

## **Too Mad to be True II**

The promises and perils of the first-person perspective

Second edition of the international conference on the philosophy of madness and the madness of philosophy

Gent, May 27-28, 2023

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

### **Final Program**

May 27, 2023

08.30 – 9.00u: opening conference + coffee

09.00 – 09.20: Jasper Feyaerts (Ghent University) & Wouter Kusters (Stichting Psychiatrie en Filosofie) - *Welcoming & general introduction to the conference*

09.20 – 10.10: Keynote 1

Alastair Morgan (University of Manchester) - *Interpretation as attention to difference* (in person)

What are the ethics of approaching madness from the “outside”, from the experience of one who has never been mad? Does the authority of lived experience mean that any interpretation of madness from the safe realm of reason becomes a form of violence? Can there be an account of madness that reconstructs and rescues a meaning from mad experiences or is such an account always an exclusion, a silencing of madness? This central question of the possibility of understanding madness without dissolving its otherness is the paradox within which continental philosophy dwells in the twentieth century and one that I outline in my recent book on Continental Philosophy of Psychiatry. In this talk I will use Adorno’s concept of negative dialectics to try and defend a concept of interpretation as attention to difference. A practice of interpretation as care respects a final opacity of experience. The experience of madness can never be completely subsumed by reason or rendered as finally translatable. However, any interpretation from the “outside” will inevitably involve an ineliminable context of violence. Such a context needs to be reflected upon and not disavowed.

*Alastair Morgan is a Senior Lecturer at the University of Manchester, UK. His most recent book is Continental Philosophy of Psychiatry. The Lure of Madness, published with Palgrave MacMillan in 2022.*

10.10 – 10.30: coffee break

10.30 – 11.45: Parallel sessions 1

Large Room:

## Sofia Jeppsson and Paul Lodge – *The allure of madness* (online)

Despite our diagnostic and phenomenological differences, our respective experiences of Madness have presented us with similar problems. First, we had the theoretical problem of what to believe about the world. Sofia oscillated between two worldviews, Paul between a regular worldview and the idea that there was another truth out there which he might be able to find if only he went manic again and kept looking. Still, we both faced the problem of what to believe. Neither of us could find any ultimate proof that regular people's regular worldview is correct; and we had the practical problem of what to do, which followed from not knowing what is. To resolve these problems, we have both embraced a kind of contented scepticism. But there's a third problem which we may call the allure of madness. For Paul, the allure was obvious – the possibility of finding out The Truth about everything – albeit tempered by significant worries about how his manic self was received by others. Sofia's experiences were rather like being the main character of a horror movie. The "horror" part is bad, but there remains something alluring about being the main character. We believe this is an underappreciated point in clinical practice. There is a widespread assumption that normalcy is better than Madness in every way. But normal life can be terribly hard, both for individual reasons (e.g., being poor and socially isolated), and for societal reasons (rise of fascism, climate crisis, wars) – Mad life might seem preferable to real life threats all things considered, even when the former is frightening. In this presentation we focus on the allure problem, and the ways in which our solution to the first two problems connects up with our navigation of it.

*Paul Lodge is Professor of Philosophy at Oxford University. Whilst most of his professional work has been in Early Modern Philosophy, he has had a bipolar diagnosis for 30 years and spent much of that time engaging with his condition philosophically. More recently, he has begun to write openly about his experiences with mania and being a mad philosopher.*

*Sofia Jeppsson is Associate Professor of Philosophy at Umeå University. She has never been precisely diagnosed, but placed on the schizophrenia spectrum by her doctors. She started her philosophical career writing about free will, moral responsibility, and applied ethics. In recent years, she has focused on the philosophy of psychiatry and Madness, and has analyzed her own experiences in several papers.*

## Arthur Sollie - *Self presupposes self-disorder* (in person)

The usual phenomenological psychopathological understanding cannot eliminate the problematic relation between selfhood and self-disorder, which are supposed to coincide in schizophrenia. Such a presupposition makes schizophrenia not thinkable, but rather unthinkable, if we start from the idea that selfhood and self-disorder, A and non-A are not supposed to coincide. Self-disorder (their coincidence) is therefore that what cannot be included in our conception of selfhood. In this lecture, I will propose a completely reversed reading. Instead of attempting to explain how self and self-disorder miraculously coincide in schizophrenia, thereby transgressing the principle of contradiction, I will propose this coincidence itself to be the core or minimal self. One can start from the 'unexplainable' itself, where selfhood arises out of something it cannot properly include. This is indeed disturbing, but without it, I will argue, selfhood would never have been something actual. The lecture will then conclude with inverting the phenomenological psychopathological view on psychosis. Schizophrenia is a way to expel the possibility of self to coincide with self-disorder, so that, when it appears, it cannot but lead to complete perplexity. To experiencing something that is supposed to be completely impossible to happen.

*Arthur Sollie studied philosophy at University of Paris 8 and clinical psychology at the University of Ghent, where he now prepares a PhD on psychosis at the Department of Psychoanalysis and Clinical Consulting.*

## Willem Daub – Phenomenology of Thinking & Neurophysiology (in person)

This paper explores the family resemblance between Cognitive Phenomenology (Bayne and Montague, 2011, Beyer et al. 2016) and Observing One's Thinking (Daub, 2020, Beyond Wittgenstein). In contrast to sensory phenomenology which considers phenomena as given by one's senses, CP and OOT consider phenomena to be present only if one performs thinking activity. Thinking itself is experienced during its enactment, and its phenomena cannot be observed and investigated directly (as Brentano and Steiner and more recently

Montague maintain), but only in retrospect, i.e. after the thinking has been done. Three examples of such observing and investigating one's thinking are presented. Based on reports of many persons who have observed and investigated their own thinking in these and many other guided thinking examples (Daub, 2020), a general temporal structure was found. A completed thinking process passes 'down and up' through seven phases: 1) thinking in words/concepts; 2) appearing of image(s) not of sensory origin but of mental origin; 3) disappearing of these image(s) in a swift gesture; 4) a very short moment of awareness of 'nothingness'; 5) gestural feeling of meaning (the Felt Meaning of Petitmengin (2007)) polar to the swift gesture of stage 3; 6) image-woven meaning polar to the image(s) of stage 2; 7) establishing the worded concept dual or polar to the concept figuring in stage 1. All phases of thinking activity are continuously accompanied by an awareness of me (I), who is the agent of thinking activity. Purely automated human thinking and Artificial Intelligence pass directly from phase 1) to phase 7). Most of our argumentative thinking almost does the same, but 'runs a little deeper', touching on phase 2) and 6) because we always think in imagistic metaphors (Lakoff and Johnson, 1980). This is also the region where the archetypes of C.G. Jung can be experienced. Pre-Socratic philosophers and Plato before Aristotle could still express their thoughts going directly from 2) to 6). When creative thinkers do that today we say they 'suffer' from dyslexia, because they are not very agile in transforming their thoughts into the 'upper' argumentative layer. Where the images of layer 2] or the inspirations of layer 3] get 'a life of their own' and directly influence our (moral) decisions, we speak of mental disorders. Neurophysiological research (van Turenhout 1998, Radder and Meynen 2011, Petitmengin 2007, 2013) appears to reveal a similar four-layered structure in thinking processes. In conclusion, OOT reveals a structure in thinking activities similar to that found in cognitive phenomenological and neurophysiological research.

1. *I read a history of philosophy when I was 17, which I understood. Then I started reading Kritik der reinen Vernunft, which I didn't understand.*
2. *I studied physics, a bachelor, then philosophy, a bachelor.*
3. *I worked as a teacher of physics, mathematics, astronomy, religion, bookbinding and architecture in a Waldorf School, upper grades.*
4. *Then I went back to university and obtained a Master Degree in Philosophy of Science in 2012.*
5. *Author of Beyond Wittgenstein, Beyond Mindfulness (academia.edu).*
6. *Co-author of Changing Ground: Handling Tensions between Production Ethics and Environmental Ethics of Agricultural Soils (Sustainability).*
7. *I have been giving courses in Observing One's Thinking for many years now.*
8. *I am considering a dissertation.*

### Library:

Jake Dorothy –*Self-Experience in CPTSD: The Limits of Minimal and Narrative Self* (in person)

Self-experience in complex posttraumatic stress disorder (CPTSD) has been curiously neglected within phenomenological psychopathology. In recent years, research into pathological self-experience has predominantly focused upon schizophrenia spectrum and mood disorders, where a distinction between notions of a minimal and narrative self has been commonly employed. Central to these accounts is the claim that the minimal self, characterised as pre-reflective self-awareness, holds constitutive and potentially causal primacy over the conceptually-dependent narrative self that is akin to personhood. Whilst this distinction and its embedded claims have reliably enabled differentiation between the kinds of self-disturbances at stake in schizophrenia spectrum and mood disorders, however, I suggest that they are problematised by the phenomenology of CPTSD. In this paper, I focus upon dissociative memory associated with complex trauma and draw on the phenomenology of body memory (Fuchs, 2012) and affectivity (Bortolan, 2020) to demonstrate how minimal and narrative self-disturbances are herein constitutively and causally interrelated over time. Specifically, I show that whilst aspects of dissociative memory involve alterations in pre-reflective self-awareness (e.g. in out-of-body experiences or autoscopic hallucinations), these are inextricable from the embodied affectivity that also characterises autobiographical memory and imbues situations with personal meaning: in this case, rendering aspects of the world able to trigger traumatic dissociative recollection. I argue that this interrelatedness collapses the distinction between the minimal and narrative self such that a

revised conception of their structural relationship is required if these notions are to accommodate the full breadth of self-experience in CPTSD.

