

# International Conference on the Philosophy of Madness and the Madness of Philosophy

# TOO MAD TO BE TRUE

September  
23-24, 2021  
Ghent,  
Dr. Guislain  
Museum  
+ Online

What can philosophy do for madness? And is there something madness can do for philosophy? And if so, when and where could the two possibly meet?

Such questions form the broad scope of this conference on philosophy and madness. In recent years, international interest for similar questions has grown considerably. Central themes within this momentum are the current renaissance of phenomenological psychopathology, the renewed value and meaning of the first-person perspective in philosophy and psychiatry, the growing contributions to this subject from the analytic philosophical tradition, neo-psychoanalytic thought, and the philosophically-oriented cognitive neurosciences.

By explicitly encouraging to bring forward the meaning of lived experience with psychosis, we aim to take madness out of its status as a silenced and passive object of philosophical and psychopathological inquiry, and to bring it back into the communal space of shared philosophical discussion as a subject that speaks for itself, a living voice, and a meaningful experience.

The conference consists of two days of keynote lectures, followed by parallel sessions, as well as a mini-symposium within the conference on the topic of Wouter Kusters' recently published, seminal work *A Philosophy of Madness* (MIT Press).

Keynote speakers:

**BORUT SKODLAR,**  
**CLARA HUMPSTON,**  
**LOUIS SASS,**  
**MARIA BALASKA,**  
**NEV JONES,**  
**STIJN VANHEULE,**  
**WOUTER KUSTERS.**

Organising Committee:

Jasper Feyaerts  
(Ghent University /  
KU Leuven),  
Zeno van Duppen  
(UPC Kortenberg /  
KU Leuven & Stichting  
Psychiatrie en Filosofie),  
Inez Germeys  
(KU Leuven),  
Gerben Meynen  
(VU Amsterdam).

For the full program and  
additional information,  
please visit

<https://www.psychiatrieenfilosofie.nl/too-mad-to-be-true>

Practical information:

## WHEN?

23 and 24 September 2021

## WHERE?

The conference  
will be held in real life at the  
Dr. Guislain Museum, Ghent  
([www.museumdrguislain.be](http://www.museumdrguislain.be)).

The conference will be held  
in accordance with the COVID-19 measures. If these  
measures should change, the program can be altered.  
We will keep you posted if changes would be necessary.  
Visitors that for any reason whatsoever are not able to  
travel to Ghent, can join part of the program online.

## REGISTRATION?

Register via  
<https://www.psychiatrieenfilosofie.nl/too-mad-to-be-true>.

Participation fee: 80 euros, including lunch and coffee  
breaks on 23 and 24 September, and a reception.

Places are limited!

## QUESTIONS?

Contact us at [info@psychiatrieenfilosofie.nl](mailto:info@psychiatrieenfilosofie.nl)



# Too Mad to be True

International conference on the philosophy of madness and the  
madness of philosophy

Gent, September 23-24, 2021

Museum Dr. Guislain  
Jozef Guislainstraat 43B, 9000 Gent – Belgium

## Final Program

September 23, 2021

08.30 – 9.00u: opening conference + coffee

09.00 – 09.30: Jasper Feyaerts (Ghent University) & Bart Marius (Museum Dr. Guislain) - *Welcoming & general introduction to the conference*

09.30 – 10.30: Keynote 1

Borut Skodlar (University of Ljubljana) - *Life's Journey between the Mystical Heights and Psychotic Slides* (in person)

When our common-sense orientation in life is weakened due to various sources, a person is more open to unusual, unexpected and difficult-to-express, i.e. apophatic, experiences of different kinds. In some of them the *logos*, the higher ground, in the sense of *causa finalis* emerges. It can open a new orientation in one's life. However, it can get blurred by the seductive power of narrative in(ter)ventions, which can lead a person a long way away from it, all the way to psychosis. An individual's course of life may lead a person from the mentioned apophatic experiences to the fully experienced mystical states and/or consistently lived mystical orientation in life. However, it may also be followed by a slide into psychotic orientation paved by visions, revelations or insights, or even by a full-blown psychosis. The three orientations – the common sense, mystical and psychotic – or triple book-keeping is possible within a single individual, as it is the case in many of our patients and it has been in many mystics past and present. The later can serve as superb guides in the intricate world of those, who have open more than one orientation in their lives, especially if they suffer from that and find themselves as our patients. Thorough research by an experienced navigator himself is also Wouter Kusters' *Philosophy of madness*, which can be a valuable source of navigation advice for all those of us, who know that it is more to life than just the common sense and its perturbations.

10.30 – 10.50: coffee break

10.50 – 12.05: Parallel sessions

Room 1:

Rick Bellaar (Ghent University) – *Problems with the Transcendental Turn in Thinking about Delusions* (in person)

Starting with John Campbell's (2001), recent years have seen theorists try to apply the Wittgensteinian notion of certainty to the concept of delusion. In my talk, I will explore various ways in which this notion of certainty can be thought to elucidate delusion, and will argue that none are coherent. To be sure, there are contingent empirical objections to some of the approaches that are discussed, but I am mostly interested in the conceptual coherence of these ways of applying certainty or its loss to the notion of delusion. Before turning to the ways certainty can or cannot illuminate delusion, several distinctions are to be made just to be sure it is clear what I take the positions discussed to claim, and what I don't take them to claim. Moreover, I will primarily discuss the notion of certainty as a transcendental or constitutive notion. I think that this is the most coherent way of capturing the notion that Wittgenstein is after in *On Certainty*, and one that is most true to his remarks, but, as I will argue, it is also the way of thinking about certainty that is not easily applicable to delusion. As such, it could be maintained that while I think to offer arguments against the application of certainty to delusion, my exposition in fact is a *reductio* of the transcendental reading of certainties.

Rosanna Wannberg (Université Saint-Louis Bruxelles) – *Subjectivity and Schizophrenia at the Intersection of Philosophy and Psychopathology: Rethinking the Links* (in person)

What can schizophrenia, the quintessential example of self-dissolution teach us about the notion of subjectivity in general? In this communication, I examine two current accounts of thought insertion as two attempts to respond to this query : the *agency-account* which defines “inserted” thoughts as thoughts deprived of a “sense of agency” while conserving a “sense of ownership”, *versus* the *disturbed-ipseity-account* which denounces the binarity of this distinction, holding that thought insertion results from an exacerbation of ordinary self-reflexivity which could only become clear by considering it as a part of the overall phenomenology of schizophrenia. After having exposed the main arguments of the two accounts, I show that they both rely on a common assumption about subjectivity in general, i.e. that it is ultimately grounded in self-experience. Drawing on the work of later Wittgenstein and some of his present-day successors, I argue that this assumption is erroneous in that it provides a too limited understanding of subjectivity, placing the subject in a too passive relation to his/hers own states and actions, and I sketch out some potential tracks for further research in line with my argument.

Helene Stephensen (Center for Subjectivity Research, University of Copenhagen) – *Schizophrenia and Double Bookkeeping: Reconsidering the Notions of Psychosis and Reality*. (in person)

The main subject of this presentation is to elucidate how philosophy can contribute to the understanding of psychosis and its mode of expression in schizophrenia spectrum disorder (SSD). Eugen Bleuler, who coined the notion schizophrenia, observed that patients suffering from psychosis seemed to live in two separate dimensions of reality (respectively, the intersubjective and delusional reality). He labeled this “double bookkeeping” (DBO) and emphasized the importance of being aware of this phenomenon in order to detect and understand schizophrenia. However, he did not provide any detailed elaboration and it has since been neglected in mainstream psychiatry. In recent decades, the phenomenon has been mentioned in phenomenological-oriented psychopathology, but it remains to be examined in an in-depth and systematic manner. This presentation is based on my PhD-project, which investigates DBO through a combination of critical engagement with philosophical motifs (especially phenomenology and psychoanalysis) on one hand and semi-structured interviews with persons suffering from SSD on the other. I argue that DBO can be grasped as an alteration of basic existential and intersubjective dispositions. From a phenomenological perspective, this is intrinsically related to the core disturbance of SSD, namely a global transformation of the structures of experience involving disturbing and

alienating experiences of oneself and the world (viz. self-disorders). This is substantiated by the collected clinical material. I furthermore argue that the predominant account of psychosis in mainstream psychiatry as defective “reality testing” or some sort of simple loss of reality needs to be reconsidered in order to be able to understand DBO. As already Bleuler pointed out, patients are not entirely “lacking” the sense of reality. He observed that even when patients are absorbed in their delusional worlds, nearly impossible to interact with, they are nonetheless quite acutely aware of what is happening in the shared everyday world. From a phenomenological perspective, the sense of existing simultaneously in two disjoint realities points to a global alteration of the very sense of reality. Rather than simply losing contact with reality, patients seem to display their psychotic experiences in another realm of reality. It is crucial to emphasize that the realm of psychosis should not be conflated with a kind of fantasy or imagination. Conversely, this reality possesses a significance that is often described as more true and profound than the intersubjective reality. Awareness of this core feature of SSD may therefore improve not only an understanding of the mode of expression of psychosis in SSD, but also have important implications for psychotherapy.

### Room 2:

Robert Chapman (University of Bristol) – *Why I am not a Szaszian: A Critique of Critical Psychiatry from a Neurodivergent Perspective* (online)

The form of critical psychiatry focused on here follows Thomas Szasz in arguing that the concepts and practices of psychiatry are uniquely problematic, unscientific, and value-laden when compared to somatic medicine. I call this the ‘comparativist’ critique since the argument relies on comparing psychiatry to what is purported to be objective and useful somatic medicine. The comparativist critique purports to establish that, unlike somatic medicine, psychiatry wrongly medicalises problems in living, and constructs invalid diagnostic labels that reify socially caused elements of mental distress as natural facts. While I agree with these conclusions, here I adopt a constructivist approach to illness and disability more generally to argue that the theoretical commitments of the comparativist critique are not just untenable, they are also epistemically oppressive in much the same way criticals identify in psychiatry. This is because they commit to an outdated understanding of the body and bodily health that is epistemically harmful for those who fall outside bodily, neurological, gendered, and sexed norms. Far from being a merely theoretical problem, I show how maintaining these commitments routinely contributes to the erasure of neurodivergent, disabled, and LGBTQI identity, agency, and history in contemporary critical psychiatry discourse and practice. I conclude that while Szaszian critical psychiatry has been helpful for some who experience mental disability and distress, the problems with its core theoretical commitments are likely to be incompatible with its liberatory aims in the long run.

Gerben van de Kraats (Mondriaan GGZ) – *The Primacy of Mind in Psychopathology* (in person)

In philosophy of mind, idealism claims the universe to be entirely mental or spiritual; there exists nothing but ‘ideas’. For centuries idealism had a bad reputation in the philosophy of mind debate. According to Searle idealism ‘has been dead as a doornail’. In 2005, an essay was published in *Nature* asserting that the universe is essentially mental and that we have to abandon our tendency to conceptualize observations as things. As predicted by experiments in quantum mechanics, reality is contextual. This gives experimental evidence for the hypothesis of a mental universe and contradicts intuitive formulations of realism. This mental universe hypothesis is in a way a modern formulation of the ontology of idealism. As a theoretical physicist and philosopher Bernardo Kastrup is combining a modern formulation of the ontology of idealism with the relational interpretation of quantum mechanics. In his recent literature, Bernardo Kastrup claims he is providing a viable and coherent explanatory framework for his mental universe hypothesis. Is this explanatory framework helpful in explaining frequently reported religious or existential experiences in some forms of psychopathology? In my presentation I will firstly introduce and discuss Kastrup’s idealist mental nature of reality hypothesis.

