *gripping* or being *successful* in the tendency to achieve an optimal grip entails an experience of *not adjusting* to *lived situations*, which was characterized as a *perceptual decoupling*. This experience of not adjusting, as it was affirmed,

is rather continuous and entails a *"way of being in the world"*, as de Haan and colleagues describe it. In obsessive-compulsive experience, subjects express a constant experience of not gripping or being successful in their situation, and, as it was defended in this Chapter, it entails a feeling of encompassing *uncertainty* that shapes situated experience. Obsessive-compulsive phenomena, therefore, involve the way subjects experience possibilities.

If *existential feelings* concern the *experience of the possible,* (*i.e.,* the *horizonal structure of perceptual experience*) and this experience involves the interplay between both the anticipatory structure and the fulfillment structure (which are not equilibrated in the case of obsessive-compulsive experiences since the *mode of certainty* does not get actualized), then obsessive compulsive phenomena is a disturbance in the feeling of experiencing possibilities and, therefore, obsessive-compulsive phenomena are a disturbance in the feeling of being *adjusted* or *coupled* to the world. In this respect, obsessive-compulsive phenomena are a disturbance of *existential feelings.* This disturbance entails a feeling of not being *adjusted* and *coupled* to the world. And, since *existential feelings* refer to the affective experience of structuring a meaningful world (*i.e., sensemaking*), obsessive-compulsive phenomena entail a disturbance of sensemaking: subjects experience a *perceptual decoupling* with their *lived situations.*

7. *Conclusions*

In this Chapter, I proposed a way of describing the kind of experiences that obsessive-compulsive phenomena entail. For this, I took as a starting point the proposal made by de Haan and colleagues on this subject. I consider this to be a sturdy and noteworthy proposal to understand obsessive-compulsive phenomena as it is focused on the way subjects *find themselves in the world.* In particular, their *Enactive Affordance-Based Model* offers important conceptual elements to approach obsessive-compulsive phenomena from an experiential perspective. Nonetheless, I considered that their proposal could be taken a step further in order to offer a characterization of obsessive-compulsive phenomena from the perspective of the temporality of experience, which is why I attended to the notion of *existential feelings.*

I proposed that obsessive-compulsive phenomena are a disturbance at the level of *existential feelings*, which manifest themselves through a feeling of *perceptual decoupling* that emerges as the *mode of certainty* is not actualized, even when subjects act as the situation requires it. In this respect, in obsessive-compulsive phenomena, the *mode of uncertainty* is present in both what is *being experienced* and what *might happen*. This experience might be understood as if the subject's world was an *uncertain space of possibilities* in which she cannot reach *certainty*. In this sense, obsessive-compulsive phenomena involve the experience of the *general space of possibilities*.

If obsessive-compulsive phenomena entail the whole *experience of the possible*, then it is not sufficient to approach it in terms of the *field of affordances* (as de Haan and colleagues consider). Obsessive-compulsive phenomena might be traced in the context of the *landscape of affordances* since this refers "[…] to all the possibilities for action that are open to a specific form of life and depend on the abilities available to this form of life" (de Haan et al., 2013a, p. 7). Obsessive-compulsive phenomena are not just about the *possibilities for action* provided by the world in a *specific* moment (which is the context under which the notion of *field of affordances* is to be understood). Rather, obsessive-compulsive phenomena are about how subjects *find themselves* in the world or, using other words, the way subjects experience to the general *space of possibilities*.

Affirming that the *landscape of affordances* refers to all possibilities for action that are opened to a *specific form of life*, and that obsessive-compulsive phenomena are to be approached from this perspective, does not mean that all human beings have obsessive-compulsive experiences. I will make this clearer. I do not deny that obsessive-compulsive phenomena can be approached from the notion of *field of affordances*. What I affirm is that obsessive-compulsive phenomena concern the whole *system subject-world* and, in this sense, those phenomena comprise the way the *world of the subject* is *structured* as a meaningful place. This kind of description is not *only* about the way *specific subjects* in *specific situations* experience their *field of affordances*; it is *also* about the way a form of life (*i.e.*, human beings) might structure a meaningful world that is characterized because it is shaped by *uncertainty*. In this respect, even when obsessive-compulsive phenomena can be approached in terms of the *field of affordances*, a deeper understanding of them can be made in terms of the *landscape of affordances*.