*Jake Dorothy (they/them) is a PhD researcher in the Department of Philosophy at the University of York. Their interests lie primarily within the philosophy of psychiatry, neurodiversity, and medicine. Their doctoral thesis is a phenomenological analysis of selfhood in complex trauma, a project for which they are also engaged in qualitative empirical research. Having a first degree in Psychology, they are especially concerned with how theoretical findings within phenomenological psychopathology may be fruitfully applied to clinical settings such that patients/survivors benefit.*

*Anna Sterna and Marcin Moskalewicz – Borderline temporality - between lived experience and third-person conceptualization. Toward evidence-based phenomenological analysis (in person)*

The uniqueness of temporal experience of people with Borderline Personality Disorder (BPD) has been conceptualized from the phenomenological standpoint through the notions of *immediacy* and *instantaneity*. These concepts refer to postulated impairment in the reflective function of the self consisting of an inability to distance oneself from and narratively represent one's lived experience. BPD people are thus "caught up" in the now with the consequence that their narrative self appears fragmented. Recently, we supported these assumptions with some qualitative empirical evidence. It seems that BPD temporality is marked by intense emotional peaks, in which past and present are over-represented, while the future appears undefined and unknown (past-like). The temporal zones do not overlap, which prevents the self from maintaining its historical continuity. In this respect, more theoretical phenomenological formulations meet with first-person empirical data. Still, such image of BPD temporality remains insufficiently explored. On the one hand, empirical evidence is scarce, on the other hand, phenomenological formulations seem abstract. This raises the necessity for both broader theoretical exploration (i.e. beyond phenomenological categories) and further, empirical verification of lived experience. In this presentation, we aim to integrate the previously detached evidence from chronobiology, cognitive sciences, and psychoanalysis on BPD temporality, which - together with the abovementioned phenomenological formulations - will expand our perspective on the subject. In addition, we shall discuss the recently collected interviews on lived experience of time in BPD. Altogether, our goal is to sketch the overall structure of lived borderline temporality, which is both theoretically informed and conceptually precise, and remains faithful to the experiences of people suffering from this condition.

*Anna Sterna, PhD student, holds a Master's degree in Psychology. Currently, she is pursuing a Doctoral degree in Philosophy and Mental Health Unit, Department of Social Sciences at Poznan University of Medical Sciences, Poland. Her research interests are primarily focused on the first-person experience of Personality Disorders, with a particular emphasis on exploring the lived-experience of self, temporality, and adjustment to the diagnosis of Personality Disorders. Specifically, she is now endeavoring to deepen the understanding of the lived-experience of self impairment in individuals with Personality Disorders. She is an integrative psychotherapist who works with patients diagnosed with Personality Disorders in both inpatient and outpatient contexts of treatment.*

*Marcin Moskalewicz, PhD, DSc, specializes in transdisciplinary research at the intersection of philosophy and health sciences, his most recent work concerns lived experience of time in mental disorders and in cancer, and clinical judgment of schizophrenia (the Praecox Feeling). Moskalewicz is currently a Humboldt Fellow at the Psychiatric Clinic, Heidelberg University (Germany), Head of the Philosophy of Mental Health Unit, Department of Social Sciences, Poznan University of Medical Sciences (Poland); Convener of the Phenomenology and Mental Health Network, The Collaborating Centre for Values-based Practice in Health and Social Care, St. Catherine's College, Oxford, and Associate Professor at the Institute of Philosophy, Marie Curie- Sklodowska University in Lublin (Poland).*

*Evi Verbeke – How to listen to the revolt expressed by people with mental suffering? (in person)*

The work of Michel Foucault highlights how madness gets encapsulated by different discourses that involve

power relations. Foucault's work is frequently interpreted as if he thinks that madness is merely discursive. Yet, that is not what Foucault is saying. To Foucault madness is not just a product of discourse, but an aspect of humanity that has been targeted in very different ways throughout history. Following his train of thought, I would argue that madness is indeed not merely something discursive (although discourse definitely has an impact on both the outsider perspective and the inner experience of madness) but is also what resists power dynamics. This is because madness testifies to the structural lack (cf. Lacan) in discourses, it shows how discourse cannot regulate everyone and how people still suffer with themselves despite different régimes of truth on the human experience. Madness being a kind of black mirror to ruling discourses. I argue therefore that madness has an element of psychological suffering and an element of accusation. For example, hysteria in the 19th century was both a suffering that some women experienced and at the same time an implicit critique of a society that drastically limited sexual freedom. Nowadays self-harm is both an expression of mental anguish and a (be it unconscious) accusation of the Western body cultus. This resembles a statement of Maud Mannoni: that society has a lot to gain in listening to those who express their despair and revolt and tell us a truth about the structures that imprison us. Madness itself seems to be one kind of truth about those structures. For example, telling a truth about the side effects of a body cultus. This is not to say that madness is caused by society, rather the way madness reveals itself exposes some of the hidden shadows of society. Some people who experience mental health problems, testify that commenting on this could be part of their recovery and could help psychiatry and society to rethink certain values and habits. The first-person perspective could thus be fruitful to think about what madness teaches about civilization. The paper will be complemented by case studies.

*Evi Verbeke is an assistant professor in psychoanalysis at the University of Ghent. She also works at an assisted living facility for people with mental health problems. Last year her book 'Psychiatry Adrift: on Power, Ethics, and Resistance' was published.*

### Philemon:

Edith Mayorga – *The problem of diagnosis. The Way of Tao (the inner voice)* (online)

In this text I will focus on the first-person perspective and I will explain, from my own experience, the problems I faced with the psychiatry method. In the first part, I will develop the problem of diagnosis – a failed dialectic– in which some conditions that were presented insistently, were not listened to for an adequate medical history. The second part, I will talk about how a wrong diagnosis led to inadequate drug treatment and how this increased symptoms and disorders, including suicidal acts. I will list the different names with which I was labeled by psychiatrists over the course of 9 years. Finally, I will describe how some phenomena of my psychosis, which psychiatry interprets negatively as delusions or ideas of reference within its catalog of symptoms included in the DSM-5, are not crazy ideas: here I will make a brief explanation of hallucinations or revelations with specific experiences that I am also developing in my autobiography.

*My name is Edith Mayorga Saucedo, and I was born in Mexico City in 1971. I studied Philosophy at the Facultad de Filosofía y Letras de la Universidad Nacional Autónoma de México (UNAM). Two years after I start the university, I developed severe anxiety symptoms. I had different diagnoses over 9 years: depression (major, acute and severe), dysthymia, bipolarity, accompanied by various disorders: sleep paralysis; paranoid disorder; obsessive-compulsive disorder; anorexia, borderline personality disorder, agoraphobia, schizoid disorder, mania, impulsivity, and inappropriate anger. For this reason, I was treated and medicated for about a decade. I am currently studying philosophy self-taught because I have never adapted to the academic philosophy system, because of my persistent mental health problems, and because, through my experience, I have developed an aversion to institutions. Now I am more interested in live philosophy, and being in contact with philosophers who live and write from other frontiers of knowledge, such as madness. For a couple of years, I have been writing my autobiography, in which I try to investigate the development of my madness. In this self-knowledge exercise that goes through different stages of my life. I am trying to explain (me), the collapse that kept me on the verge of death, and my relationship with psychiatry.*

Alke Haarsma-Wisselink – *From Mastery to Mystery in Psychosis Inquiry* (in person)

The psychosis that engulfed me in 2016, the madness that I tried to surf, was the best ‘potentially theorisable event’ that I had ever experienced. Every aspect (even the smallest moment) is worth inquiring into, and, like Wouter Kusters in *A Philosophy of Madness* did so thrillingly, deserves to be ‘crystallised’. Not trying to (fully) understand, or to propose a new totalising theory, but as an experience never to fix nor settle. With this mysterious, multifaceted and everchanging experience in both my body and mind, I dwell in hierarchical, predominantly positivist, neuro-bio-quantitative contexts of academic psychiatry in The Netherlands, for my PhD study (2019-2024). In this paper presentation I would like to work with critical and performative autoethnography. To analyse and study (graphy) my personal experience (auto) as an inquiring ‘human becoming’ in the field of psychosis, in contexts and relations with others, in order to inquire into the culture we share (ethno). Qualitative theorists Alecia Jackson and Lisa Mazzei, the authors of *Thinking with Theory in Qualitative Research* (2023, 2nd ed.), draw heavily on postfoundational philosophies and poststructural thinking, e.g., Deleuze & Guattari, and Foucault. In an article titled ‘Experience and “I” in Autoethnography’ (2008) they argue against the way that the transcendental phenomenological tradition inspires autoethnographic research practices of data accumulation and synthetisation. And they critique certain types of autoethnography reliant upon phenomenological notions of a fixed and static ‘I’, a transparent and easy-to-access ‘Experience’. With the help of Jackson & Mazzei (2008), I strive to be critically reflective of what ‘I’ am doing when performing autoethnography on the page, and to a public. In keeping with Foucault I aim to question traditional hierarchies, specifically the academic discipline of psychiatry in the Netherlands, with its positivist pursuits to fully ‘grasp’ and ‘master’ psychosis. My hostile-friendly (Smaling, 2008) attempt at parrhesia is rooted in my hope that it will always be just out of reach what psychosis is, what madness means, what ‘the truth’ is. My performative proposal is to create space for the many stories, and for awe-inspiring mysteries, in inquiring psychosis within the academic discipline of psychiatry.