Issues to be discussed are: (a) how is Kastrup's mental universe hypothesis accommodating to our experience of ourselves as distinct individual minds sharing a world beyond the control of our volition, and (b) how is it explaining that a seemingly shared world is empirically contextual? In the second part of my presentation I will discuss the possible explanatory effects of Kastrup's philosophy on phenomenological psychopathology. In his literature Kastrup is arguing the physicalist worldview to be a neurotic ego-defense mechanism (5). Neurotic defense mechanisms which frequently dissolve under certain (psychopathological) circumstances and possibly give rise to typical religious or deeply existential experiences as frequently reported in psychosis.

Rosa Rooduijn (University of Amsterdam) – *The Intentional Stance and Mental Disorder: Why We Can Call Mental States Real without Ontological Commitment* (in person)

The rise of *explanatory reductionism* of mental disorders has met with a rebuttal in recent years: the network theory of mental disorders. Instead of assuming a biological cause as the explanation of a (symptom of) mental disorder, network theory conceptualizes mental disorders as arising from causality between symptoms. If network models are correct, no common cause exists from which symptomatology arises. Hence, the theoretical move of biological reductionism is blocked. According to Borsboom et al. (2019), since many of the symptoms of mental disorders are described in intentional terms, i.e., in terms of what they are *about*, the causes between symptoms should also be understood in intentional terms. For instance, feelings of worthlessness in depression, can be directly causally linked to thoughts about suicide. The causal link takes place on the mental and intentional level, instead of between the biological and mental level. Environmental or biological factors may be the incentive for the network of symptoms to come about, but eventually the causality between symptoms make up the mental disorder. Hence, mental disorders are understood to cause themselves, and a search for a cause underlying the symptoms is obsolete. The view adopted by Borsboom et al. is rooted in the interpretivism articulated by Daniel Dennett, according to which a system is an intentional system if it is useful to ascribe mental states to it in order to explain and predict its behaviour. The ascription of mental states is what Dennett calls the intentional stance, and what Borsboom et al. employ when analyzing the causality between symptoms in mental disorder. Oude Maatman (2020), however, questions what kind of ontological commitment this intentional stance promoted by Borsboom et al. actually entails. Do these mental states that appear to play such a crucial role in the causal relations of the network structure of mental disorder, really *exist*? By making use of the famous article by P.F. Strawson *Freedom and Resentment*, I will argue that the ontological commitment in this case, is irrelevant. The issue raised by Oude Maatman can be solved by appealing to *the facts as we know them*, and the way in which we experience causal links between certain mental states and certain behaviours – such as a feeling of worthlessness and the thoughts of or attempts at suicide – without having to commit to any underlying metaphysical system. Importantly, this does not mean that mental states are any “less real”.

### Room 3:

Roy Dings (Ruhr University Bochum) – *Who Knows What? Demarcating the Epistemic Role of Experts-by-experience in Mental Health Care* (online)

What can (former) patients contribute to treatment and policy in mental health care? In recent years, there has been an emerging trend of including Experts-by-Experience [ExpEx] (*ervaringsdeskundigen* in Dutch) who purportedly have Knowledge-by-Experience (*ervaringskennis*). This goes for many west-European countries and for the Netherlands in particular, where ExpEx becomes increasingly *professionalized* and *institutionalized* (e.g. many mental health care institutions employ ExpEx, and applied universities offer degrees on becoming an ExpEx). One of the driving forces behind this trend is the idea that ExpEx have a complementary function in mental health care: they are able to offer

something that other ‘epistemic parties’, such as scientists or clinicians, lack. However, what this assumed unique ‘epistemic role’ is, remains unclear. In fact, a recent survey amongst Dutch ExpEx found that they struggle to delineate their contributive value and find it difficult to put into words *what* they add and *how* they do this. This state of affairs may lead to tensions within mental health care teams, as it fuels skepticism regarding ExpEx and threatens the longevity of the trend of incorporating the patient’s perspective in mental health care. Researchers have offered a preliminary interpretation of the unique epistemic role of ExpEx, by suggesting that only ExpEx (and no other epistemic party) are able to bridge the lifeworld (of the patient) and the systemworld (of mental health care). ExpEx tend to agree with this description of their role. However, as it stands, it remains abstract and vague. The main impetus driving my project is that philosophy can offer a substantial contribution in this regard, by clarifying the epistemic role of ExpEx in mental health care. On the one hand, philosophers can draw on philosophy of science and epistemology to delineate the type of *knowledge* that ExpEx rely on. For instance, experiential knowledge seems to be a form of know-how rather than know-that. In this sense it is similar to clinical knowledge but different from scientific knowledge. It differs from clinical knowledge in being a more existential skill rather than a practical skill. On the other hand, drawing on hermeneutics and phenomenology, philosophers can elucidate the types of *experience* that ExpEx rely on. For instance, psychopathological experiences seem to have unique features that make it impossible to study them via e.g. questionnaires or to put them into words in the first place. Combining these insights, the current project aims to elucidate the intuitively appealing idea that ExpEx’ unique epistemic role consists in their ability to ‘bridge the lifeworld and systemworld’. More precisely, it offers an affordance-based framework to show that ExpEx, due to their former experiences, have a particular mental and bodily *responsiveness* that enables them to navigate between the lifeworld and systemworld in a way that no other epistemic party can.

Rosa Ritunnano (University of Birmingham) – *Making Sense of Delusions in the Clinical Encounter: Can Phenomenology Remedy Hermeneutical Injustice?* (online)

Delusions are usually identified in the space of a human encounter, when competing views of the world are at stake and only one of them is considered to be true. While some experiential features of delusions (such as a perplexing sense of unreality or salience) may be *lived through* pre-reflectively in a private, subjective space, their *meanings* are always intersubjectively constituted. That is, they depend upon the extant interpretive habits and language through which concepts are routinely generated and used by individuals to make sense of and communicate their experiences. Where a gap in the collective hermeneutical resources exist, this may lead to “hermeneutical injustice”—a kind of epistemic injustice which harms someone as a “subject of social understanding” (Fricker 2007, p.7) by rendering them unable to understand or express some important aspects of their own experience. In this paper, we argue that certain kinds of hermeneutical injustice faced by psychiatric service users with delusions can be addressed through a phenomenological intervention. To illustrate this intervention, we examine how people with delusions face distinctive challenges in understanding their experiences and making them intelligible to others. For example, a person may experience a pervasive change in the way other people look at her and move around, as though their gestures have a special, personal significance. Although the atmosphere is charged with perplexity, the person feels endowed with a deep sense of cosmic connection and belonging. When talking to a clinician, she struggles to adequately express the *significance* of her own experience through everyday words and concepts. As a result, she can either rely upon her clinician’s concepts, and interpretive frameworks to make sense of her experiences, or she can draw on wider sub-cultural interpretative resources, for example those linked to conspiratorial, religious, mystical or occult narratives. The chosen narrative may be more or less *fitting* (i.e., well-suited) to satisfy the person’s attempts at self-understanding and communication. We argue that a bad narrative fit, as a background condition for hermeneutical injustice, can arise from either a lack of the appropriate interpretive tools on the part of the speaker or from a lack of *hermeneutical flexibility* on the part of the interlocutor—that is an attitude of openness and acceptance towards the potential co-existence of competing views of the world where neither of them is necessarily true at all times. As a discipline which focuses primarily on understanding the person’s relationship to oneself, to others and to the world, a phenomenological approach may act as a remedy in different ways. Firstly, it may provide rich and

nanced descriptions of *implicit aspects* of experience, which service users may use to explore different frameworks for co-constructing a fitting narrative. Secondly, by emphasising the *meaningfulness* of human experience, phenomenology can provide a multi-levelled framework for understanding delusions as constituted through multiple layers of pre-reflective, narrative and intersubjective (including clinical) hermeneutical practices. Where effectively implemented, a more inclusive hermeneutical climate may be created through a context- and value-sensitive dialogue between a virtuous hearer and a pro-active speaker.

Kathleen Lowenstein (Michigan State University) – *Engaging the Margins: Mad Studies, Critical Disability Studies, and Bioethics* (online)

In recent years, critical disability studies have highlighted the need for the inclusion of the voices of individuals with disabilities within bioethics. While much has been written about disability in bioethics, relatively little has been written by those who identify as disabled: a disjunction in a literature that frequently engages with questions of disability in considerations of issues such as capacity and medical aid in dying, but which frequently neglects to actively engage with the perspectives of disabled individuals. In a similar vein, the emerging discipline of Mad Studies seeks to center the historically under-represented voices of those identifying as Mad and/or those who have lived experience of mental illness. While bioethics has begun to engage with critical disability studies, relatively little attention has been paid to the implications that interventions from within radical mental health, particularly interventions based on pushback against standard conceptual frameworks, have for conceptualizations of ethical responses to experiences of madness and distress more broadly. This paper seeks to bridge the gap by placing Mad Studies into conversation with bioethics. In particular, it situates itself at the intersection between Mad Studies and bioethics, asking how commonly-encountered ethical dilemmas (such as treatment nonadherence) change when understood from a perspective that integrates current work in psychiatry with an explicit awareness of power relations in the provider-service user dynamic. In so doing, it makes the argument that ethics begins in centering the voices of those that have historically existed at the margins.

## LUNCHBREAK

13.15 – 14.15: Keynote 2

Stijn Vanheule (Ghent University) - *Psychosis Revisited: On Jacques Lacan's Later Work* (in person)

Jacques Lacan has a specific position in psychoanalysis. For him, psychosis is not a psychopathological condition, but a just one way of existing that may or may not give rise to problems. Lacan's most explicit reflections on psychosis are rooted in his theoretical works from the nineteen fifties. In these early days he holds on to the tenets of structuralism such as formulated by Claude-Lévi Strauss, assuming that psychotic functioning is rooted in a failing metaphorization process. Yet, as times progresses, new concepts and new concerns start to dominate his teaching. For example, language is no longer approached as an abstract symbolic system, but conceptualized as an organ that parasitizes on the flesh of body; a generalized problem of non-existence is situated in the heart of all mental life; and the ego is no longer a deceiving imaginary construction but a crucial link that ties reality together. In my paper I will address how these changing ideas have an impact on how psychosis needs to be conceptualized from a Lacanian perspective.