The approach I have proposed leaves different issues to be investigated. Although I will briefly formulate three of these issues, there might be many more questions and approaches to still investigate.

In this Chapter, I offered a description of the kind of experiences that obsessive-compulsive phenomena entail. Nonetheless, and even when subjects with obsessive-compulsive experiences express to feel an all-encompassing *uncertainty*, they might not feel it the same way with all and every situation they deal with. This first issue can be divided into two perspectives. First of all, consider the following situations regarding the experience of one single subject. Wondering whether someone watered her plants might entail a different feeling of *uncertainty* from that involved in checking whether the gas fire is off. The first experience might not necessarily entail an obsessive-compulsive experience, while the latter might be considered as one. In this regard, how is it that one subject, in terms of the feeling of *uncertainty*, focuses more on some situations than on others? How is it that different situations entail different ways of experiencing *uncertainty* by the same subject? This question aims at investigating those different ways in which the same subject experiences *uncertainty* regarding different contexts or situations.

The second perspective involves obsessive-compulsive phenomena experienced by two subjects. In the testimonies presented in this Chapter, one of the subjects focuses on the gas fire and the other focuses on not expressing insulting words. Those are, indeed, different situations, which suggests that the feeling of *uncertainty* could also be approached from the perspective of the situation. How is it that two persons with obsessive-compulsive experiences focus on different situations? How is it that they do not necessarily focus on the same situations? To answer these questions (regarding both the first and the second perspectives), it might be appropriate to consider a psychological perspective on those experiences, since the different situations in which *uncertainty* emerges might be related to different concerns or personal histories of the subjects involved in those situations. As it was exposed in the Second Chapter of this Dissertation, psychiatric phenomena not only entail subjective features; they also involve neurological, psychological, or cultural features, including the subject's concerns and personal history, among many others. An answer to these questions, in any case, requires an approach that allows integrating first-person perspectives with third-person perspectives, since subjects' concerns and personal history correspond to a rather psychological feature of psychiatric phenomena.

A second issue to be investigated, which is closely related to the previous one, regards the way subjects experience the feeling of *uncertainty* in different contexts. For instance, not being convinced whether the plants were watered on time might entail a different feeling of *uncertainty* than wondering whether the gas fire is off. In the first case, the subject might not spend much time wondering about that issue, while, in the second case, the subject might experience an encompassing and continuous feeling of *uncertainty*. In this respect, how is *uncertainty* existentially experienced in different situations? How to establish differences in the way subjects experience *uncertainty* in different contexts? These questions can be formulated in the terms used in this Chapter as follows: How is the *experiential stagnation* lived regarding the different ways obsessive-compulsive phenomena are experienced by subjects? These questions entail a request to specify how is it that the global experience of *uncertainty* emerges in different situations.

The second question is very similar to the previous one. What is the difference between them? The first questions involve what Jaspers calls the "content of consciousness" (*i.e.*, the situation in which subjects focus their attention) and, as it was affirmed, it regards a psychological -third-person perspective- feature of psychiatric phenomena. The second question rather involves the way the feeling of *uncertainty* is structured in different situations, so the focus is on the structure of conscious experience, and not necessarily on the "content of consciousness" [108]. In this respect, the second question does not necessarily require a third-person perspective.

One last issue I want to formulate is related to the challenges that subjects with obsessive-compulsive experiences (and their physicians) have if they aim at overcoming obsessive-compulsive experiences. If subjects with these experiences have a feeling of encompassing *uncertainty*, which I described as a feeling of *perceptual decoupling*, how can subjects reestablish their adjustment to the world? In other words, how can subjects lessen *hyper-reflexivity* and their reflexive control in order to *couple* with their situations? These questions aim at considering possible ways to deal with obsessive-compulsive phenomena. Since these phenomena entail an encompassing feeling of *uncertainty*, a possible treatment must involve ways of re-establishing the subjects' *mode of certainty* with their world. As it was exposed in the Third Chapter, a feature of

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[108] An answer in this regard might involve a proposal on different ways in which the structuration of *uncertainty* takes place. A project on this matter could lead to proposing, for example, different modes of *uncertainty*.

the enactive approach to cognition is that perception and action are a constitutive dynamic of *sensemaking*, which has an affective feature, namely, *existential feelings*. In this respect, an appropriate treatment for obsessive-compulsive experiences must be focused on restructuring the subject's *existential feelings* (the feeling of being *coupled* to the world) and, since these feelings are bodily feelings, the treatment might be *bodily-focused*. Therefore, a treatment of this kind might aim at restructuring the subjects' relationship with their world. This, in any case, is just a suggestion on how this third issue can be approached; in this regard, a proposal on a treatment focused on how the body can reestablish its adjustment to the world might be appropriate.