*Alke Haarsma-Wisselink MA is a multidisciplinary cultural scientist and a lecturer Social Work & Theology, who experienced psychosis in 2016. As a PhD student she inquires into ‘polyphonic’ collaborations, in research and practice, regarding ‘the good life’ of people with psychosis susceptibility in supportive housing.*

*Sarah Golightley – Too Bad to Be True: The ‘troubled teen industry’ and the lived-experience-expert as captor (online)*

The ‘troubled teen industry’ in the United States is a multi-billion-dollar network of private residential programmes that seek to reform ‘deviant’ and psychiatrised youth. Young people can be sent by their parents, with or without their consent, for perceived psychological, behavioural, or substance misuse problems. The programmes have a regimen of strict rules, surveillance, and punishments. There is minimal government oversight or regulation, and the programmes can operate with or without licensed health professionals and admit teenagers with or without formal psychiatric diagnoses. Historically, the troubled teen industry has taken inspiration from 1960s Synanon-style alternative therapeutic communities and the industry has been marketed as an alternative to biomedical and psychotherapeutic hospital treatment. Many troubled teen programmes have utilised an alternative, confrontational and shame-based intervention known as ‘attack therapy’. Staff are often those who have previously been subjected to attack therapy and proclaim its successes. Young people cannot freely leave the programmes and those who resist are subject to increasingly harsh and restrictive interventions. They are held captive by the lived experience experts who claim to be saving them. As a survivor of the troubled teen industry, I have spent the last five years conducting doctoral research on the perspectives of those formerly institutionalised in these programmes. The troubled teen industry raises important questions and tensions for Mad Studies scholarship and activism. Mad Studies emphasises the liberatory potential of centring lived experience expertise and rejecting biomedical approaches to mental health. Yet there is a need to address how alternatives, sometimes led by lived experience experts, can be oppressive, dehumanising, and the source of profound harm to mad people. How does Mad Studies reckon with the potential for experts-by-experience to enact cruelty-by-experience? Will Mad Studies address these ‘alternative’ forms of violence, or are our experiences too politically inconvenient, too bad to be true?

*Sarah Golightley is a social work doctoral candidate at the University of Edinburgh. She is a survivor-researcher whose PhD is on institutional violence, epistemic injustice, and the social control of psychiatrised youth in the USA ‘troubled teen industry’. Her research has been cited in the press and her publications included as a resource on survivor advocacy websites. Sarah’s interests include Mad Studies and Critical Disability Studies, and she was part of the team who established the world’s first Mad Studies degree programme at Queen Margaret University, Edinburgh.*

11.45 – 12.35: Keynote 2

Robert Chapman (Sheffield Hallam University) –Class Consciousness, Elite Capture, and Mental Health (online)

This talk is about the crushing of the organised working class during the 1980s and how this led to a hollowed out mental health politics that was uniquely open to elite capture. We'll look at how the absence of robust class consciousness allowed the construction of the 'service user' for mental health politics in a neoliberal era. Notably, this has been accompanied by attempts to move away from a biomedical model. But instead of shifting to a militant social model as has been so effective for the disabled person's movement, it instead ended up with a charity model led by the professional classes and rife with elite capture. While this has basically no liberatory potential, I end by considering current developments in class consciousness and the prospects for a more liberatory mental health politics for the coming years.

*I'm a philosopher interested in psychiatry, neurodiversity, disability, medical humanities, social epistemology, critical theory, and a bunch of other things. At the moment I'm working on a book provisionally titled Neurodiversity and Capitalism: the history of normality and the politics of mental health. I'm currently a Senior Lecturer in Education at Sheffield Hallam University.*

LUNCHBREAK

13.35 – 14.50: Parallel sessions 2

Large room:

Robert Swier – *The birth of the Homo Paradoxalis* (in person)

Sir Isaac Newton said, "If I have seen further than others, it is by standing on the shoulders of giants". A humble statement, which I would like to research in the context of the theme of this conference and which I would like to question. What was his perspective? What was the perspective of 'those others' and what was the relationship between Newton and those others? Instead of looking further, couldn't he have looked more closely at his feet and at the shoulders of the giants? And what about the feet of the giants; what about the surface those feet stood upon? On a giant turtle? It is clear that Newton, but as a matter of fact all of us, think and perceive from the first-person perspective. That perspective is always outward. However, the very moment we start thinking or perceiving and are aware of those processes, the thoughts and perceptions become objects. Any attempt to 'look inward' is impossible. The inside of a room is always the outside of the walls of that room. The observer can never be observed by the observer. Even thinking or talking about the first-person perspective objectifies it and makes the true first-person perspective disappear. On the other hand, it is impossible to take a fully adequate third-person perspective. No matter how strong our empathy is, the transition from a third- to a first-person perspective is always accompanied by a loss of information, if only because it is impossible to take the spatial position of the observed object at the same time. And even then, if that translation would succeed, it has become the first-person interpretation of the third-person perspective. To me, this shows that both perspectives are impossible to maintain. In my contribution to the conference I will argue, that a scientific approach to this issue is possible, but that the use of physical and mathematical tools and models will always lead to paradoxes. I will present some of those fundamental paradoxes. I hope to be able to convince that the paradoxical strangeness of the world around us arises from the logical inability to adopt the correct perspective. However, that same paradoxical strangeness of the world disappears like snow in the sun, at the moment we realize that the underlying cause is the inability to take the right perspective. It is not the world that is paradoxical. Man is!

*Robert Swier has gone through 3 existential experiences, also called psychoses. He is currently Manager Operations of an Industrial Automation company, specialized in optimizing (production) processes in Groningen, the Netherlands. In addition, he works as an Expert-by-Experience one day a week at the Geriatric Psychiatry Department of Arkin, the mental health institution of the Amsterdam Region.*

Ferdy Marysse – *Kant with Chaos: from 'a priori' to 'I'* (in person)

Looking closer at the ‘a priori categories of understanding’ discerned by Kant, these seem to define similar principles and characteristics that are found in complex dynamic systems theory and chaos theory. The Kantian step from ‘intuition’ to ‘understanding’ goes along with a transformation from perceptions into concepts. Concepts (signifiers) are a new ‘form’ by which reality is approached and understood, and are also the material by which experiences are ordered. This ordering is an autopoietic process and will differ from subject to subject. The autopoiesis introduces the time dimension that starts from an a priori ‘mathematical architecture’ of the human subject and evolves to a ‘dynamic’ personal construct that orientates the subject in its experiences. But, between the mathematical a priori and the dynamic personal trajectory through time, interferes the fact that the human subject is a living system. This human living system is no longer characterized by instinctual needs, but by subjective desires and drives. Every ‘taking of perspective’ cannot escape the impact of this what makes us a symbolic species: a personal, autopoietic construct as well as a subjective desire that don’t let grasp themselves completely in a symbolically formulated perspective – because, according to dynamic systems theory, there is always a loss and a growing entropy in every transformational operation – interfering in an interaction with other subjects, that are likewise determined by a (different) personal construct and desire. Within a complex dynamic system the ‘I’ is – parallel to other dynamic systems – the way that a particular system momentary succeeds to behave as a whole. This as well in an act of behaving as in an act of speaking. The ‘I’ is the assembling and concentrating of dissipating possibilities into a continuously evolving point (the Eigenvector of this ‘one’). This goes along with the negation of part of the dissipative symbolic possibilities and the constraint of another part of these possibilities. In this regard, the first-person perspective may also be considered as one of the dissipative possibilities within the set of possibilities of perspectives of the human species. Rather than putting the emphasis on the constraint of different perspectives of different people (organised perspectives, e.g. scientific generalisations) this enlightens another dimension: the dissolution of constraint into dissipation (first-person perspective). Together they illustrate both extremes of chaos theory: constraint versus dissipation.