14.20 – 15.35: Parallel sessions

Room 1:

Valeria Bizzari (Husserl Archives, KU Leuven) – *Liminal Phenomena Between Phenomenology and Psychopathology* (in person)

Vulnerability seems to pertain to human existence and can be included within those phenomena that can be described as “liminal”, such as death, pain, or illness. Being intrinsic to human existence, they seem nonetheless very difficult to define and contextualize. For a phenomenologist, for instance, this means to account for those phenomena that are not directly experienced by the subject, since they are indeed characterized by a sort of *a-phenomenality* that makes impossible to grasp them directly. In this view, *Grenz-situationen* put in crisis the notion of phenomenological experience itself, since they are considered “limits” of consciousness. The aim of my talk is to put into dialogue Jaspers and Husserl (that is to say, psychopathology and philosophy) on the theme of limits and human vulnerability. The notion of “limit-situations” has firstly introduced by Jaspers in the context of psychopathology (especially in *Psychologie der Weltanschauungen*, 1925) but it is echoed throughout the entire history of the phenomenological movement, starting with the Heideggerian thought and the concept of the “emotional situation” (*Befindlichkeit*), an intertwining of passivity and opacity that characterize our existence. Limits-phenomena can be found also in Husserl’s late work (especially in *Grenzprobleme der Phänomenologie*, 2014) and in authors such as Fink, Merleau-Ponty, Scheler as well as in the contemporary debate (Steinbock, Mensch, Bernet, Drummond, among others). In my talk I will contextualize limit-situations to the broader context of *well-being*, that is one of the common goals of philosophy and psychiatry. Firstly, I will focus on a definition of person as a *temporal* and *corporeal* being whose existence itself inevitably includes limit-phenomena such as pain and death. Then, I will compare Husserl’s and Jaspers’ views, perspectives, that, in my opinion, compensate and enrich each other. According to Jaspers, “limit-situations” are characterized by inevitable antinomies which prevent a person going on as usual. They are super-individual challenges intrinsic to existence, thus unavoidable. Furthermore, in his view, limit situations enlighten the paradoxical structure of existence and they call for what has been named *existential turn up*, i.e., to reach a higher level of self-awareness and depth of feeling in case the limit situation is mastered. On the other hand, for Husserl “*Leben ist Streben*” (“Life is a fight”): liminal phenomena are intrinsic to human existence, which strives for a balance among them and tries to achieve self-preservation (*Selbsterhaltung*). The final aim is to fruitfully combine their descriptions, and propose a notion of limits-phenomena that should be included in the definition of humanity itself and used in the context of well-being, that usually excludes any reference to human vulnerability. On the contrary, in the wake of Husserl and Jaspers, I believe that we can achieve well-being only if we take into account limits-phenomena, and we conceive of the person not as a transcendental being, but as a fragile and bodily entity.

Martina Mauri (FINO, University of Genova) – *Grasping the Atmosphere: Phenomenological Investigation into Psychopathological Alterations of the Atmospheric Space* (in person)

From a phenomenological viewpoint, the paper focuses on the phenomenological notion of atmospheric space. Atmosphere is not added as a property to a perception, nor does it prepare a structural perception, but represents the very context of experience. The material that is perceived is “‘imbued’ with its form” (Merleau-Ponty), which is always linked to the existential, psychophysical and biographical condition of the subject. The atmosphere, in this sense, does not represent one of the emotional modes of relating to the world, but the *prius* of the encounter with the world on which our relationship with it is built. The perceptions *are* atmospheric and therefore full of significance, of emotional salience (Griffero), that are only partly cognitively penetrable: atmospheric experience is a *quasi-intentionality* that cannot succeed to obtain an object but nevertheless can peculiarly feel it in a non-thematic way. The lived space of the subject is not only thymically attuned, but also, in a certain sense, physically attuned and extended beyond the properly subjective sphere. In other words, this means that atmospheric feeling is a condition of lived spatiality in general, whether this latter is understood as sensorimotor space or thymic space. How is it possible to grasp both meaning and importance of a pre-reflective feeling that escapes objectification? Following Heidegger suggestion, when a *Störung* occurs, it is possible to grasp the

specific meaning of something that pertain the naturality of everyday life. Then, from the phenomenological psychopathology perspective, I will discuss the atmospheric alteration and anomalies in psychopathology. I will point out representative features of the atmospheric alteration, such as the *Uncanny* character (Fuchs) and how it is involved in *Wahnstimmung* (Jaspers) and delusion. Particular attention will be paid to some representative clinical cases from the psychopathological literature: I will consider H. Tellenbach paranoid psychosis about one's own smell, which point out alterations of the atmospheric space signalled by the oral sensorium; the *Trema* phase of K. Conrad analysis of the *Beginnende Schizophrenie*; I will conclude by dwelling on *Daseinsanalyse*, in particular by discussing L. Binswanger's *Suzanne Urban* case, which shows through the progressive alienation of the dominant theme, the morbid atmospherization of the schizophrenic world. I will especially describe how the alteration of atmospheric space is peculiar to the prodromal stages of delusion and represents an important feature to grasp – from a *daseinsanalytical* point of view – the existential meaning of the subject. In the course of the discussion of the clinical cases we will keep in mind contemporary interpretations and above all I will refer, when analysing the self-descriptions of the patients, to the EAWE (Sass) classification of anomalies, in particular to the V domain specifically dedicated to atmospheric anomalies. Phenomenological description can shed light on psychopathological experience as much as the latter can be a gateway to understanding experiences such as atmospheric experiences otherwise difficult to penetrate by reflection: for it is precisely from the alteration that emerges in clinical analysis that the importance of this aspect of lived space will become clearer.

Tudi Gozé (University of Toulouse) & Istvan Fazakas (Bergische Universität Wuppertal) - *The Role of the Phenomenology of Phantasy and Imagination for the Understanding of Schizophrenia* (in person)

Anomalies of imagination are frequent and handicapping in schizophrenia spectrum disorders although neglected in psychopathology due to the lack of a conceptual framework. In this contribution, we will examine how contemporary research on the phenomenology of phantasy and imagination can shed light on the experience of persons living with schizophrenia. We observe today an *imaginary turn* in phenomenology in the last decades related to the recent publication of Husserl's manuscripts on imagination and phantasy. We argue that it is fruitful to propose a cross-sectional analysis between psychopathological literature on ipseity disturbances and the latest insights in the phenomenology of phantasy and imagination. After presenting the conceptual history of imagination in psychopathology, we will trace the recent approaches that have made it possible to re-establish the link between imagination disorders and ipseity disorders in schizophrenia. Contemporary research shows that there is a significant overlap between symptoms observable in self-disorders and the anomalous functioning of phantasy and imagination. To date, it is not clear whether disorders of the self are the condition for the emergence of disorders of the imagination or whether the opposite is true. To try to make progress on this issue we will, in a second step, outline some of the most important theses of the imaginary turn in the philosophical field. According to these, phantasy is 1.) not a modification of perception but a more archaic stratum of experience than imagination, 2.) it functions on the level of passive syntheses, 3.) it is pre-intentional, 4.) originally embodied through kinestheses and 5.) in coalescence with affectivity. We argue that this approach enables an original understanding of the link between selfhood and phantasy that has a heuristical function for the description of the link between the erosion of self-affection and hyperreflexivity in schizophrenia spectrum disorders. Finally, we will propose an embodied analysis of the functioning of phantasy and imagination. We will focus on Richir's interpretation of the concept of *Phantasieleib* in Husserl, in order to describe its modification as a *Phantomleib* in paranoid delusional experience. This will allow us to better understand the first step of delusional experience as a disturbance of the embodied self.

Room 2:

Nienke Moernaut (Ghent University) & Tanguy Corbillon (Ghent University) – *The Role of Narratives and Philosophy in Recovery* (in person)

Nowhere in the psychosis literature is there more attention for subjective experiences than when it comes to recovery. Nonetheless, as the concept becomes more and more incorporated into a professionalized discourse and the process summarized in vague categories like the CHIME-model, the true experience of recovery tends to get pushed into the background. In order to shed light on how recovery is experienced, our research maps the recovery trajectory of two experts by experience. In this we explicitly focus on recovery from the so-called negative symptoms and the role narratives play in this process. To bring the possibility of narrative construction to its full potential and to come to the best possible insight into the lived experience of recovery from negative symptoms, we involved the two experts by experience not only as participants, but also as part of our research team. Despite the uniqueness of each experience, two common elements could be extracted from this collaboration: narratives help to regain a grip on one's life after psychosis and recovery benefits from having the opportunity to tell your own story. Philosophy has the potential to play a beneficial role in both elements. Firstly, existing philosophical theories can provide a framework to understand one's own experiences. Hereby, philosophical ideas have the explicit benefit of not providing fixed answers, but rather of providing a way to approach questions one is confronted with during and after a crisis. As such, one can make use of them to come to one's own understanding, without the risk of becoming even more alienated from one's experiences which lay in more concrete interpretations (e.g. interpretations given during psycho-education) of psychotic difficulties. Secondly, the act of philosophizing might also be a powerful tool on the way to recovery. Indeed, by philosophizing together about all kinds of questions, people can build a new confidence in their own ability to create and formulate ideas. This can help them to build their own narrative and identity, beyond the label of psychiatric patient, which people are often reduced to once they enter psychiatry. Although each person and as such each recovery trajectory is unique and of course not everyone will have as much affiliation with philosophy, we believe these insights can be beneficial in supporting many people on their way to recovery. Indeed, based on our findings we especially argue for creating enough opportunities for conversation, which in turn create possibilities for coming to one's own story.

Alke Haarsma-Wisselink (University Medical Centre Groningen) – *Mad About You: My Transgressive Encounters with People with "Chronic Psychosis"*

As a PhD student with lived experience of psychosis, I am participating in lives of people with psychosis and their supported housing contexts, in close collaboration with colleagues in our multidisciplinary research team. The focus of my PhD study is collaboration of all informal and formal 'stakeholders' with and around people with psychosis. In the concertation of voices, this 'polyphonic symphony', I take part as a researcher using ethnographic methods i.e. participant observation, field notes, semi-structured interviewing, auto-ethnographic researcher reflexivity, and – with my colleagues – research team reflexivity. From August 2020 - March 2021 I had 37 'fysical' encounters with five people with psychosis, living in two medium sized cities in The Netherlands. I will continue to meet with them for at least one year. Also, I started walking their supported housing contexts, interacting with the various mental health care workers. Soon I will start interacting with e.g. family, friends, neighbours, colleagues and community police officers. And I will include more people with psychosis, to reach a total number of twelve participants. Data collection will continue until March 2023. Entering the concertation of voices silenced, soft and loud, starting with people with psychosis and subsequently others, I draw on the ethic of friendship, which is a relational-ethical approach of Lisa Tillman-Healy (2003). We hope that 'friendship as method' will yield more insights in what is at stake for everyone involved in this collaboration. However, it is complicated to engage in such an 'open', personal way, in institutional and professional settings (including our own research team) with power asymmetries and interdependencies. Aiming to do right by people, starting with people with psychosis, and also others and myself, leads to questions such as: How should I / we deal with feelings and other manifestations of friendship and love

in research encounters? What if I get to know these people and they start to depend on me? How to deal with interactions that are personal, playful, flirtatious, seductive, and even obsessive? When someone has conversations with yet without me? With verbal aggression, and with the use of soft and hard drugs? And how to persist in a relatively non-judgmental stance towards people with psychosis, in the face of severe suffering, and with so many good intentions and normative presuppositions and matching interventions going around? Doing research with an ethic of friendship encompasses many expressions and impressions that are often overlooked in contemporary professional, scientific, ethical and political debates. These relational and situational insights might quite easily be pushed aside by linear (policy) ideals, fuelled by the imperative to improve lives, or nipped in the bud by professional worries about safety and the fear to cross boundaries, in order to prevent abuse and misconduct. I propose an exchange with participants about the meaning and value of making more space for this type of interpersonal insights.