Conclusions

In this Dissertation, I approached obsessive-compulsive phenomena from a phenomenological perspective. My proposal was grounded in three general notions, namely, *existential feelings*, *corporeal schema*, and *the horizonal structure of perceptual experience*. These notions were developed attending to the proposals of Matthew Ratcliffe, Maurice Merleau-Ponty, and Edmund Husserl, respectively. In the development of my proposal in the Fifth Chapter, I avoided as much as possible notions of a psychological kind, such as thoughts, anxiety, fear, worries, obsessions, compulsions, or anguish, among others, that are frequently used in Manuals like the DSM-5. These notions can be labelled as "psychological" since they entail experiences that are expressed through third-person perspectives, such as narratives or descriptions of reflexive states, and my objective was rather to offer a phenomenological perspective to obsessive-compulsive experiences.

Anyhow, some parallelisms between some notions that I developed in this Dissertation and those non-phenomenological perspectives developed during the 19th and 20th centuries (cf. First Chapter) could be suggested. For instance, Griesinger and du Saulle attended to the notion of *insight* to refer to the state in which subjects with obsessive-compulsive experiences focus on their own experiences. This might be related to what in this Dissertation was called *hyper-reflexivity*, according to which subjects reflexively focus on their situated experiences. Westphal uses the word *egodystony* to describe the phenomenon of acknowledging obsessive thoughts as alien and contrary to the subject's will, which, in the context of this Dissertation, can be related to the feeling that results from the impairment between *what is being perceived* and *what is felt*.

Dagonet and Donath held that, in obsessive-compulsive phenomena, there was a *tendency to control* thoughts and actions: Dagonet described obsessive-compulsive phenomena as an imposed need to perform irresistible and involuntary acts, and Donath used the label *anankastic personality* to describe a perfectionist, thorough, and hyper-responsible character. These proposals might be related to what in this Dissertation was described as *the need for conscious control*, which refers to the tendency to, reflexively, actualize the mode of certainty. For his part, du Saulle presented

obsessive-compulsive experience as one that is shaped by fear and anxiety due to a feeling of uncertainty, which led to *impairment* in social situations. Falret held that obsessive-compulsive phenomena were a *maladie du doute* (doubt disease), which entailed pathological doubt. Both du Saulle's and Falret's proposals might be related to the notion of *uncertainty* presented in this Dissertation since it refers to the experience of a world that presents itself as a *space of open possibilities.*

There could also be parallelisms between the proposal developed in this Dissertation and that of the DSM-5 regarding obsessive-compulsive phenomena. What the DSM-5 calls "obsessions" might be related to what in this Dissertation was approached as the *feeling of uncertainty.* For instance, the feeling of not being coupled to situations -which is involved in *uncertainty*- might entail feelings of fear and anxiety. What the DSM-5 calls "compulsions" might be related to what in this Dissertation is understood as *the need to control situations.* Indeed, compulsions, according to the DSM-5, are an imposed need to overcome obsessions. In this respect, it could be said that *the need for control* emerges to, reflexively, actualize the mode of certainty.

Nonetheless, arguing in favor of the parallelisms between what has been proposed in this Dissertation and the approaches of the 19th and 20th centuries (including the DSM-5, which was published in 2013) might be problematic. The mentioned proposals are not equivalent or equal to the notions presented in this Dissertation. Establishing these parallelisms involves developing necessary research on how is it that third-person perspectives -which are the kind of perspectives that those approaches of the 19th and 20th centuries, as well as the DSM-5, entail- are related to those *modes of consciousness* involved in obsessive-compulsive phenomena, which are structured in a pre-reflexive level and rather entail a first-person perspective. It is necessary to advance in research regarding how is it that *descriptions* made from a first-person perspective are related to *causal explanations* made from a third-person perspective. Indeed, this is one of the items I exposed in the Second Chapter, and it was addressed as "the problem of integration" or, which is a more encompassing phenomenon, "the crisis of psychiatry".