*Ferdinand Marysse is a PhD student at the University of Ghent, Faculty of Psychology and Educational Sciences, Department of Psychoanalysis and Clinical Consulting. The topic of the PhD project is ‘Chaos in the Psyche’ and concerns the application of complex dynamic systems theory to psychoanalysis. Besides, Ferdinand Marysse is working in ‘Karus’, a psychiatric hospital in Ghent and Melle (Belgium). Clinical experience for about 30 years with different ‘pathologies’, mostly mood disorders and psychosis. He also participated on the first edition of ‘Too mad to be true’ with a contribution called: Philosophie Brute ou ‘la philosophie dans le couloir’. From philosophaster to philosopher.*

### Rob Sips - *Psychosis as a process of existential detemporalisation* (in person)

Alterations in temporal experience in psychosis have been described in different lines of research: in phenomenological approaches, psychoanalytical theories and in experimental psychology. Phenomenological studies of first-person descriptions that specifically focus on alterations in temporal experience exist, but are scarce. These studies, however, mainly focus on Husserlian analyses of time consciousness and through the work of Minkowski, on the later work of Henri Bergson, specifically on élan vital and synchrony between implicit and explicit time consciousness. The earlier Bergson, however, had as a focus of investigation (pure) memory and (pure) perception. The function of memory in the act of perception, studied by Bergson, has received little attention in philosophical psychopathology. It is however this aspect, so I will argue in this presentation, that can help us move towards a better understanding of disturbances of temporality in psychosis, where now a descriptive framework that can properly connect findings from different lines of research is lacking. In this presentation, I will try to sketch the outlines of a coherent framework, that attempts to bridge both different levels of explanation (e.g. relations between perception and temporality) as offer a framework on different stages of psychosis in regards to temporal experience. The main focus will be on the early work of Henri Bergson and his notions of durée, (pure) perception and (pure) memory which I will further supplement with insights from Gadamer on temporality, perspectivism, truth and hermeneutics, Merleau-Ponty regarding perception, memory and the intentional arc; and connect with Ratcliffe’s work on Varieties of Temporal Experience in Depression (Ratcliffe, 2012). This connection is relevant, as it has been reported that up to 40 % of individuals at ultra-high risk (UHR) for psychosis reach a criteria for depressive disorder (Uptegrove R. et al., 2016)

*Rob Sips obtained the degree of philosopher at the University of Antwerp and a PhD in biomedical sciences at the Center for Contextual Psychiatry, at KU Leuven. His research combines philosophical approaches to*



*psychopathology and psychosis with qualitative research. His main research areas of interest are to be found at the crossroads of (proto)phenomenology, continental philosophy, 4E cognition and enactivism and the overarching research field of philosophy of mind.*

### Library:

Lucienne Spencer, Roxana Baiasu and Rosa Ritunnano – *Presentation and Workshop about the Renewing Phenomenological Psychopathology Project* (online)

Although phenomenological psychopathology has done much to expand our understanding of mental disorders, the tradition remains somewhat fossilized in the humanities and social sciences of the mid-20th century. Through Renewing Phenomenological Psychopathology, an International Exchange Award funded by the Wellcome Trust, we aim to revive phenomenological psychopathology for the 21st century as a democratic discipline with an inclusive account of the experience of mental ill health. Our goal is to infuse phenomenological psychopathology with cutting-edge developments in this area as well as contributions from interdisciplinary research. In addition, we hope to generate diverse international scholars from across disciplines and career stages. For this year's 'Too Mad to be True 2' conference, we propose a Renewing Phenomenological Psychopathology workshop, led by Dr Lucienne Spencer and Dr Roxana Baiasu. We will begin with an overview of the project and what we have achieved thus far. This will briefly cover the launch event, network and funding awards. The funding award section will include a 5-minute talk from Dr Rosa Ritunnano, who (along with her team) has recently been awarded the Interdisciplinary Expansion Sandpit Award. Dr Lucienne Spencer and Dr Roxana Baiasu will then present their own independent research under the theme of renewing phenomenological psychopathology. Lucienne's talk will cover a section of a forthcoming paper she is co-authoring with Prof. Matthew Broome (co-lead of the RPP project), which redresses the concept of 'empathetic understanding' in phenomenological psychopathology. In her talk, Roxana uses a critical phenomenology approach to inquire into the situatedness of first-person lived experience as shaped intersectionally by various factors (including gender, race, economic and social status – and correlated power relations). Finally, we will hold an interactive discussion on the project's upcoming 'co-production scheme'. 'Co-production' in mental health research acknowledges the valuable knowledge and expertise of people with lived experience of mental health problems or neurodiversity. It champions the production of joint research between experts by experience and clinicians, who would both contribute their insights on an equal basis. Through our co-production scheme, people with lived experience will be linked with a researcher from our international Network, with the aim of co-producing a piece of work on the theme of phenomenological psychopathology. Through this scheme, we hope to encourage co-production in research and to increase the presence of people with lived experience in the field of phenomenological psychopathology.

### Philemon:

Robyn Thomas – *Bridging Divergent Realities through Film and Photography: Valuing "Living" Experience through visual methods* (in person)

I propose an interactive presentation exploring what lived and living experience, autoethnography and visual methods can bring to our understanding of psychosis and non-consensus reality. Mad studies is often in contention with academia, as mad people push back against lived experience academics who can fit into rigid academic frameworks and turn lived experience knowledge production from collective knowledge co-production to jargon-filled papers that can reproduce similar hierarchies that Mad Studies is trying to dismantle. I will begin this presentation by showing a series of photographs I took inside a psychiatric ward while experiencing florid psychosis and involuntary detention. Faces of patients/ inmates are superimposed by images taken of a night storm, to maintain confidentiality. A short clip of an award-winning film I directed about a young man recovering from a diagnosis of schizoaffective disorder will also be shown. These multimodal examples will spur a conversation of how visual methods can bring the lived experience of mad identities into present tense, disrupting the assumptions that the lived experience of researcher and subject is only acceptable and ethical when that lived experience remains firmly contained in the past tense. I argue that lived and living experience inclusion and leadership is vital for bridging divergent realities and rifts

between patient/ clinician, mad/ sane, consensus/ non-consensus perspectives, academic/ non-academic, and that visual methods can assist in bridging these divides.

*My doctoral research brings together ethnographic understandings of madness, Mad Studies, visual, medical and autoethnographic anthropology, and lived/ living experience inclusion and leadership. I'm a PhD candidate in social anthropology exploring meaning-making in psychosis and non-consensual reality, alternatives to forced psychiatric treatment, social determinants of distress, and therapeutic communities. I received my MSc in Global Mental Health in 2020 at the University of Edinburgh (with distinction). My background is in documentary filmmaking and I've directed award-winning films. I also have "lived experience" of "psychosis/ non-consensus reality." I have published a joint paper on posttraumatic growth after psychosis with the Irish Journal of Psychological Medicine and Psyche Magazine and have shared my MSc research on Mad In America. My autoethnographic essay about multi-cultural responses to psychosis and psychiatrisation is forthcoming in the Hunger Mountain Review.*

*Jan de Vos – A critique of the first-person perspective from psychoanalysis starting from the ordeals of digital subjectivity (in person)*

On the one hand, the digital has a thing with the subject and the first-person perspective: the latter is used/mounted as the point of entry to the digital world. Just consider "first-person shooter games" relying on a first-person point of view allowing the player to 'freely' roam the virtual environment. Arguably this (of course steered and nudged) first-person eventually is itself the central commodity in these times of digital capitalism: gathered psychological profiles are sold to advertising companies. On the other hand, the digital is said to be the Armageddon of subjectivity and the first-person perspective as such, as it smothers and erases experience (offering fake news, imposing fake subjectivities, condemning us to passivity) it risks to numb any conscious engagement with the "real world". Is this digital death of subjectivity then our call to revive the subject, to reclaim the first-person perspective? Or should we embrace the digital death-knell and welcome its decentering and deconstruction of subjectivity, seeing it as the advent of a new human (e.g. Kurzweil's dream of singularity)? I will argue that both options are worse. Starting from a (Freudo-Lacanian) psychoanalytic critique of the first-person perspective –positioning the figure of the subject as too mad to be true— it will be posited that any deconstruction of subjectivity eventually cannot but hit a "zero-level of subjectivity", which, to borrow the words of Mladen Dolar, although "without an 'I,'" is nonetheless "not without a subject." To avoid essentialization, naturalization or psychologization of the first-person-perspective (giving flesh and weight to the Self, lived experience...), one can turn to psychoanalysis positing a non-subjective, non-psychological point from where a human first-person perspective inevitably is mounted. In conclusion a question is asked. Arguably, contemporary digital constructions of the first-person perspective –serving as said as the point of entry to the digital— rely on simple, cardboard psychological models (enforcing identities to our avatars and hence to ourselves). Can then a non-psychological and emptied out first-person perspective serve here as an alternative model for digital technologies? The answer will be an empathetic and firm 'no': the "not without a subject" cannot be modelled nor algorithmized, it hence cannot be drawn into the digital system (this is precisely the attempt of digital capitalism, i.e. to incorporate [inter]subjectivity and make profit from it).