### Room 3:

Jake Jackson (University of Pennsylvania) – *Being Epistemically Adrift and the Existential Situations of Mood Disorders* (online)

Depression and anxiety disorders are both so common and yet so misunderstood. Psychiatric modeling of these conditions is at best an abstraction of real, lived experiences, yet still estranged from these heterogeneous everyday experiences. Despite being two of the leading causes of worldwide disability, these conditions are so stigmatized that discerning a clear narrative understanding of them for oneself seems impossible to tease out. This project stems from the premise that the lack of scientific consensus paired with constant cultural debates about what mental illness is and how to treat it leave individuals with these disorders confused as to how to live fulfilling and ethical lives. With too many competing, often-conflicting, sources of knowledge and information, individuals with mental disorders have to navigate their own feelings and symptomologies, scientific uncertainties, long-term treatments, and a stigmatizing society that does not understand them. I have coined this experience being *epistemically adrift*, where individuals encounter too many differing forms of knowledge about their condition with little clear heuristics of what are the best options to choose for themselves and those around them. That is, not only is living with depression and anxiety hard enough within these conditions themselves, but they further may feel *inadequate* regarding ethical life. This concept is rooted both in existentialism and social epistemology. Where existentialism envisions subjects being thrown into a world for which they are responsible, mood disorders often make individuals feel more attuned to this responsibility than others. Being epistemically adrift is further related to Miranda Fricker's (2007) conception of hermeneutical injustice, yet where the latter exists as an absence of knowledge, the former also exists not just from absence but too many conflicting epistemic narratives regarding mental illness. Barring any miracles in psychiatric progress, individuals who experience depression and anxiety will continue to navigate these conditions and a sometimes-hostile society for the rest of their lives. Yet disorder also provides an opportunity to critique and challenge our conceptions of order and hierarchy. I propose that mental disorder is not simply an aberration or abnormality, but for some can provide a different insight into the world we share that breaks from the hegemonic assumptions of contemporary life. I argue for an existentialist ethics for living with these disorders. Where the existentialists already have theoretical and ethical frameworks that include anguish, despair, and being thrown into situations in which one must choose in order to make oneself, this tradition provides for a strong grounding for how to live in an imperfect world that still demands action and commitments. This talk sketches out an existentialist framework for living responsibly within mood disorders to avoid Sartre's (1943/1956) lament that the anguished individual is a "useless passion".

Goedele Hermans (Ghent University) – *Maldiney and the Melancholic Complaint: The Performance of a Cry* (in person)

Philosopher Henri Maldiney characterizes the melancholic complaint as ‘the only form of action left to the melancholic’. His philosophy directly engages with the psychotic experience, as presented in clinical cases put forth by Binswanger, Kuhn and others. He uses art, literature and phenomenology to approach melancholia in a way that doesn’t reduce this experience to one we can easily understand or empathize with. By tracing his steps and elaborating on his work, we aim to clarify why the complaint is so crucial for the melancholic. Additionally we want to elucidate why listening to the melancholic’s complaint is so unbearable. The complaint is a ‘play of words that tries to remake the world’. It is an attempt to get a hold of oneself after suffering a loss that cannot be inscribed. It is an effort to create a distance from where one can be held in sight once more. It is a defense, an impenetrable loop that stands against the carousel of negative thoughts that attack the melancholic. The effectivity of the complaint is situated by Maldiney in its expressive function. The complaint is fundamentally ‘the performance of a cry’. The theme of the plaint is not essential. Its mournful sound defends against a void which threatens to overwhelm. While mania has its flight of ideas and schizophrenia has its delirium, melancholia has the complaint when attempting to answer a devastating crisis. Maldiney enriches phenomenology by confronting it with the inexplicable experiences encountered in psychosis. He challenges its traditional emphasis on intentionality and perception. At the same time he critiques a normative psychiatric discourse that allies itself with a cold economy, driven by action and information. The melancholic complaint, with its deadly repetition, conjures a primal and rhythmical sound that resists an easy translation into a call for help. Though the complaint does not bring deliverance, it can protect against destruction. How we listen to this cry has important philosophical, ethical and clinical consequences.

Marcelo Vieira Lopes (Federal University of Santa Maria) – *Too Sad to be True: Depression, Mad Pararealism and the Sense of Reality* (online)

Depressive narratives sometimes convey the sense of the world as looking somehow flatter or grayer, in addition to pronounced feelings of bodily estrangement, and loss of practical significance. Because of these alterations, experiences of depression can take the shape of being ‘strangely unreal’ or even ‘more real’ than the so-called ‘normal’ experiences. For the depressed individual, disproportionate sadness can alter the specific intentional encounters with things in the world and their very *sense of reality*, as described in recent phenomenological approaches to depression (Ratcliffe, 2009; 2015). Is there any close relationship of this depressively altered sense of reality to madness experiences? Depressive and melancholic states have been historically associated with madness, based on an important tension between pathological conditions and constitutional aptitudes (Bowring, 2008). But why being sad should mean that you’re *mad*? In the context of psychosis experiences, Kusters (2020) described *mad pararealism* as comprising both experiences of realness (hyperreality) and unrealness (hyporeality), through an altered sense of reality. By approaching depression through the lens of Kuster’s mad pararealism, I think it is possible to promote a contextualist reading of depression (Scrutton, 2016; 2018), as somehow detached from medical models, in order to ask what kind of meaningful experience can bring us disproportionate sadness (Antrobus & Bortolotti, 2016; Graham, 1990). The contextualist reading of depression thus allows me to examine its situated nature, in terms of a modification in the existential affective dimension, subject to normative assessments. To read depression as a radically situated phenomenon means mostly considering ‘mental illness’ as an inherently value-laden category, as we rely on a variety of normative assessments to determine what is disordered or not. So, the extent to which mad pararealism is assessed as disproportional proves to be strongly situated and can be read as dependent on certain interaction patterns, habits, and affective styles that have normative force on the domain in question. I sustain that there is a sense in which mad pararealism can be normatively assessed, without being the mere expression of subjective changes, thus pointing to the deep social framing of the mind and its constitutive beholdenness to complex socio-normative patterns (Slaby, 2016). In order to show this last point, I will exploit some insights from affect studies that understand depressive experiences as dependent on more general feeling structures. At the same time, this brings us the need

to broaden the conceptual space of depression, by appealing to unusual terms like the old *acedia*, as crucial for putting depression in another, non-medical context, more spiritually and culturally enriched (Cvetkovich, 2012; Kusters, 2020). Likewise, appealing to these unusual categories is relevant as it breaks with the view of depression as a merely individual, neurobiological, or “chemical imbalance” phenomenon.

15.35 – 16.00: coffee break

16.00 – 17.15: Parallel sessions

### Room 1:

Laura Keulartz (Radboud University) – *A Philosophical Analysis of Hypermentalizing in Mentalization-Based Theory* (in person)

Peter Fonagy’s mentalization-based theory (MT) is one of three major developmental theories of borderline personality disorder (BPD). In short, the theory is centered around the idea that the defining characteristic of (personality) disorders is a loss of the ability to mentalize. The concept of mentalization signifies the capacity for understanding behavior of the self and others in terms of mental states. According to Fonagy and colleagues, different psychopathologies entail different mentalizing errors. Some disorders are associated with decreased mentalizing, like autism spectrum disorders. Decreased mentalizing can entail undermentalizing, or no mentalizing. In the case of BPD, the error is not in decreased mentalizing, but rather in too excessive mentalizing (Sharp et al., 2013). In the literature, this is called overmentalization, pseudomentalization or most commonly; hypermentalization. Although MT has made important contributions to both clinical work and research in psychopathology, its theoretical foundation of the concept of hypermentalizing leaves something to be desired. First of all, when it comes to hypermentalizing, the focus on a loss of the capacity to mentalize makes no sense. How can *hypermentalizing* be categorized as a loss of the capacity to mentalize? Hypermentalizing might be problematic, but it *is* mentalizing. In answer to such criticisms, Fonagy and colleagues have proposed a multidimensional model of mentalization. This model can explain mentalization problems in BPD without referring to a loss of mentalizing capacities per se, because its focus is on imbalances in mentalizing dimensions. However, both the distinction between the different dimensions of mentalizing, and the position of hypermentalizing within these dimensions, are unclear and full of inconsistencies. One of the poles, for instance, is internal versus external mentalizing. Since both are types of mentalizing and thus about internal states, it is not clear what external mentalizing means as opposed to internal mentalizing. I suggest that the philosophy of social cognition can be used to provide a more coherent theoretical basis for the phenomenon of hypermentalizing in BPD and of mentalizing more generally. There are three competing theories in the philosophy of social cognition: Theory Theory (TT), Simulation Theory (ST), and Interaction Theory (IT). TT holds that the access to another person’s mental life depends on making theoretical inferences, while ST holds that in order to understand the mental states of others, we simulate their mental states in our own minds. Although MT is mostly based on TT and ST, there has been a lot of criticism of both these theories from an Interaction Theory perspective. The main criticism of TT and ST from this point of view is that these theories share the assumption that social cognition happens through ascribing mental states to closed-off minds. IT argues that social cognition, and mentalizing more specifically, is not a theoretical and individual endeavour, but that it happens in the interaction between people. Based on IT approaches of schizophrenia and autism, I make some suggestions towards an integrative IT approach of hypermentalizing, also taking into account the overall phenomenology of BPD.

Bart Rabaey (Ghent University) – *Language and Subjectivity in Mania* (in person)

In this contribution we wish to explore the link between language and subjectivity, specifically concerning the phenomenon of mania. Psychopathology affects subjectivity in specific ways. The particular subjective experience of schizophrenia has been phenomenologically described as a disturbance in ipseity, or of the core self-experience. The subjective experience of mania, of the acute manic phase, is characterized by an expanded sense of self, less of a fractured experience, but more an experience of the dissolution of boundaries, that however keeps the core self-experience intact. The link between psychopathology and disorders in the realm of language has been well established. For example concerning the diagnosis of schizophrenia, starting with Bleuler's notion of the loosening of associations and continuing into research on linguistic aspects of thought disorder, the disturbances in schizophrenic language have been described. Research into the linguistic aspects of thought disorder concludes that mania however has its particular linguistic disturbances. The linguistic peculiarities of mania could be described as an acceleration of associations or an associational fluency, indicated by notions as flight-of-ideas or derailment. So for mania, we wish to explore the connection between manic language that is characterized by associational fluency, derailment, flight-of-ideas; and subjectivity that is described as spontaneous, associative, exuberant, fluid. The theory of Lacan about language and subjectivity provides an interesting way of looking at this connection between linguistic and subjective aspects of psychopathology. At a common sense level we assume that a disturbed subject produces disturbed language: a manic subject produces manic language. Lacanian theory on subjectivity reverses this logic. For Lacan the experience of subjectivity is a consequence, an effect of using language. It is only by using language that an experience of subjectivity comes into being. So in this reasoning peculiarities and disturbances in the experience of subjectivity do not cause peculiarities and disturbances at the level of language, but can be considered a consequence of these. So here we pose the question of how does manic language produce a manic subject or how does a manic disturbance of language produce a manic disturbance in subjectivity? In Lacan's theory of subjectivity, meaning as well as subjectivity are produced by the double workings of anticipation and retroaction of the signifying chain, this introduces the notion of time in his theory. Not so much as 'lived time' but as a fundamental mechanism at the level of the signifying chain, of language. In this view we can reconsider the manic temporality or the manic desynchronization as something that happens at the level of the signifying chain, as related to the inner workings of language. We illustrate our considerations with examples from autobiographic writings and from interviews with patients.