For instance, the statement "in obsessive-compulsive phenomena, *uncertainty* leads to fear and anxiety" might be problematic. On the one hand, obsessive-compulsive *uncertainty,* as it was conceived in this Dissertation, refers to a disturbance in the temporal synthesis of perceptual

experience. In this respect, the approach offered in this Dissertation entails a study about how obsessive-compulsive experience is structured in consciousness. This kind of study, as it was argued in the Second Chapter, concerns phenomenology and, therefore, it entails a first-person perspective. On the other hand, fear and anxiety are reflexive (psychological) phenomena that can be expressed from a third-person perspective. How can a first-person perspective be related to a third-person perspective? If this relationship is intended to be established, it is necessary to develop an approach that allows the integration of first-person perspectives with third-person perspectives. For instance, Sanneke de Haan or Shaun Gallagher offer alternatives in this respect (de Haan, 2020b; Gallagher, 2022a).

Anyhow, although this Dissertation does not offer a third-person perspective on obsessive-compulsive phenomena, it contributes to offering an understanding of obsessive-compulsive experiences from a phenomenological perspective. This kind of understanding of psychiatric phenomena, as it was exposed in the First and the Second Chapters, has been relatively poor, partial, and even flawed. In this regard, the phenomenological approach I am proposing entails an understanding of how obsessive-compulsive phenomena are *lived* by subjects in their *situated experience*. In this respect, this Dissertation offers the conceptual elements to approach, from a phenomenological perspective, the way subjects with obsessive-compulsive experiences relate to their world or, in other words, how is it that the world is *experienced by*, or *appears to*, subjects with obsessive-compulsive experiences. This Dissertation, therefore, entails an *experiential* approach to obsessive-compulsive phenomena.

Phenomenological approaches to psychiatric phenomena are becoming a research program that, as it was presented at the end of the Second Chapter, is in the process of constituting common theoretical referents and methodologies to approach psychiatric phenomena (Fernandez et al., 2019; Fulford et al., 2013). In this regard, this Dissertation enriches those theoretical referents and might represent a contribution to that research program. Additionally, there are common aspects between this Dissertation and the phenomenological approaches to obsessive-compulsive phenomena presented in the First Chapter. In this respect, I will highlight some of the most relevant common aspects.

To being with, Jaspers relates obsessive-compulsive phenomena to *psychic obsession* which is characterized by an *imposed directionality of reflection* in which the *ego* has an "*obsessive consciousness* of not being able to escape from its own consciousness" (Jaspers, 1913b, p. 160). This imposition might be related to the features of *egodystony* and *hyper-reflexivity* developed in this Dissertation, since both of them involve the subjects' tendency to focus on their experiences and to experience an imbalance between *what is being experienced* and *what is felt*. *Psychic obsessions* might also be related to *uncertainty*. In Jaspers' terms, *uncertainty* can be understood in terms of what he calls "obsessions in a strict sense", which refers to strange, unfounded, absurd, incomprehensible, or unreasonable "contents of consciousness". Nonetheless, if a relation between this Dissertation and Jaspers' proposal is to be offered, it would be necessary to be more precise at the moment of establishing a relationship between "obsessions in a strict sense" and *uncertainty*, considering that the latter refers to a structural pre-reflexive feature of perceptive experience, while the former refers to a reflexive phenomenon (contents of consciousness).

There might be also a possible connection between this Dissertation and Janet's proposal on psychasthenia. According to Janet, psychasthenia refers to feelings of incompleteness in "intellectual operations", emotions, perception, and action. In psychasthenic states, actions do not produce the "sought-for satisfaction" which entails an inability to adapt to reality. This inability can be understood as "not succeeding", "not matching", or "not coping" with the performed action, which is experienced as a "sense of loss of reality". This proposal is related to what in this Dissertation was understood as a lack of actualization of the mode of certainty that, in turn, involves a *perceptual decoupling*. For Janet, the sense of loss of reality leads subjects to forced agitations -*i.e.*, imposed behaviors- that, regarding this Dissertation, might be understood as the *tendency to consciously control situations*.