*Jan De Vos is currently affiliated to Radboud University Nijmegen and to University College Ghent. He is author of, amongst others, The Digitalisation of (Inter)Subjectivity. A Psy-critique of the Digital Death Drive (2020) and Psychologisation in Times of Globalisation (2012).*

*Hilda Reilly – Her own story, in her own words. Freud's patient Anna von Lieben answers back (in person)*

This study is inspired by the work of Roy Porter, who draws attention to a patient-shaped gap in medical history, and Rita Charon, who emphasises the need to foreground the patient's narrative in the practice of medicine. The principal aim was to devise a means of accessing the lived experience of a patient who is no longer alive in order to gain an understanding of her narrative. Anna von Lieben was identified as a suitable subject as she wrote a corpus of autopathographical poetry suitable for analysis and her status as Freud's patient makes her a person of significant interest to the history of medicine. The poems, which I discovered

in the possession of a family descendant, were analysed using Interpretative Phenomenological Analysis (IPA), an idiographic and inductive qualitative research method, based on Heideggerian hermeneutic phenomenology and committed to illuminating first-person experience. It combines a hermeneutics of empathy with a hermeneutics of questioning to interpret a text in its own terms rather than by applying an existing analytical framework (eg, psychoanalytic, feminist) imported from outside. The main findings of the IPA study reveal that Anna suffered a long period of ill-health, starting in adolescence. The discovery of her husband's diaries and related family correspondence enabled me to contextualise and add substance to those findings. I identify a number of comorbidities and show how those could be responsible for much of the symptomatology attributed by Freud to 'hysteria' On this basis, and using a process of Bayesian reasoning, I outline a fourfold set of hypotheses as a more plausible explanation of Anna's condition The study overall highlights the way in which qualitative research methods in combination with historical methods can contribute to the furtherance of narrative medicine and, in this case, restore the dignity of a victim of epistemic injustice. Moreover, as it presents a three-stranded account of the illness and treatment of one of Freud's patients, combining and contrasting the narratives of the patient herself, her husband, and Freud. the study is likely to be the first of its kind.

*Dr Hilda Reilly*

*Research affiliate University of Glasgow*

*PhD title: In her own words: Exploring the subjectivity of Freud's patient Anna von Lieben (2022)*

*MA in Creative Writing 2011*

*MSc in Consciousness and Transpersonal Psychology 2008*

14.50 – 15.40: Keynote 3

*Elizabeth Pienkos - On the understandability of psychosis: Pushing the limits of phenomenological psychopathology (in person)*

Karl Jaspers's famous characterization of primary delusions as "un-understandable" or incomprehensible has been widely discussed and debated. His definition of understandability points to whether a new experience or symptom can be empathically understood as a development of the personality, or whether it represents a fundamental change to the personality structure. Recent movements in phenomenological psychiatry have demonstrated the ways that psychotic forms of experience can be understood, and at least partially explained, as reflections of a disruption of the basic or minimal self, considered to be the foundation or locus of first-person experience. But many go on to suggest that this understanding is limited, and that schizophrenia does not arise from understandable psychological motivations. Instead, there is a tendency for pathogenetic explanations in this field to look to neurobiological mechanisms of causality. In this talk I will discuss the capacity of phenomenology to uncover any possible psychological motivations of psychosis, especially considering the resistance to meaning that can be inherent in psychotic experience. Despite phenomenology's important contributions to making psychosis understandable, I propose that this approach to psychopathology should pay greater attention to the un-understandable of human life—that which is fundamentally resistant to articulation and intersubjective understanding in subjectivity. I propose that what is needed are phenomenologies of the unspeakable to orient us to this obscure territory. These may be most clearly located in feminist, critical, and psychoanalytic traditions, ways of thinking about subjectivity that fundamentally question the idea of a coherent speaking subject. Such work, I suggest, challenges phenomenological psychiatry to stay open to the possibility of deeper empathic understanding within the un-understandable.

*Elizabeth Pienkos is a licensed clinical psychologist and an associate professor of psychology at Clarkson University in Potsdam, NY. Her research focuses on the phenomenology of schizophrenia and other psychotic disorders. Her recent work includes studies of self- and world-experiences in schizophrenia and depersonalization disorder, the phenomenology of early motherhood and postpartum psychosis, and pandemic-related changes in interpersonal and self-experience.*

15.40 – 16.00: tea break

16.00 – 17.40: Parallel sessions 3

### Large room:

Rosanna Wannberg – *Institution or individuality? Some reflections on the lessons to be learned from personal accounts of recovery from schizophrenia* (in person)

In this paper, I argue for a social conception of subjectivity, via a philosophical reading of first person accounts of recovery from schizophrenia, published in the Schizophrenia bulletin. Following the hypothesis that these accounts exemplify a more general tension between on the one hand, normative and social dimensions of the self, and on the other, experiential and psychological dimensions, the first section of the paper formulates the problem from a philosophical perspective inspired by Ludwig Wittgenstein's grammatical approach. The second section explores and rejects different possible readings (sociological, phenomenological, or narrativist readings), as conceiving the subject in too passive a relationship with him or herself, and as leading to overly skeptical conclusions about the claims in the first person accounts insisting on the notion of recovery as a restoration of a sense of self and as empowerment. The third section suggests that a more positive answer can be given via the idea of a certain grammar of recovery governing these narratives, and sketches out how this relates to the more general philosophical question on subjectivity.

*Rosanna Wannberg is a clinical psychologist, and currently a PhD candidate in philosophy, affiliated to the Université Saint-Louis - Bruxelles (Centre Prospero) in Belgium and to the École des Hautes Études en Sciences Sociales/School for Advanced Studies in the Social Sciences (Laboratoire interdisciplinaire d'études sur les réflexivités - Fonds Yan Thomas) in Paris, France. Her doctoral research seeks to clarify the philosophical notions of subjectivity, agency and responsibility through an inquiry on schizophrenia, as it is currently theorized in psychopathology and as it is described by persons diagnosed with the disorder, and recovering from phenomenology of BPD.*

Florestan Delcourt – *Horizon and Danger of Literature in Clinical Phenomenology : Louis Lambert's case* (in person)

« Votre philosophie aboutit au roman ». This quote on Merleau-Ponty's work by Bréhier highlights the intersection between phenomenology and literature, sometimes evoked and described methodologically, sometimes critically, but today fully present in the medical humanities. This intersection poses the descriptive richness of the literary repertory, finely and faithfully illustrating the lived experience of many disorders, and the practical opportunity of reading, opening the reader to a defamiliarizing simulation of one's own experience. Thus, the clinical horizon of literature seems to us to refer to that of phenomenology : understanding the disorder from its first-person lived experience. However, the clinical horizon of this intersection seems to contain the danger of the dead letter inherent to their bookish referential, and declinable in two ways. Firstly, this danger has a side that refers to literal standardisation, to a purely linguistic approach to phenomenology, under the influence of analogical rigidity where lived experience is reduced to its strict expression. His other side refers to the diversion of the person, to the attitude of the reader who, satisfied of the text, voluntarily moves away from the clinical, interpersonal encounter, and subsumes the species to the case, the lived experience to its description. Based on these elements, we will carry out a literary case study, i.e. the presentation of Balzac's Louis Lambert because, by describing it in a rich and striking, but above all anachronistic way, this novel has often and for a long time been associated with schizophrenia and its spectrum. Following this presentation at the crossroads of literary analysis and psychopathological anamnesis, we will carry out a phenomenological rating of this novel via EASE, by Parnas and colleagues, and EAFI, by Rasmussen and colleagues, in order to explain its experiential, and therefore clinical, richness. Finally, we will conclude with the presentation of a literary epistemology of the firstperson perspective, aware of the possible horizons and dangers, and based on two registers : hermeneutics and fictionalism. Hermeneutics is at the core of this intersection, because it proposes, as much, as Ricoeur would say, to « unfold the world » of a text as that of a person, to finely and faithfully render their own histories, meaning-making and experiences. Fictionalism, founded by Vaihinger, proposes to adopt an as if stance with « living reality », to maintain a vivid metaphorical approach to phenomena, a posture that preserves the first-person perspective of the naturalist greed criticised by Binswanger.

*PhD student at the Université Paris Cité, under the supervision of Bernard Pachoud (UPC) and Jérôme*

*Englebert (ULB), my research project focuses on the phenomenological, existential and narrative study of early schizophrenia and on exploring the clinical and philosophical potential of medical humanities, and particularly of the intersection between literature and phenomenology.*

Richard Brons – *The first-person perspective of differend as threshold to madness (in person)*

The political and ethical implications of Jean-Francois Lyotard's postmodern notion of differend have become more evident in our times. Many language discourses hold on to their own indisputable rightness, at the expense of countless existences without decisive lingual defense against powerful political and economic discourses. In recent years I have begun to review Lyotard's critical philosophy and its core concept of differ-end also through the lens of phenomenology, particularly from the first-person perspective of sub-jective, pre-reflexive, and prelingual experience. In my phenomenological interpretation of Lyotard's philosophy of language, the first-person experience is the experience of differend in its most primordial sense: because we can never know for certain what the next sentence will be, there is a predominant physical awareness that each next moment is thrown back into a void, a 'frightful nothing' or an 'everything without any direction' beyond language. The linguistic follow up of each subsequent moment is always at stake in a conflict. A battle one might lose or win, and losing then comes in degrees: from not being able to articulate one's own interests and values to down-right speechlessness when confronted with violations of these interests and values. In my paper I argue that from this fundamental first-person experience of conflict, several scenarios can arise. Resigning to bring forward one's own words, can further be distinguished in (1) conforming to prevailing discourse(s), and (2) remaining literally speechless. A third, idealistic option consists of finding ways to articulate one's own interests and values, or those of speechless others. My argument for further discussion, then, is that 'madness' can thrive in all these scenarios, at least in the sense that none of them ever definitively escape that primordial, first-person experience of the differend in the here and now: what will happen actually (to me, and others) the next moment and thereafter. I propose to approach the many and diverse first person instances of so-called madness also with regard to this ontological, embodied experience of differend's void. In the face of this void, all recognized discourses might become meaningless, lacking a secure base of existence. On the other hand, detaching from these discourses could also bring about spurs and inklings of freedom, surely not attainable through language alone, but first and foremost through some physical embedding and connection in co-existence.