Annik Parnas (Psychiatric Center Amager, University Hospital of Copenhagen) – *Are the Voices Real Voices? Clinical and Phenomenological Perspectives* (in person)

Auditory verbal hallucinations (AVH) form a central symptom in the current diagnosis of schizophrenia in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and in the International Classification of Diseases, Tenth Revision (ICD-10). In both classifications, a hallucination is considered an erroneous perception (e.g., in DSM-5, "a perception-like experience with the clarity and impact of a true perception but without the external stimulation of the relevant sensory organ"). Moreover, AVH is typically viewed as a well-defined entity in itself with certain quasi objective properties that can be addressed without a need of considering more encompassing structures of subjectivity. However, several recent reviews point to the complexity of the nature of AVH and advocate the involvement of contextual issues and co-occurring psychopathology. In a study of mainly readmitted patients with a diagnosis of paranoid schizophrenia and experiencing AVH, we performed an empirical qualitative and phenomenologically oriented investigation of the experiential and existential aspects of AVH. The focus was on the disclosure's time, the subjective experiences and the insight in the pathological status of AVH. The disclosure of AVH typically happened when the patient arrived at a situation of profound subjective suffering or dysfunction in life, often several years after their beginning. The patients were continuously in doubt whether their experiences merited the name of voices or merely thoughts. Several participants were not able to determine whether voices were in the "internal" or "external" space. Originally, the patients lived these phenomena as immanent or

internal experiences in which certain moments of their flow of consciousness acquired a more demarcated, alienated, and often linguistic meaning. The patients did not consider their private experiences as being analogous to a perception of an external or acoustic object or see the AVH as a symptom of disease but rather as private experiences. Moreover, it appears that the terminological status of the AVH as “voices” was typically acquired in the psychiatric setting. In other words, the naming (nomination) of their experiences as “voices” was nearly always proposed by the clinician. It is as if the event of naming was what made the experience into a symptom. The patient’s difficulties to articulate the details of the nature of hallucinations could be an expression of the psychiatrist’s insistence on framing the hallucination in the perceptual space to which it does not belong. It is where philosophical- phenomenological approach to the AVH shows itself as extremely useful in a clinical context.

### Room 2:

Elizabeth Pienkos (Clarkson University New York) – *Beyond the Bounds of Reason: When Madness Exceeds Philosophy* (online)

Louis Sass’s groundbreaking work *Madness and Modernism* heralded a major paradigm shift in the understanding of schizophrenia. Long-held notions of the disorder as a kind of infantile or primitive madness were shown to be inaccurate, and replaced by an understanding grounded in modernist and postmodern approaches to art, literature, and philosophy. These ideas contributed to the development of a new phenomenological model of schizophrenia, the ipseity disturbance hypothesis. This model has served to illuminate the disparate and challenging symptoms that have often been dismissed as beyond the limits of comprehension. These and similar advances in theory, and subsequent empirical support, have provided a crucial corrective to long-held conceptualizations of the disorder as well as more recent reductionist trends in neuroscience. At this juncture, however, it is worth taking a closer look at the limitations of phenomenological psychopathology, particularly its ability to describe and explain madness. That is, when does schizophrenia *go beyond* our philosophy? Drawing on the author’s clinical work, empirical research, and philosophical inquiries, this paper will describe several ways in which current phenomenological models of schizophrenia may not fully capture the lived realities of this disorder: the encounter with *the unspeakable* in schizophrenia; the ambiguity of the corporeal and situated self; and the embeddedness of illness in life historical narratives. These features pose the question of whether our theories and research can or should account for these forms of excess. The paper will explore some examples of how to expand the reach of phenomenological psychopathology, while simultaneously proposing a rationale for maintaining a stance of humble acceptance of philosophy’s limits. Ultimately, it is suggested that it is not enough to inspect, analyze, or conceptualize schizophrenia, but that our encounters with madness must also be profoundly moved by it.

Elizabeth Rhodes (Saint Louis University) – *Queering Phenomenological Psychopathology* (online)

Those who hear voices, referred to as “auditory verbal hallucinations” are traditionally assessed and treated under the assumption that the experience itself is sick. However, over the last forty years, a new method, phenomenological psychopathology has offered promising interventions for this population. This method is interested in the experience of and with the voice, rather than its pathologization. However, this focus on experience has left something to be desired. Namely, this method does not focus on experience in terms of gender and sexuality. In this paper, I will argue that Sara Ahmed’s *Queer Phenomenology: Objects, Orientations, and Others*, (2006) offers a needed corrective for current phenomenological models of treating those that hear voices. In this paper, I show that this inquiry into experience also necessarily entails an inquiry into experience as gendered and embodied. Important

aspects of identity have been missing from much of the literature about the phenomenological approach to treatment. One area in which we can consider this approach is in those who hear voices. In this paper, “hearing voices” refers to what with current medical vocabulary, would be classified as an auditory verbal hallucination. In *Queer Phenomenology: Orientations, Objects, Others* (2006), Sara Ahmed argues that the major failure of many previous phenomenological models has been their removal of gender and sexuality as relevant features of lived experience and history to be assessed. She posits that queer phenomenology begins with extrapolating gendered orientations. Phenomenology itself, she maintains is interested in orientations, to *queer* phenomenology is to adjust these orientations. She defines orientation as, “how it is that we come to find our way in a world that acquires new shapes, depending on which way we turn” (1, 2006). Orientation, then, refers to how we turn toward relevant objects. For queer phenomenology’s addition to phenomenological psychopathology, the relevant object will be the way those who hear voices are assessed. With Ahmed’s addition, assessment will turn toward different things, namely, sexuality and gender. Sara Ahmed offers a way for this method to become more capable of seeing patients as holistic beings. For those that hear voices, how they are positioned in space and subsequently shaped by this space necessarily shifts how they experience with their voice(s). This means that until these aspects of identity are assessed as relevant aspects of life experience, they will remain eclipsed from view. Objects such as oppression embed themselves in the shaping of a body, and insofar as a heard voice is inescapably tethered to embodied experience, so too is it tethered to oppressions and placements based on gendered and sexual identities.

Sofia Jeppsson (Umeå University) – *Two Methods for Dealing with Bedrock Loss* (online)

A person’s *bedrock* consists of a large and interconnected cluster of commonsensical beliefs (Wittgenstein 1969). Most people unthinkingly take this cluster for granted. Hume’s sceptic, whose worries about reality dissipates as soon as he leaves his study to play backgammon with his friends, might still *experience* his bedrock as firm enough, despite *thinking* his trust in it rationally unjustified (Hume 1739). Madness, however, can erode this very experience (Rhodes and Gipps 2008). Everyone, not just madpeople, have a natural tendency to trust their perceptions and general impression of things (Maher 1999). Thus, mad experiences will naturally give rise to mad beliefs, unless something interferes with the process. With an intact bedrock, it is possible to engage in reality testing: to argue with oneself and disprove beliefs one would otherwise be inclined to embrace (e.g., Landa et al 2006). However, when said bedrock is lost, there is no longer anything to base arguments and counterevidence on (the author, forthcoming). This is a serious problem for the suffering madperson. I will outline two different strategies for coping with bedrock loss, which I have both employed in my own struggle with madness. The first is a Jamesian choice about what to believe. William James (1896) writes that we can choose which belief to embrace when we are presented with two live options, each of which exhibits some attraction, there is insufficient evidence to settle the matter, and the situation is such that we cannot remain neutral. When I first entered psychiatry, this was my situation concerning the options “accept the mad world as real” and “accept the normal world as real”. I had to decide whether to take my prescribed medication, but whether this was a good idea or downright dangerous depended, in turn, on which world was real. Eventually, I choose to trust the normal world and medication. The second strategy is a more Pyrrhonian one: aiming for a kind of relaxed and accepting suspension of judgment. When my medication did not work anymore, I had to find a way to cope with an ongoing low-level madness (occasionally rising to higher levels). I found that when mad experiences constantly present to me, as a live possibility, the belief that the mad world is real, rejecting this belief requires a kind of ongoing choice, which eventually becomes mentally exhausting. A relaxed suspension of judgment, combined with methods for handling problems that work in both worlds, provides a more fruitful way forward. There might be further strategies, figured out by other madpeople, for how to deal with bedrock loss. It is important to share and discuss our strategies and skills in this area, since reality testing cannot help the bedrock deprived.

Room 3:

Susann Kabisch (Open Dialogue Hannover) – *(What) Can psychiatry Today Learn from 15<sup>th</sup> Century Philosophical Texts About Dialogical Research on the Mind?* (online)

The texts of the philosopher and theologian Nicholas of Cusa (1401-1464) are each differently staged opportunities for training and practicing the ability to deal creatively with the tension between the universal claim of beliefs and values on the one hand and the situatedness of human thinking on the other. Seen from a mental health perspective, some of these texts reveal an astonishing potential to serve as an example for a dialogue in which every voice is heard and valued. *Idiota de mente* (1453) can be read as dialogue (Triologue) between a Layman (Idiota), who is an expert from experience, a Philosopher (Philosophus), who is seen as an expert by training in his field of philosophy, and a Speaker (Orator), who is as a friend personally connected to the Layman. It is only together that they can gain a concept of human thinking as a process and a practice and at the same time experience it during their conversation from the first-person perspective. Furthermore, in the course of this conversation, all terms and concepts are experienced as man-made and as such can be changed. While madness is not explicitly discussed in *Idiota de mente*, *De visione Dei* (1453) stages a situation out of which the categories of madness and reason become fluid. Every person who takes part in the staging of the reception situation of the text can not only rely on their own judgment, but also has to believe the testimony of others about their respective different perception of reality in order to unlock the meaning of the text. In the end, each participant's own self and being turns out to be a riddle that can never be completely solved. Following Michel de Certeau and his famous essay on Nicholas of Cusa, *Le regard*, in which Cusanian thought is classified as "discours d'une folie", these medieval texts are taken as an example of successful dialogue between persons and disciplines and, moreover, as the starting point to examine the status and role of subjectivity and first-person experience in the philosophical and psychiatric/psychological discourse about the mind.

Ron Unger (Center for Family Development, Eugene OR) – *The Role of Radical Skepticism in Madness and Recovery* (online)

When we feel sane, we believe that we have mostly accurate ways of determining what is real. Hidden within this understanding however lies a curious circularity. If we are asked how we know that our method of discerning reality is correct, we inevitably circle around to asserting that our method of knowing can be relied upon because it arrives at the correct result, and confirms what we know to be true! But what if the whole circle is in error? We may perceive that we walk on solid ground, we may believe we can trust our senses, and that we can listen to the views of others in our social world to check our impressions. But sometimes, we may become deeply skeptical, or even paranoid, and lose this trust. If we ask too many questions, it may seem that our usual solid ground disappears, and then we tumble in a void or an abyss, or madness. In this void or "cloud of unknowing," it may seem that nothing is real, or that everything is real (since everything now has as much seeming claim to reality as everything else.) Or, overwhelmed by the infinity of possibilities, our minds may grasp onto some alternative or "mad" reality, or swing from wildly positive to terrifying perspectives and beliefs. Since it was radical skepticism that led into the abyss, it may seem that climbing out would require a rejection of skepticism. Doing so however would leave us without a key tool required for any questioning of perceptions and beliefs that arose within madness itself. For example, we may have seen and heard an alien in our apartment at night, but do we really know that this alien exists? All the voices that we believe to be our neighbors may reassure us that the alien did visit, but can we trust this confirmation, or even trust that the voices themselves are any more real than dreams? A better model of recovery may involve continuing to value skepticism, but now in a balanced and playful way that also allows for skepticism about skepticism itself. With this approach, a kind of equanimity becomes possible, one that balances having definite perceptions and ideas about reality with an awareness that those perceptions and ideas may be completely wrong. Currently, the mainstream approach to helping the mad involves maintaining an absence of skepticism about dominant forms of "sanity," paired with complete skepticism toward any possible value in the views of those deemed mad. But this rigid approach models the opposite of what is being proposed. Recovery might better be promoted by mental health workers who can accept

the lack of a solid foundation for any knowledge or sanity, and who focus instead on promoting a lively evolving dialogue in which all, including the mad, have something to contribute.