There are three approaches that are closely related to this Dissertation: von Gebsattel's, Minkowski's, and Binswanger's approaches. For von Gebsattel, *anankastic* subjects, as he refers to subjects with obsessive-compulsive experiences, do not *self-realize* or *Become*. For him, the notion of *Becoming* refers to the feeling of having a lively and harmonic life. *Self-realization* is not achieved when subjects do not feel they *cope* with *here-and-now* activities, and it is experienced through a feeling of "disintegration" in which subjects are "blocked" when they deal with situations. Not *Becoming* involves a *lived world* that presents itself as an "empty now". Regarding

this Dissertation, not *Becoming* can be understood in terms of not *apprehending* what appears (due to a *failed retention*) or, in other words, the subjects' feeling of not coping with *here-and-now* activities can be conceived as a *perceptual decoupling*. In this respect, not *Becoming* involves the experience of a world shaped by *uncertainty*. Indeed, for von Gebsattel, the world of the *anankastic* subject is one where there is no progression, so the possibilities for action are uncertain, which in this Dissertation was understood as a disturbance regarding the *experience of the possible*. In this respect, for von Gebsattel, subjects have a "special way of existing" that involves the subjects' relationship with the world (von Gebsattel, 1958, p. 170).

Minkowski, for his part, approaches obsessive-compulsive phenomena as a disturbance of the subjective experience of time. Obsessive-compulsive phenomena are experienced through a "lack of harmony with the immediate data of life" that emerges from a disruption of the patient's *lived time*. According to Minkowski, life has a constitutive feature, namely, it "is essentially oriented toward the future". If I attend to the notions offered and developed in this Dissertation, the idea that life "is essentially oriented toward the future" is to be understood in terms of the *protentional horizon* of perception. Minkowski's approach is very similar to the proposal I presented in this Dissertation since both of them hold that, in obsessive-compulsive phenomena, subjects lack a feeling of "I have just done" (which is no other than the *actualization of the mode of certainty* or *feeling of achieving an optimal grip*). Lacking this feeling, according to Minkowski, leads to a fragmentation of the temporality of experience that emerges as a disruption between *what-have-just-passed*, the "immediate data of life", and *what-is-to-come*. Indeed, for Minkowski, subjects experience a weak relation with the "immediate data of life", which, in this Dissertation, was understood through the notion of *perceptual decoupling*.

What is the difference between Minkowski's proposal and this Dissertation's proposal? Although both proposals hold that obsessive-compulsive phenomena result from a disruption in the patient's experience of *lived time*, in this Dissertation I emphasized how this disruption can be approached from the *experience of possibilities*. Indeed, the notion of *existential feelings*, as well as its relation to that of *corporeal schema*, allows to offer a description of how possibilities offered by the world are experienced by subjects with obsessive-compulsive experiences. In this respect, this Dissertation not only supports and strengthens Minkowski's proposal regarding the fragmentation of the temporality in obsessive-compulsive experiences; it also entails a *practical*

perspective, which means that it exposes how *uncertainty* perturbs *possibilities for action* offered by the world.

Binswanger's proposal, just as Minkowski's, holds that obsessive-compulsive phenomena entail a disturbance in the experience of *lived time* that, as von Gebsattel affirms, involves a blockage of *Becoming* or *self-realization* that concerns the way the world *presents itself* to subjects. In this respect, for Binswanger, obsessive-compulsive phenomena regard a structural modification in the patient's basic experience of *being the world*. This structural modification involves a feeling of "separation" between subject and world that leads to a blockage of *self-realization*. In this respect, Binswanger's proposal is close to this Dissertation since both consider obsessive-compulsive phenomena as a disturbance of the *temporality of subjective experience*. The main difference between these proposals is that this Dissertation, just as it was affirmed previously regarding Minkowski's approach, offers a proposal on how *possibilities for action* are experienced by subjects with obsessive-compulsive experiences.

The articulations or relationships that can be established between this Dissertation and those approaches are, indeed, starting points for further research on obsessive-compulsive phenomena. In this respect, this Dissertation can be developed, not only by going further on obsessive-compulsive phenomena from a phenomenological perspective, but also by establishing relations with other proposals on psychiatric phenomena that have been developed from a phenomenological perspective. These other proposals might be recent proposals, like those mentioned at the end of the Second Chapter, developed by researchers such as Shaun Gallagher, Thomas Fuchs, Sanneke de Haan, Aaron Mishara, Joseph Parnas, Louis Sass, Dan Zahavi, Lucy Olster, among many others, or they might be previous proposals, like those presented in the First Chapter, developed by researchers such as Eugène Minkowski, Karl Jaspers, Viktor von Gebsattel, Ludwig Binswanger, Pierre Janet, among others.

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