*Dr. Richard Brons recorded his NWO research on Lyotard in his dissertation "Philosophy between the public and the speechless" and is currently senior editor of Waardenwerk, Journal of Humanistic Studies.*

### Library:

Maciej Wodziński and Marcin Moskalewicz – *Not Enough of the 'Mad'. Experiential Knowledge and Temporal Experience in Autism Spectrum Condition (in person)*

Modification or disruption of temporal experience may be a source of altered perspective on the world, such as that of Autism Spectrum Condition (Allman et al., 2011; Allman & DeLeon, 2008). Alterations in interval timing and higher-level temporal processing may cause difficulties in interpersonal communication, social synchronization, recognition of casual relationships, sense of agency or attributing unity and continuity to one's experience (Casassus et al., 2019). Most of the current research on temporality in ASC consists of psychophysical studies (for review see Allman & Falter, 2015; Casassus et al., 2019), and phenomenological studies are lacking. Some qualitative research on lived time of people on the autism spectrum indicates that their experience is temporarily structured by daily activities (Zukauskas et al., 2009). Others have argued that time in ASC is described almost exclusively in relation to the past, with no prospects for the future beyond the stereotypical imaginings (Hohwy et al., 2016; Kupke & Vogeley, 2009). Given the widespread use of life regulating schedules in ASC and therapies that rely on teaching structured sequences of behaviours, important questions arise. What imposes this factuality on the experience of time? Is it due to the condition or perhaps to the schedules? Do schedules shape the temporal orientation of ASC people? If so, how does their natural temporal orientation differ from the one enforced? Does the use of temporal regimes from early childhood

not induce or exacerbate the alleged modification of protention? Does the type of therapy affect the way the concept of time is understood? Should therapy programmes pay attention to the need of developing the concept of time as a basis for thinking about one's own future? Unfortunately, research considering the first-person perspective of ASC experts by experience is marginal. We may only speculate how the objectified modifications in time processing (which, by the way, do not present a clear picture) translate into lived experience. On the other hand, the main problem with phenomenological research on this subject is the incompatibility of conceptual frameworks used in the descriptions and qualitative data analysis. Our aim is to build a meta-framework of temporal categories, which will be both phenomenologically informed, and which will enable making sense of the objectified data on time processing in terms of lived experience. Further on, such framework would be applied in phenomenological quantitative studies in a front-loaded manner.

*Maciej Wodziński, I'm a PhD student at the Maria Curie-Skłodowska University. My research interests focus on the intersection of philosophy, psychology and psychiatry, with particular emphasis on critical autism studies, social epistemology and expert knowledge. I'm the laureate of the Ministry of Science and Higher Education Diamond Grant 2019. Through my scientific work I aim to promote reliable knowledge and attitudes of understanding and tolerance towards people on the autism spectrum.*

*Marcin Moskalewicz, PhD, DSc, specializes in transdisciplinary research at the intersection of philosophy and health sciences, his most recent work concerns lived experience of time in mental disorders and in cancer, and clinical judgment of schizophrenia (the Praecox Feeling). Moskalewicz is currently a Humboldt Fellow at the Psychiatric Clinic, Heidelberg University (Germany), Head of the Philosophy of Mental Health Unit, Department of Social Sciences, Poznan University of Medical Sciences (Poland); Convener of the Phenomenology and Mental Health Network, The Collaborating Centre for Values-based Practice in Health and Social Care, St. Catherine's College, Oxford, and Associate Professor at the Institute of Philosophy, Marie Curie-Skłodowska University in Lublin (Poland).*

Liesbeth Taels – *Autistic (dis)embodiment (in person)*

Traditional cognitive theories of autism link disruptions in social cognition and communication to deficits in higher-order cognitive processes like Theory of Mind, Central Coherence, and Executive Functioning. However, a mounting body of recent scientific research suggests that rather than a cognitive disorder autism is a sensorimotor atypicality, with early detectable differences in perceptual processing and motor functioning underlying its social, communicational, cognitive, and behavioural features. This new perspective is supported by phenomenologists who reject traditional understandings of autism as a 'defective' state of normal cognitive functioning, but instead understand autism as an alternative type of embodiment or an alternative way of bodily-being-in-the world. From a phenomenological perspective, autistic embodiment is characterized by disturbances in the pre-reflective, immediate experience of the 'lived' body. While the lived body usually functions as a transparent medium to engage with the (social) world, autistic individuals often testify how they experience a sense of detachment from their own body, as if their body is an opaque and unfamiliar object that resists their subjective control and does not offer them a spontaneous access to the external (social) world. In this paper, we will phenomenologically explore autistic (dis)embodiment on the basis of a series of case-studies of autistic individuals. By highlighting the subjective experiences of autistic individuals, we argue how a phenomenological perspective can provide a valuable alternative to traditional cognitive theories of autism.

*Liesbeth Taels is a doctoral student at the Department of Psychoanalysis and Clinical Consulting at Ghent University, working under the supervision of Prof. Dr. Stijn Vanheule. She holds a master's degree in both Clinical Psychology (University of Ghent) and Philosophy (University of Leuven). Her Ph.D. is based on a Lacanian psychoanalytic and phenomenological framework and focuses on body and perception in autistic subjectivity. Her research is both theoretically and empirically oriented as it includes a series of in-depth qualitative studies on the perceptual and bodily experiences of individuals with autism. Outside of her academic work, Liesbeth is in the fourth year of a postgraduate course in Freudian-Lacanian Psychoanalysis with Adolescents and Children and works as a volunteer in Tejo, a non-profit organization that provides low-threshold, short-term psychotherapy to adolescents.*

Janette Dinishak – *A rare experiment in concept formation: The Creation of a Language for Describing Autistic Experience (online)*

A guiding question of Ian Hacking's work (2009a, 2009b, 2009c, 2010) on autism narratives is what role these narratives play in shaping autism. Hacking's "Autistic Autobiography" (2009a) pursues this question in connection with first-person narratives: How are autistic autobiographies affecting our understanding of autism? This presentation will have two aims: (i) to elucidate Hacking's answers to this question and bring into view how the answers are radical, focusing on Hacking's Wittgenstein-inspired arguments that there is little preexisting language for describing autistic experience, that such a language is being created right now, and that autistic autobiography has an important role in this language-creation; (ii) to explore how the language-creation argument helps us appreciate the (philosophical) significance of autistic people's conceptual innovations for capturing experiences of being autistic.

*Janette Dinishak is an Associate Professor of Philosophy and Associate Director of the Center for Public Philosophy at the University of California, Santa Cruz. Her research interests include the philosophy of psychology and psychiatry, Ludwig Wittgenstein, and the ethics and epistemology of other minds. She has published papers on autism, the pathologization and de-pathologization of human differences, Wittgenstein, and Gestalt psychology.*

### Philemon:

*Sanne van Driel - First-person research? Critical auto-phenomenology from queer and mad positionalities (in person)*

In this paper presentation I will explore the phenomenological method through the lens of Ahmed's queer phenomenology and feminist standpoint epistemology, in order to arrive at a methodological starting point for doing critical auto-phenomenographical research on depressed experience.

In phenomenology of illness and psychiatry, it is assumed that a better understanding of illness experiences, emerging from the analysis of individuals' accounts of their lived experiences, will lead to better knowledge, better patient-caregiver interactions and better healthcare. While emphasizing the importance of individual lived experience as the starting point for knowledge production, little attention is paid to the standpoint (Harding, Haraway) of the researcher and their phenomenological methodology as embedded and positioned in the material-discursive field of psychiatry, healthcare and knowledge production. Furthermore, traditional white male phenomenologies of illness and psychiatry tend to bracket the social-political conditions in which illness experience emerges for the sake of understanding 'depressive experience' or 'psychotic experience' as such. Recently, a new research field has emerged under the name of critical phenomenology. Critical phenomenology points to the normativities and inequalities that structure and shape embodied experience, intersubjective relations and the worlds that people share, and as such theorizes the lived experiences of marginalized bodies as well as 'differs' phenomenology's western white male tradition.

In *Queer Phenomenology* (2006), Ahmed points to the material-discursive context of traditional phenomenological theory and how its orientation around western, white, male subjectivity affects the concepts and objects that appear in this philosophy. Ahmed's queer phenomenology orientates the focus of research around queer experiences and toward the possibility of queer world building. Replacing 'queer' with 'mad' I will reflect on what kind of knowledge a critical auto-phenomenographic research can produce and what perspectives this might open up and include.

*Sanne van Driel is writing their dissertation, a critical phenomenological study of running for, from and through depression (Tilburg University). They host a Mad Studies reading group in Rotterdam, together with Grietje Keller.*

*Kathleen Lowenstein – Critical Perspectives and Clinical Ethics: Interventions from Mad Studies (online)*

Individuals with diagnoses of severe mental illness are at the center of many of the core challenges in psychiatric ethics, raising questions about capacity to make decisions regarding care, treatment nonadherence, and harm to self or others. However, the perspectives of individuals with lived experience of mental illness are rarely, if ever, included in these considerations. This presentation will build on work from psychiatric survivor activism as well as the emerging discipline of Mad Studies to discuss how responses to

common ethical tensions in treatment are reconceptualized when approached from a critical perspective. In particular, it will build on existing critical perspectives to work towards formulating a critically informed ethics of care. In so doing, it makes the argument that ethics begins in centering the voices of those that have historically existed at the margins.