17.30 – 18u30: Keynote 3

Louis Sass (Rutgers University) – *Insight and Alienation: Wittgenstein, Artaud, and the “porous self”* + response Wouter Kusters

Wouter Kusters’ *A Philosophy of Madness* is a marvelous book—one that I greatly admire and with which I am in the deepest sympathy. In my talk, I will focus on two points of possible disagreement. The first concerns some criticism that Kusters offers of my own use of Ludwig Wittgenstein’s anti-philosophy as a way of illuminating certain psychotic experiences (referring here to Sass, *The Paradoxes of Delusion: Wittgenstein, Schreber, and the Schizophrenic Mind*). Wittgenstein’s criticisms of philosophy and the philosophizing stance offer, in my view, an especially useful way of understanding not just the illusions, but also the insights that can characterize psychotic states. The second point concerns Kusters’ adoption of the notion of the “porous self” (see Charles Taylor’s *A Secular Age*) as a rather general characterization of psychotic subjectivity – and allied with this, the question of the appropriateness of analogies from the premodern world versus from those from modernism/postmodernism. I will pursue this second point by discussing a key figure for both Kusters and myself: Antonin Artaud.

SOCIAL MEETING – DRINKS

## 24 September 2021

08.30 – 09.00: opening conference + coffee

09.00 – 10.00: Keynote 4

Clara Humpston (University of Birmingham) – *Paradox in Prisms: Ontologically Impossible Experiences as the Core Psychopathology of Schizophrenia* (online)

If there is one concept which most individuals hold as absolute truth, it is likely that they, and only they, can access their thoughts, emotions and actions. Indeed, most people would not even question what makes a thought theirs in the first place – unless the person is mad (I refer here to the schizophrenic kind of madness specifically). Nothing seems to signal madness more than the claims that one is estranged from one’s own thoughts and actions; to most clinicians, it simply has to be a delusion that needs to be corrected with pharmacological and psychotherapeutic interventions. I argue that the observation and intervention by the majority of well-meaning theorists and clinicians barely scratch the surface of the schizophrenic experience. Even the phenomenon of double-bookkeeping is not sufficient to offer a deep enough understanding into what it is like to be on the receiving end of external interference coming from nowhere, or to hold the ‘belief’ that one is not the source or owner of thoughts present within one’s mental space. In a sense, individuals with schizophrenia suffer from a kind of *disbelief* too, namely the disbelief towards the Cartesian certainty. Anything that challenges this certainty is penalised by the wider society and labelled as ‘delusional’, ‘unreal’ and ‘false’, at least in the Western world. After all, to go against the Cartesian certainty is to go against the authority of the first-person, yet it is precisely the patient’s first-person authority that compels them to challenge it from the start. The core of the experience of a schizophrenic disorder lies within this labyrinth of uncertain, paradoxical, unstable and unsustainable ‘in-between’ states of thought, perception and volition that in their totality contribute to what may be termed ‘ontologically impossible’ experiences. In this paper, I aim to explain what it means to go through such experiences, their significance to the understanding of thought and perception, how they might help with the clinician’s differential diagnosis, before asking some questions about ‘what if’

these experiences are not impossible after all. What if the unity of selfhood and its perceived links to first-personal givenness are nothing more than a historical or social trend? What implications will it have for the seemingly causal relationship between thinking and the existence of self that is taken for granted? My hope is that by contemplating such questions, theorists and clinicians alike will begin to grasp what it is like to be in the grip of the perplexity and paradoxicality intrinsically associated with schizophrenia, and to appreciate the patients' realities and truths.

10.00 – 11.00: Keynote 5

Maria Balaska (University of Hertfordshire) - *Philosophy and Wonder – Philosophy and Madness: Overlaps and Differences* (online)

In the Theaetetus Plato draws a connection between the beginning of philosophy and wonder (thaumazein) while in his Introduction to Metaphysics Heidegger describes philosophy as the extraordinary questioning about the extra-ordinary. With my paper I aim to shed light on the connection between philosophy, wonder, and the extraordinary in a way that connects to and addresses critically Kusters' idea that philosophizing takes place in conditions of madness. To do so I explore the affinities and differences between two questions: what Heidegger calls philosophy's most originary question, 'Why are there beings at all instead of nothing?' and what Kusters describes as a central question in madness, 'Is there anything at all?'

11.00 – 11.20: coffee break

11.20 – 12.35: Parallel sessions

Room 1:

Daniel Tkatch (KU Leuven) – *Madness That Hides Behind the Body? An Existentialist Critique of Freud's Theory of Conversion* (in person)

The suffering of persons with conversion disorders consists almost exclusively of somatic symptoms, while the psychological aspects of their condition leave no trace in subjectivity. The term 'conversion', still in use in both DSM and ICD, comes directly from Freud, who explained this narrowing down to the physical while excluding the psychical in terms of splitting of ideas from their libidinal or drive energy, repression of these ideas and conversion of the energy into somatic innervation that nevertheless expresses in symbols the meaning of the repressed ideas. Attacking philosophers who, according to him, wrongly identify psyche with consciousness, he postulates the unconscious, an inaccessible psychic reality, that cannot be experienced and can only be known indirectly from the observation of empirical facts such as symptoms, verbal expressions and behaviour as a way of reconstructing the missing links in logical and causal chains. Thus defined, the unconscious seems to be at odds with the phenomenological method, characterised, among others, by going back to the "things themselves" and avoiding all presuppositions. But if the first-person experience of conversion only reveals an incomplete picture, what other phenomenologically reliable sources could deliver a better understanding of conversion? Can one at all speak of unconscious phenomena? And vice versa, can phenomenology contribute, along psychoanalytic theories, to a more rigorous conceptualization of conversion as a basis for a more efficient therapeutic methodology? As a way of addressing these questions, I focus on Martin Heidegger's direct and explicit critique of Freud in the *Zollikon Seminars*, a publication edited by the Swiss psychiatrist Medard Boss. The seminars could be seen as a continuation of a project, which Heidegger started already in *Being and Time*, of extending the field of phenomenology far beyond any of Husserl's conceptions, radicalising its opening to inapparent phenomena, i.e. "to that which does not show itself as itself", and virtually opening the path for "a phenomenology of unconsciousness". In my paper, I use Heidegger's critique in an attempt to overcome the limit that conversion conditions seem to posit to phenomenological analysis. I argue that conversion is a phenomenal 'bodying-forth [*Leiben*]

(Heidegger) as a form of a *Daseinsverweigerung* (Blankenburg), a partial refusal of existence or of being human. I interpret the narrowly somatic symptoms as a *présence ambivalente* (Merleau-Ponty), whose psychological context is given in experience as something non-perceived, a *Nicht-wahr-haben-wollen* (Waldenfels). In this view, the different aspects of experiencing a conversion disorder are neither directly given to consciousness nor simply hidden away from it. Both aspects skirt around consciousness, often camouflaging themselves as their opposites in the ambivalent domain between psyche and soma, hiding in the dualistic gap, the very domain that Freud assigns to the drives.

Arthur Sollie (Ugent) – *The Secrets of the Madman are also Secrets for the Madman* (in person)

When reading Wouter Kusters' book "A Philosophy of Madness," one may run into a deadlock. Should one read the work as providing some knowledge about madness or should one read it as a "mad philosophy"? One and the other reading seem to have no common ground, so this problem seems primarily to require us to make a choice. Nevertheless, it can also be argued that this impasse not only embarrasses the reader, but also constitutes the clue of the book itself. Following the author, confronting a paradox of this kind can drive a person mad. This lecture is an attempt to draw some consequences of what happens if one joins together the deadlock of knowledge about madness and the paradox at work in madness itself.

Beatrice Bianca Salamena (VU Amsterdam/University Konstanz) – *Is it Too Much to Give All the Things That Are Inexpressible a Place?* (in person)

My master research is an ethnographic account of lived realities described by people's first-person experience of so-called psychotic episodes. This multimodal ethnographic research worked with creative approaches to capture the sense-making process of five individuals who aim to integrate an experience within their lives beyond the label of madness. The final thesis which engages with relevant theories on experience and embodiment from psychological anthropology and phenomenology aims to open space and widen the discourse around sovereignty of interpretations of life and how it presents itself. The intertwines of language and knowledge limits the representation of experiences beyond the known. Regardless of where these experiences and its various interpretations are to be located within society and within the realm of knowledge, it is a fact that they exist. The aim of my work is not to understand or explain these experiences, but to acknowledge their existence without prejudging their essence or nature. In giving people the auto-biographical power to describe and represent the feeling of what they lived through and in acknowledging their forms of reasoning, I have tried to close in on the experience of what medical jargon classifies as psychotic. It has left me with the reassuring findings that there are things which will remain within the unknown sphere of life and which will only be able to be perceived. This paper gives an impression over the words, beliefs and images some people chose to communicate about what experience falls under terms as psychotic, schizophrenic or manic-depressive, showing the blurriness of what reason and non-reason represent to each other. Being partly auto-ethnographic this research must be viewed as a sense-making process of a psychotic experience in itself, namely my own. Thus, it is a 'philosophy of madness' written and developed by the experts themselves. Therefore, I would like to contribute to the International Conference on the Philosophy of Madness and the Madness of Philosophy with a written account of the stories that were generated within my research project. The paper will shortly cover my theoretical and methodological approach, but mainly focus on the presentation of the material research participants generated and shared. It will be a description of 'psychotic' experiences grounded in – but not limited to – scientific theory.

Room 2:

Katrin Lörch-Merkle – *Too True to be Mad? On what Madness Can Do for Philosophy* (in person)

This paper aims to contribute to the general question of the meaning of subjectivity and the value of the first-person perspective for both philosophy and psychiatry. Resting upon phenomenological psychopathology it discusses Medard Boss' concept of Daseinsanalysis, by analysing its benefits and pitfalls for a sound theory of subjectivity and hence the role of first-person experience for modern psychiatry. The transfer on perception and first-person experience in schizophrenia may serve here as an example for a possible application from theory into practice. Although philosophy seeks to renounce distinctly from madness since ages or even more so, to banish madness from all spheres of rational thinking, this effort only reveal a narrative of failure, as reason and madness seem to have a close relationship. So, the overarching question is not if there is something madness can do for philosophy but rather what madness can do for it. It is no surprise, that we at present experience the Renaissance of phenomenological approaches: "The idea that an entire philosophical theory could be grounded by accurately describing what is present to the mind is among the most fascinating and prolific projects of modern philosophy." But first-person philosophy is also as a difficult endeavour as the realm of humanity is complex. In order to understand this complexity of human beings as persons and their behaviour we are also in need for complex methodologies. This fundamental but nevertheless far-reaching insight is presumably one of the merits of Karl Jasper as the founder of psychopathology and the methodological considerations in his *General Psychopathology*. According to Dilthey's distinction, Jaspers demands for combining methods of explanation and methods of understanding. In order to address the psychological in a scientific manner we hence need a new methodological access, which is to be found in phenomenology that has the task to vividly bring to mind the mental states that the patients truly experience. This complexity in functioning specifically manifests within the scope of psychic impairments and mental disorders. Nowadays Daseinsanalysis gains *de novo* high topicality, in as far as psychiatry is in danger to become a mere field of application of the neuroscience, hence losing each standard of independent approach to psychic disorders. This may also have serious consequences for the patients. With Daseinsanalysis *sensu* Boss it could be demonstrated that mental suffering first is a 'suffering from our own being' before considering the therapeutic implications of the existential view of mental suffering. This paper critically discusses Boss' concept of subject-object division and the scope of his idea of opposing our traditional mechanistic understanding a completely new one, which is able of doing justice to human nature. At the same time it is also considering new developments in Daseinsanalysis that emphasize a radical albeit weak concept of the subject<sup>1</sup> and its implications for modern psychiatry, here, as an example, in schizophrenia.