*Kathleen Lowenstein is a doctoral candidate at Michigan State University whose research focuses on the ethics of mental health and illness. She is particularly interested in integrating critical perspectives into conceptualizations of ethical responses to madness and distress.*

### Grietje Keller – *Identity politics for Mad Studies and Mad activism* (in person)

Mad activism makes use of identity politics. How useful and applicable is identity politics for Mad experiences that are fleeting? In this paper I will discuss the pro's and cons of identity politics for Mad Studies and Mad activism and whether the concepts from Disability Studies concerning identity are useful for Mad Studies. What can we learn from social movements like feminism, anti-racism activism, gay and queer liberation, anti-colonialism? Where does identity politics pose problems? What identities encompass the Mad identity? What does this identity exclude? What differences does the Mad identity lump together which are rather different? In the book *Mad Matters* Brenda LeFrançois, Robert Menzies, and Geoffrey Reaume define madness as a 'historical, rather than a descriptive or essential category, proposed for political action and discussion'. In response to this Mark Cresswell and Helen Spandler wrote: "Whilst such social constructionism is potentially radical, it does beg the question of what constitutes the 'madness' - the original experience - which we then use as a basis for political action." I will try to discuss questions that they asked: is there a Mad experience independent of psychiatry? Does the Mad identity only exist in relationship to psychiatric oppression and saneism? I will end with looking at the differences within the category of Madness and what consequences that has for activism.

*Grietje Keller started organizing Mad Studies reading groups in the Netherlands in 2014. She is a co-founder of the Perceval Foundation. Grietje studied women's studies, made a documentary about women's aid and is currently a support worker for a client council in addiction treatment.*

## 17.40 SOCIAL MEETING – DRINKS

### May 28, 2023

08.30 – 09.00: opening conference + coffee

09.00 – 09.50: Keynote 4

Angela Woods – *First-Person Perspectives: Questions of Form* (in person)

This talk takes as its focal and departure points the experiences of postpartum psychosis shared publicly by the writer and literary agent Catherine Cho. Cho's *Inferno: A Memoir of Motherhood and Madness* was published to acclaim in 2020 and elements of it have since been excerpted, referenced, elaborated and revisited in related publications across a range of media. Yet such memoirs seem frequently to be a source of unease within philosophy of psychiatry: acknowledgements that they can supply rich and extended insights into first-person experiences of madness are attended by concerns that the texts' literary qualities and wider editorial processes distort experience in distinctive ways. In this talk, I want to show how literary approaches can address the tensions and lacunae that contribute to this unease, and argue for the value of memoir qua memoir in exploring experiences of madness in general and of postpartum psychosis specifically..

*Angela Woods is a Professor of Medical Humanities and Director of the Institute for Medical Humanities at Durham University. From 2012-2022 she was the Co-Director of Hearing the Voice, a large interdisciplinary project on voice-hearing, and co-edited a major volume arising from this work entitled Voices in Psychosis: Interdisciplinary Perspectives.*



09.50 – 11.05: Parallel sessions 4

### Large room

Helene Stephensen – *Being in-between: an empirical-phenomenological exploration of Anderssein ('feeling different') in schizophrenia* (in person)

In this paper, I present a phenomenological-empirical study on the mode and onset of psychosis as a rupture within reality (viz. “double bookkeeping”) based on qualitative interviews with 25 persons diagnosed with schizophrenia spectrum disorder (SSD). The interviews were semi-structured and conversational giving the participants ample possibility to describe their subjective experiences. We found that the phenomenon of “Anderssein” (i.e., feeling different) played a key role since it was associated with the original articulation of psychosis as an emergence of an alarming openness to another presence in the middle of the patient’s subjectivity. This openness was accompanied by a sense of breakthrough to some kind of other, hidden layer of reality. On this basis, I will focus on the phenomenon of Anderssein. In brief, it is a notion from German psychiatry, referring to a characteristic sense of being fundamentally “other than the others” as Blankenburg (1971) put it. Although phenomenological-psychopathological literature mentions Anderssein as an aspect of the core disturbance of SSD (namely “self-disorders”), the phenomenon has not yet been systematically explored. Participants in our study reported to have felt profoundly different since childhood and articulated it as a sense of existing “outside” of shared reality. In contrast to a usual feeling of difference, implying a specific dimension of comparison, Anderssein concerns the very struggle to define a subjective position in relation to others. Importantly, this outside position should be understood carefully as it is often accompanied by the sense of being contaminated by social rules, or other people’s thoughts, or emotions. Consequently, I argue that the findings from our empirical study can shed important light on Anderssein as involving basic existential and intersubjective dispositions in SSD. Finally, I discuss (1) the ontological feature of Anderssein as ‘being in-between’ and its critical implications for (2) the account of the intersubjective disposition in SSD as a “loss” of common sense; and for (3) the research into “onset” of psychosis since psychotic experience seems to develop gradually as a quantitative extension of pre-existing alterations of subjectivity and intersubjectivity. This study, based on first person perspectives, thus questions the mainstream view of psychosis as a simple deficit or an episodic disorder by instead pointing to a changed mode of existence. This calls for a continuous critical reflection on the categories, applied for understanding these experiences, as they run the risk of neglecting the very subjectivity it set out to describe.

*I am a philosophy PhD fellow with the Center for Subjectivity research (CFS) at the University of Copenhagen. I hold an MA in philosophy from the University of Copenhagen and have subsequently worked several years at a psychiatric hospital obtaining clinical experience and a specialist psychotherapy degree in psychosis-therapy.*

Emilia Barile – *‘Lived’ Body and Subjectivity: The feeling of being alive as the feeling of ‘belonging’* (in person)

I propose an analysis of the first-person perspective as related to ‘bodily-self’, ‘subjectivity’, and ‘lived experience’, particularly focussing on ‘the feeling of being alive’. Over recent decades, this feeling has attracted the attention of several scholars in different fields of the affective sciences community: Neuroscientists (Damasio, 2021, 2010; Panksepp, 1998), philosophers (Engelen, 2014; Colombetti, 2014; Ratcliffe, 2012, 2005; Slaby & Stephan, 2008), psychologists (Stern, 2010) and psychiatrists (Fuchs, 2012). Despite the collective effort, the definition of this peculiar feeling is still controversial: Nevertheless, the feeling of being alive turns out to be particularly suited for enlightening the first person experience. In philosophy, the mainstream view accepts this feeling as an ‘umbrella notion’ comprising different states: Ratcliffe’s «existential feelings» (2012), Fuchs’s «feeling of being alive» (2012), Engelen’s «Gefühl des Lebendigseins» (2014), etc. In contrast, I see philosophical reasons to reject this view and argue for an account of the feeling of being alive as a unique feeling, with several distinctive features (Barile, 2023). Ockham’s razor can easily shave the mainstream ‘umbrella notion’ off in favor of a more elegant and simple account of the feeling of being alive as a unique, continuous basic feeling ‘of life’, with distinctive features. Beyond philosophical reasons, I find also empirical support for this view mainly in Damasio and Damasio’s (2022) and Carvalho and Damasio’s (2021) hypothesis of the distinctness of the interoceptive system (INS) as the physiological underpinning of the feeling of being alive as related to ‘lived experience’ and

subjectivity. This account is also in line with many other approaches recognizing the role of interoception proper in mind and subjectivity grounding, collected by Tsakiris & De Preester (2019). Despite the multidisciplinary explanatory effort, however, the feeling of being alive still constitutes a major blind spot of the contemporary affective sciences research. Nevertheless, further research on this feeling, though puzzling, is still pushing nowadays, especially for clinical practice. The continuous flow of 'life' the feeling of being alive reveals (usually staying in the background) comes suddenly and dramatically into the foreground when disrupted in several psychopathologies (Tsakiris, Prabhu & Haggard, 2006; Sacks, 1987). Moreover, a lack of the feeling of being alive is recognized especially in depressive states (Fuchs, 2012, 2005; Glannon, 2002) or in Cotard's delusion (Radovich, 2017; Ratcliffe, 2004) – as in other psychiatric disorders.