Jo Bervoets (University of Antwerp) – *Not Mad Enough to be Truthful* (in person)

In this talk I will argue that being truly human entails being mentally ill. I will do this based on the schema below that bridges phenomenological thinking and post-phenomenological thinking via the concept of participatory sense-making. The neoliberal ideal of humans as individual agents 'being' in control of their environment and others (blue lines) is creating a 'closed community' in Simondon's sense. In this community, the categorization of madness as a variety of 'deficits' with respect to this essence of 'ideal humans' is produced. In order to expand this community again to a true society, still in Simondon's sense, we will need to move beyond stereotypes of madness. To do so we have to appreciate that a true dynamic of humanity requires an openness to 'becoming' (red lines). I analyze this becoming based on Lingis' post-phenomenological expansion of Merleau-Ponty's phenomenology as ways in which different individuals (A, B) differentially relate to their environment (W). In doing so they respond to different 'imperatives' from their environment leading them to a diversity of different sensorimotor tendencies. The neoliberal ideal of control disvalues some of these embodied tendencies as mad, essentializing madness as a variety of biological deficits as well as dehumanizing those considered mad as failing to live up completely to a neoliberal ideal of individualistic control. This sorry state of division between mad and sane humans can only be corrected by seeing the complementarity of being and becoming (black notes). I argue this can be done via De Jaegher's enactive concept of participatory sense-making. If we see different embodiments as different ways of participatory sense-

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making with one's world, participatory sense-making between humans is the dynamic of *letting each other* be regardless of such differences, so we may learn new truths and possibilities from others. In this analysis blocking out certain sensorimotor tendencies as mad, based on the neoliberal ideal, unavoidably leads some to distrust their own bodily *ipseity* as inhuman. This, in turn, leads to *hyperreflexivity* in those with a different embodiment which is the actual common cause of all *breakdowns in intersubjectivity*. This vicious circle can only be broken by other human beings acknowledging within themselves the possibility of bridging the gap to those other sensorimotor tendencies, i.e. by admitting in themselves the seeds of mental illness.

Willem Daub (VU Amsterdam) – *Too Mad to be True: You Don't See What They See, But They Do!* (in person)

If you really want to help them sort out their inner experiences, you will have to fully consciously enter the sphere of their distressing images. This cannot be achieved by mere argumentation. You must necessarily nurture in yourself a fully conscious form of imagistic, *anschauliche*, cognitive phenomenology. Here I propose the method I call *Observing One's Thinking*. The preparation for it has been aptly described by Claire Petitmengin in her *Towards the Source of Thought*. The full deployment of the method requires one to silently, patiently observe the memory track of one's previous thinking process. In due time this memory track will expand, it will become eidetic, show its image character which was always there, but you didn't notice! And if you really want to help them you should try out this approach. For then, sooner or later, you will become aware that behind our usual discrete thinking processes, there is not only a layer of continuous images, but two more layers. *Every* thought passes, mostly unnoticed, 'up and down' through these four layers, so necessarily in seven phases. This will increasingly become your inner experience, the whole process has been externalized in what is called *Theory U*, a highly effective instrument for social interaction, creativity and healing. The next step must be to learn to distinguish in this 'live-stream' between, on the one hand, sensory images, reminiscences or hallucinations, and on the other hand those images that turn out to be pure cognitive phenomenological experiences. Only through such experiences one can deflate the excessively one-sided claims by 'restrictivist' sensory phenomenologists like Jesse Prinz, who claim that *all* such experiences are sensory or illusionary. They are unaware that what they present as argumentation is in fact a demonstration of their inaptitude. Even if such experiences are unfamiliar to you, I can assure you that in the course of seven, fourteen or twenty-one training sessions you will start to observe what I would call thought-movements or -gestures (Petitmengin would call them micro-movements, I think). These thought movements are structured by the laws of projective geometry. They can eventually format themselves into images. And when these take on the character of archetypal images one is getting into the field of observations in which one, like Jung, can actually help people. For one can go with the flow of their thinking and assist in distinguishing between disruptive and constructive images. This method of Observing One's Thinking is applicable to all fields of science. It answers the call for *Anschaulichkeit* by physicists like Heisenberg and von Weiszacker. And in the (not so) long run it grows into, yes, a form of meditation. Does it surprise you that in this way it can also help people to understand some of their spiritual experiences?

Room 3:

Rob van Grinsven (GGZ Oost Brabant) – *Zen and Madness: Beyond Sane and Insane* (in person)

Within eastern philosophical and religious traditions, madness and the sacred are intimately connected. The phenomenological dimensions of the connection of the self with the divine is central in many traditions from both Indian and Chinese background. Zen (CH. *Chán*) – which is the fusion of Chinese daoist and Indian buddhist theories and practices – uses a direct, paradoxical, absurd, humoristic, almost 'mad' approach. Unlike serene depictions of christian saints or Gautama Buddha in many of the buddhist schools, Zen at times depicts its patriarchs, masters and monks as crazy or angry brutes. Zen is, arguably,

the craziest of all traditions. In this paper I will investigate views, depictions, concepts, scenes and stories of 'insanity' in Zen including the notion of the 'mad monk', different styles of teachings of the early (mostly Chinese) Zen masters, the concept of *śūnyatā* (emptiness), and the apparent 'irrational' practice of *gōng'àn* (*koan*). I will discuss the function of 'craziness' in Zen and analyse the differences and similarities between 'breakdown' and 'breakthrough'. I will also relate this to some personal experiences of my Zen practice in a Japanese Zen monastery. All this will be placed in relation to a categorization of different aspects of madness ranging from a 'strange' cultural form (as viewed from outside) and a cynicism-like deviation of social norms up to incomprehensible speech and confusing or 'mystical' subjective experiences of reality or the absolute. Although Kusters touches upon certain eastern philosophical traditions this is mostly through secondary and somewhat dated sources as Mircea Eliade and Robert C. Zaehner. I will present my paper both as a different as well as a complementary approach to Kusters' philosophy. I will make connections with Robert M. Pirsig's philosophy of madness (1974) which is less of a philosophy than Kusters, but incorporates more of the world's thoughts and nevertheless combines it with a phenomenological perspective of psychotic experiences. I will argue that Zen (and for that matter other eastern philosophical traditions) are well equipped to clarify and show new ways of interaction with madness as a concept and insanity as lived experience. In conclusion I will show how according to Zen, concepts will not deliver and notions of sanity or insanity all breakdown and lead to a path that is beyond these apparent contradictions.

Lisanne Meinen (University of Antwerp) – *Mad Videogames as Playable Self-Narratives: About Playfulness and The Illusion of Choice* (in person)

The relation between artistic creativity and madness has been extensively discussed and the powerful insights that mad artists can provide are also not left unexamined. Additionally, in the past decade the discussion of videogames as an artform has considerably matured. However, their potential for providing insight into the lifeworld of mad subjects has mostly been left undiscussed. Videogames have addressed madness in various ways since the early arcade games in the 1970s, although usually in the form of antagonists whose sole motivation for their evil deeds *is* their madness. Recently, individual indie game designers have started to use the medium of videogames as a way to express their experience with a psychiatric diagnosis. Their work demonstrates the exciting potential of videogames as an interactive medium that can provide richer and more nuanced accounts of the diversity of mental health experiences. These text-based role-playing games could be called inter(re)active self-narratives since they play with the fact that active participation from the player is required. Apart from offering insight into the lived experience of madness, the participatory nature of these games also means that players are invited to reflect on their own positions. As such, they become more than mere spectators. However, most academic discussions of these videogames too readily pathologize the themes and perform a 'symptomatic reading' where little more is done than diagnosing the characters. If the effect of videogames about the theme of madness is discussed, this is often from an instrumental viewpoint: the games are discussed as educational or therapeutic. In this conference talk I will discuss various autobiographical videogames that deal with themes surrounding madness, depression, and psychosis and approach them as artworks. I will discuss how they demonstrate the value of a first-person perspective to playfully explore madness and gain insight into the lived experiences of the designers. Specifically, I will discuss role playing games such as Zoë Quinn's *Depression Quest*, Kara Stone's *Medication Meditation*, Al donato's *Administer Naloxone*, Joakim Nonboe Carlsen's *Split Mind* and Exp\_lain's *Wake Up*. These games are text-based and playfully construct meaning through language by limiting or negating the player's choices in the game world. The illusion of choice is unexpectedly eliminated again during the game in order to mimic the objective and subjective confinement that accompanies many experiences of madness. Specifically, in my discussion of how we should interpret the effect of these games, I work with Maria Lugones' concept of playfulness. These autobiographical games are neither fun or entertaining in the traditional sense, nor serious games with an instrumental motive. However, through their playfulness the games are able to counter the immediate medicalization of madness. Moreover, the concept of playfulness demonstrates the potential of these games to bridge

psychopathological and so-called ‘normal’ experience: the games stress the uniqueness and importance of individual experiences without unnecessarily pathologizing them. I will conclude my talk with a reflection on the possible contribution that these games can make to showcase the dynamic nature of madness.

James Barnes (Exeter, UK) – *Madness and Middle Earth; or, Psychoanalysis from the Inside Out* (online)

The theme of this paper is to give a view from the ‘inside-out’ as opposed to the ‘outside-in,’ much in concert with strands of Wouter Kusters work. It comes, however, from the particular vantage point of the construction of self & other per the object-relations tradition of psychoanalysis. I start by describing the psychoanalytic assumption that what is really ‘out there’ are enduring centers of subjectivity and agency that persists through time and are self-determining, together with concomitant notion that all other configurations of experience are less true or real approximations of, defenses against, or pathological deviations from this reality. This is the point of view from the outside-in, which I term the ‘intersubjective order.’ I then invert this picture, speaking from the point of view of the experience of discontinuous events of raw being — terrible, wonderful, spontaneous and un-logical — and assert that they are, from the point of view of the inside-out, the more real or true experience, the intersubjective order being the defense and deviation from it for defensive, protective purposes. I frame this intersubjective order in terms of the construction of the ‘middle earth,’ long since forgotten for what it is, mistaken for something objectively real. I attempt to illustrate — though poetically immediate, rather than abstract and technical language — the birth of the human order as the coming into being of *as-if* ‘worlds-unto-ourselves.’ I focus particularly on Winnicott and his enigmatic account of the transition from the subject-object mix-up of infancy to ‘reality,’ but invert his assumptions, or rather descriptions. I suggest that from the inside-out, the transitional process is one of a seduction into the fabricated ‘intersubjective order’ and a giving up of communion with the awe-full depths of experience in favor of the regulation and relative peace that comes with human realm. Finally, I make the case *for* the intersubjective order — especially in the context of the modern, disenchanting, cosmologically and mythologically uncontained world. I describe the losses and the gains, and conclude that the preceding was more of a description of something, than some sort of imperative toward change. I do not present the paper as some claim to ‘objective truth,’ which ceases to make sense outside of the ‘intersubjective order,’ but rather as a story among many possible stories. It is left ambiguous as to whether I am describing first-person lived experience or not.

## LUNCHBREAK

13.45 – 14.45: Keynote 5

Nev Jones (University of Pittsburg) – *The Phenomenology of Psychosis: Where Have We Been, Where Are We Going?* (online)

Taking a critical look at the phenomenology of psychosis over the course of the 20th and early 21st centuries, this talk will focus on ongoing disjunctures between traditional phenomenological psychiatry and work in political philosophy and social justice attentive to epistemic and institutional hierarchies in the production of knowledge.

15u00 – 16.15: Parallel sessions

Room 1:

Annette Sell (Ruhr University Bochum) – *Positive Unreason: The Role of Madness in Kant's Philosophy* (in person)

In Immanuel Kant's philosophy, which is characterized above all by reason or criticism of reason, the concept of madness plays an important role. For Kant, madness is first and foremost a departure from knowledge and causes offenses against public order. But there is also the positive aspect of madness, which Kant describes as "positive unreason". Mental illness represents a world of its own with its own positive rules. These are to be highlighted in the paper.

Marc Calmeyn (KU Leuven) – *DSM (5) and Psychosis: The Psychosis of DSM (5)?* (in person)

Worldwide the DSM and the ICD are used as a basis for morbidity statistics; reimbursement systems; intervention decision support in health care, education and welfare contexts; design of research and trials; communication and teaching about mental health problems. The presentation focuses on the epistemological evaluation of the DSM (5) classification. The Superior Health Council of Belgium has installed a multidisciplinary expert committee to report on the problematic side of the use the DSM (5) in mental health care. The expert committee consists of psychiatrists, psychologists, philosophers, sociologists and an expert by experience. The committee advises the Belgian government about the DSM and possible alternatives. This official evaluation is the first to be presented in the international professional community. The DSM classification and its (neo-)Kraepelian ancestors consider mental diseases from a nosology that's medical and somatic in origin. Anthropopsychiatry - with its roots in classical psychiatry, psychoanalysis, philosophy (phenomenology and structuralism) - defines the field of psychiatry as those mental diseases that are typically human. Anthropopsychiatry can be seen as an intellectual and clinical framework to help clarify present-day discussions in psychiatric nosography and nosology. Especially the heuristic principle known as Ockham's razor is the cornerstone for a more scientifically inspired contribution to psychiatric classification. Finally the conclusion that DSM 'thinking' and the psychotic logic have common features is explained. Indeed, reification and materialization (Darian Leader) are the symptoms of this finding.

Ferdy Marysse (Ghent University) – *Philosophie Brute ou 'La Philosophie dans le Couloir'. From Philosophaster to Philosopher.* (in person)

This contribution makes a parallel with the concepts of Art Brut, Musique Brute, Théâtre Brut (outsider art, music, theatre). How, as to philosophy, functions the continuum from philosophaster to philosopher? Is there something like 'outsider philosophy' to be met in psychopathology or is this in fact everywhere? Is philosophy always a reflection of the outsider subject? Literally philosophy means 'to be fond of knowledge and wisdom'. In this sense philosophy is some kind of human right, a human potential and maybe even a human necessity happening everywhere, from to boudoir of De Sade to the couloir of the psychiatric hospital. But it goes also further than this. Are there in the end 'criteria' or 'standards' to delineate philosophy? Truth, science, norms and values, judging, 'la condition humaine', etcetera get a quite particular dimension regarded from a psychoanalytic perspective. Certainly when psychoanalysis is approached with chaos theoretic insights (the subject of my PhD). The introduction of language in the subject is as well the precondition as the inevitable 'obstacle' of the thinking process on whatever theme. The impact of this 'language barrier' brings on the discussion if the 'quality' of the derivatives of this barrier (e.g. science, philosophy) shouldn't be rather broadened to a kind of vector field, than narrowed to a line. With a variant of an expression of Jacques Lacan, we could say: the unsuccess of the unconscious is philosophy ...

Room 2:

Urte Laukaityte (UC Berkeley) – *Psychosomatic Mental Illness: A Hypothesis* (in person)

The aim of this work is to present a novel and theoretically fruitful, albeit hypothetical phenomenon in a way that is meant to invite future empirical research to test its exact properties and overall existence. Drawing an analogy with psychogenic bodily conditions (also known as functional motor and sensory symptoms or FMSS), I put forward the possibility of psychosomatic mental illness (PMI). As the name implies, FMSS are meant to capture motor and sensory symptoms that appear to have no organic physical pathology causing them. Nonetheless, FMSS may include such debilitating physical symptoms as blindness, deafness, pain, fatigue, weakness, inability to speak, abnormal gait, tremor, spasms, and seizures. Furthermore, it appears that these are quite prevalent phenomena, as around 16% of neurological patients are diagnosed with some form of FMSS. The concept of PMI by analogy with FMSS may prima facie seem self-contradictory, yet I will argue that it is a reasonable prediction, provided one takes on what has been the dominant position in modern psychiatry and accepts the medical model. In essence, the model posits that manifestations of an illness reflect there being some kind of organic physical (in this case neurobiological) impairment. In the case of psychiatry, it requires only that clusters of frequently co-occurring symptoms forming a commonly recognised syndrome would be thought of as caused by some kind of underlying physical malfunction, even if it has not been identified in practice. I will briefly suggest that the notion of PMI has potential to provide a workable account of a range of so far unexplained psychiatric phenomena, such as culture-bound syndromes, transient mental illness, mass hysteria, drug ineffectiveness for certain patients, the comparative effectiveness of placebo treatments, among others. I will aim to provide some broad motivation for suspecting that something along the lines of PMI may exist and, if so, why it would not have been empirically detected previously. The main goal in this paper is to make the case that drawing an analogy between bodily psychogenic symptoms and some comparable phenomenon in psychiatry is appropriate. I will do so primarily by raising and countering three possible objections to seeing a parallel here. With that in mind, the structure is going to be as follows: I will first (1) say more about psychogenic (or functional motor and sensory) symptoms in general medicine. I will then (2) put forward the possibility of PMI as a comparative case in the realm of mental illness. After that, I will (3) present and briefly address two objections challenging the parallel between psychogenic conditions in medicine and PMI. I will follow this by (4) considering another potential disanalogy between the two, namely, the fact that nothing like PMI seems to be on anyone's radar as of now, which I will respond to in greater detail. Finally, I will (5) finish with a brief summary and conclusion. If something like PMI is plausible, it would encourage researchers to take seriously the possibility that patients' subconscious subjective beliefs may be causal in psychopathology.

Andrew Molas (York University) – *The Ethics of Narrative-Based Medicine for Improving Therapeutic Relationships for Persons with Schizophrenia* (online)

I defend the benefits of narrative-based medicine (NBM) as a means for improving therapeutic relationships between caregivers and persons with schizophrenia. I begin by discussing evidence-based medicine (EBM) has become the standard and the most widely adopted model of medicine that has been embraced within the medical community, including psychiatry. Since the aim of EBM is to provide an objective and value-free approach to medicine, EBM claims to provide one of the most accurate and effective treatment methods available for addressing health concerns. However, because the focus of EBM is on symptom reduction and restoring a person's state of health, one reason why EBM is limited is because it neglects the additional social and existential features of a person's life that must be factored into successful treatment options. As an alternative to EBM to address these additional factors and fill in the missing gaps, NBM probes into the broader context of meaning that the experience of illness has for the person seeking medical care. Instead of focusing on treating symptoms as mere medical

anomalies, a narrative approach aims to provide a clearer sense of the meaning of illness on the person's life. This exploration of an additional experiential component of the person's experiences, combined with traditional approaches to medicine, offers a holistic picture of the person and of the impact of illness on their daily life. Moreover, NBM has potential benefits for helping minimize the stigma surrounding mental illness and to support persons with schizophrenia on their path to recovery.

Fiona Malpas (Mind in Camden) – *“To Be or Not to Be, That is the Question”*: *Philosophy and its Role in Suicidality and Suicide Prevention* (online)

Pondering the purpose of life, experiencing existential angst, and questioning the very notion of reality, can be considered understandable attempts to make sense of and navigate the world we find ourselves in. Throughout time, innumerable thinkers and writers have dwelled on the nature and function of existence, it is a topic that people regularly find themselves being confronted with. For some, when contemplating the adage of ‘To be, or not to be’, the answer is found in not wanting to be. What this means to an individual can be incredibly nuanced and multi-layered, but can be reduced to the person being seen as suicidal. Not wanting to live, and the expression of these thoughts or feelings are often pathologized, and contextualised in a biopsychosocial paradigm with ‘treatment’ aligning with this framework. However, allowing spaces for exploration of suicidality on a philosophical level, with an openness to discuss in-depth the various thoughts and theories that resonate with an individual in terms of their experiences, can be immensely powerful. Holding frank and unblinking spaces to have conversations about life and death, can be transformative, as has been demonstrated in the rise of Death Cafes and peer support groups. If conversations and thinking about existence and uncertainty are opened up rather than closed down, it can help people find their own understandings of their suicidality. Knowing that others wrestle with these topics and that there are no straight forward answers, can provide comfort and solidarity. By creating opportunities for people to become philosophers in their own right, to create their own understandings and narratives, and by talking about existing and/or wanting to die, preventing suicide can be a by-product of that process. Mental health services and suicide prevention initiatives could utilise philosophy to explore these areas with people who find themselves consumed by them. The process of learning how various thinkers have dwelled on life and death, can provide validation and normalisation for those filled with doubt and confusion. On a personal level, embracing existentialism and allowing myself to sit with the questions and challenges it contains, has allowed me to find a way to co-exist with suicidality and hold a multiplicity of feelings around it. Philosophy has helped me live whilst also wanting to die, and in this presentation I will discuss the role that philosophy plays in my own experiences of suicidality, in addition to how I bring philosophical discussions into my practice, working at a mental health charity.

16u15-16u35: coffee break

16.45 – 17.45: Keynote 6

Wouter Kusters – *Sources of Philosophy, Sources of Madness?* (in person)

Usually philosophy is considered as an abstract intellectual activity, or as a body of canonical texts. And when we talk about a philosophy of the Greeks, we refer to activities and texts from Ancient Greece, like those of Plato or Aristoteles. The sources, or subjects of that philosophy in question are obviously the Greeks. When philosophy takes place in the context of madness or psychosis, however, we often find philosophical texts and activities that are only *about* madness or psychosis. Psychosis or madness in these texts is reduced to an object of analysis on a bio-psycho-socio-level, and the sources, or subjects of philosophising are the philosopher-psychiatrists. Psychotic patients, experts by experience, mad(wo)men, or whatever they are called, are then considered as merely producers of data and

narratives, of which the real meaning is deciphered by the experts by knowledge. In my presentation I will plea for a philosophy of madness, as a philosophy that springs forward from madness.

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