*PhD in Cognitive Science (Philosophy of Mind/Neuroscience), MA in Philosophy (4 years).*

*Postdoc as A. von Humboldt Fellow at Department of General Psychiatry - Uni Heidelberg (DE), at Berlin School of Mind and Brain (DE), at IKW - Osnabrueck (DE). Research activity at Università Vita-Salute 'San Raffaele' Milano (IT), at Rizzolatti and Gallese's Lab in Uni Parma (IT), at Uni Bari (IT); visiting scholar at*

*CenSes - Uni London (UK) and Uni Exeter (UK).*

*Research topics: emotion and feeling, bodily feelings, Damasio, aliveness, bodily self, interoception, bipolar disorder, embodied cognition and embodied consciousness.*

*Last paper: (2023) 'The Interoceptive Underpinnings of the Feeling of Being Alive. Damasio's insights at work'.*

*Phenomenology and the Cognitive Sciences (in press).*

*Last book: (2016) Minding Damasio, Ledizioni, Roma*

## Lotte Soffers – *Psychosis and alienation* (in person)

There have been widely divergent views on schizophrenia throughout the history of psychiatry (Sass 2017). The notion of alienation is often used to try to explain different elements within this psychopathology (e.g. Deleuze & Guattari, 2010; Goffman, 2022; Lacan 1981; Laing, 1967; Oury, 1992; Pienkos & Sass, 2016). However, the relationship between the concept of alienation and psychosis is not unambiguous or clear. Many authors seem to entertain different interpretations of this relationship: some propose that psychosis involves an essentially alienated state of mind, estranged from what is supposedly an 'essential core' of human subjectivity; others have considered psychosis, by contrast, as a state of heightened authenticity. Interestingly, a similar ambiguous appraisal can be found amongst individuals who have experienced psychosis themselves: recent literature suggests that such individuals do not necessarily have exclusively negative attitudes towards their experiences (Lorente-Rivera et al., 2020; Moritz et al., 2015; Sinha & Ranganathan, 2020; Schneider et al., 2023). Additionally, case studies and personal accounts highlight the complex relationship between the presence of psychotic symptoms and their appraisal (Lammerant, 2022; Longdon, 2013; Van Os, 2022; Walravens, 2015). These sources suggest that people experiencing psychosis do not always or necessarily think of it as a form of alienation. In this study, we aim to investigate the complex relationship between psychosis and alienation through a case study based on Lammerant's (2022) first-person account of her psychotic episode and the way she employs the notion of alienation to describe this experience.

*Lotte Soffers is an assistant at the department of Psychoanalysis and Clinical Consulting of Ghent University. She is working on a Phd concerning psychosis and alienation.*

## Library:

Shauna Winram – *Is psychosis a distinct mode of consciousness?* (online)

This paper is a philosophical attempt to understand psychosis within the framework of the science of consciousness. Psychosis is a symptom of illnesses such as schizophrenia and bipolar disorder. As there are no known biological markers for these disorders, novel approaches are required to better understand them and help people manage and understand their experience. Consciousness is defined here as our subjective first-person experience. Consciousness can be understood to occur in specific modes, such as the normal waking state or REM sleep. In this paper, I ask if psychosis is a distinct mode of consciousness. I then explore preliminary findings from eight interviews I have conducted with people who have previously experienced psychosis. These findings suggest that psychosis may not be one distinct mode. While some participants reported that they experienced heightened perception and sensation during psychosis, others highlight manic

thinking and heightened mood. These findings suggest a range of experiences that could guide future taxonomies of these disorders.

*I am a PhD student in the School of Philosophy at the Australian National University. I am also a lived experience researcher, having had three psychotic episodes in my twenties. My PhD is titled *Consciousness and the phenomenology of psychosis*. As part of my research, I am conducting an online survey as well as interviewing participants who have experienced psychosis. My approach to understanding psychosis differs from the dominant biomedical model. I hope that by exploring the ways that consciousness can vary, we can learn more about the type of experiences people have when they are psychotic. My goal is to take the first-person experience of psychosis seriously and to determine how our philosophical and scientific understanding of consciousness can shed light on this experience and, in turn, how an experientially informed understanding of psychosis can improve philosophical and/or scientific accounts of consciousness. Prior to my PhD, I completed a Bachelor of Fine Arts degree, a Master of Analytical Psychology degree, and a Bachelor of Arts (Honours) degree. Originally from Sydney, I have lived in Canberra since 2006 with my husband. We have one very beautiful cat called River.*

### Roy Dings – *A lifeworld-based account of experiential knowledge* (in person)

The practice of experiential expertise is struggling to find a balance between two factors. On the one hand, most (lay)people share the intuition that experiencing something may generate unique knowledge (Gregory, Hendrickx and Turner 2022). On the other hand, experiential knowledge (which forms the basis for the practice of experiential expertise) is often considered vague and raises various questions (Castro et al. 2019; Karbouniaris et al. 2020; Halloy et al. 2022). Somewhat surprisingly, this field has neglected the rich literature in philosophy on related key concepts such as experience and knowledge. In this talk I draw on recent work (cf. Dings & Tekin 2022; Dings 2022; Dings in press) to (1) briefly summarize some conceptual ambiguities in the most commonly adopted views on experiential knowledge and (2) provide an outline of a lifeworld-based account of experiential knowledge. Such an account incorporates ideas from phenomenology, hermeneutics and 4E cognitive science. Although such a lifeworld-based account has often been proposed, it has hitherto not been properly developed specifically for experience-based expertise.

*Dr. Roy Dings received his PhD from Radboud University in 2020. His thesis on 'self-management in psychiatry' put the phenomenon of 'self-illness ambiguity' on the philosophical agenda. He is currently a postdoctoral researcher at Ruhr-University Bochum, and is also involved in various teaching programs for clinical psychologists, psychiatrists and experiential experts. In August 2023 he will return to Radboud University to work on a project that seeks to offer a philosophical analysis of experiential knowledge, and to coordinate a network of researchers, clinicians and experiential experts.*

### Mollie Cornell – *Medical decision-making and the mad first-person perspective* (in person)

In English law, there are two main pieces of legislation that govern how psychiatry, and the state more generally, reacts to madness: the Mental Health Act 1984 and the Mental Capacity Act 2005. Generally, there are analogues of these acts all across the globe. It is generally accepted that the overarching, guiding ethos of the Mental Capacity Act 2005 is one of 'P-centricity'. However, this is a label that is easy to apply but hard to understand. Does it necessitate a first-person perspective? If so, how does adopting such a perspective change what is legally due to persons experiencing psychosis? Does it mean doctors must treat all delusional wishes and feelings as valid and determinative of treatment, regardless of the potential implications? Or does centring the person mean that we must strive to adopt the first-person perspective of the person before they became 'ill'? This paper aims to address this, through a combination of Kantian ethics and phenomenology of psychopathology. I argue that the answer is not as clear-cut as always focusing on a hypothetical non-delusional version of P nor merely embracing their delusional present wishes and feelings as decisive. Instead, I make an appeal to the concept of authenticity to orientate ourselves to the actual goal mandated by P-centricity, which asks how to best respect and support this person as a goal-setting agent. This task needs to be undertaken within both the context of their potentially wildly divergent lived-experience and simultaneously, the reality of their situation. Through authenticity, I aim to add nuance and legal weight to

the statement "That's not her, that's her illness talking" while balancing it against the famous dictum from *Wye Valley v Mr B* [2015] EWCOP 60, that "It is no more meaningful to think of Mr B without his illnesses and idiosyncratic beliefs than it is to speak of an unmusical Mozart."

*I am a final-year PhD candidate at the University of Bristol whose research focuses on the law and philosophy of mental health. I am particularly interested in what sort of philosophical assumptions about mind, personhood and the self underpin UK mental health laws and whether these laws could be re-framed to better protect the welfare and dignity of psychiatric service users. As part of this, my work aims to develop a phenomenological understanding of autonomy and authenticity within madness.*

### Philemon:

Lisa Archibald – *Experiential wisdom and academic Mad Studies* (in person)

In this presentation, Lisa Archibald ponders why experiential wisdom is not given the same credibility as academic knowledge, even within Mad Studies. There is a hierarchy of knowledge forms which is constantly being maintained and reinforced. Enduring trauma and overcoming significant adversity and the learning that comes from navigating these experiences brings wisdom that we take into our relationships and conversations in a way that deepens connection. Experiential wisdom is increasingly seen as a commodity that professional groups and other disciplines benefit from when they want to form theories, build research or to improve systems and services. What needs to happen for experiential wisdom to be recognised as an accepted knowledge base in its own right without being co-opted along the way?

*Lisa Archibald (my pronouns are she/ her/ hers) moved back home to Scotland in 2020 after living and learning in New Zealand for 7 years where she supported the growth & development of the Intentional Peer Support Aotearoa NZ hub. Lisa has facilitated peer support groups for over 20 years since accessing peer support herself as a young person. Lisa was a UK Winston Churchill fellow in 2013 and a Yale University Let(s) LEAD fellow in 2019. She is currently an MSc Mad Studies student at Queen Margaret University in Edinburgh and is Co-Director of Intentional Peer Support, an international peer support training organisation. Lisa is also a solo adult raising two teenagers, has a kiwi cat called Shadow and has been clawing her way slowly through Scots Gaelic and Cultural Studies for 5 years.*

L. Dijkhuis – *What is the nature of subjective experience in various forms of non-madness?* (in person)

### *Paraphrase of the concept philosophy and theory*

Philosophy and theory are the antonym of hallucination and delusion. In other words, science is a chain which consists of two parts and these parts can be health opposite to sick. Hallucination and delusion are sick (UvA). The difference between the two parts of the chain is that one of them is autotroph and the other is heterotroph. Autotroph and heterotroph are concepts from biology which describe the two parts of a food chain where the heterotroph needs an autotroph, which produces food one's self (Börger and Broekhuizen). The set philosophy and hallucination is autotroph. The set theory and delusion is heterotroph. Sans Science states in a comic that philosophy differs from theoretical physics/mathematics (JU Physics Memes). Doctor Esquirol states the concept hallucination for the first time in 1817 (Wikipedia). "(H)alucinari" is a Latin word which means speaking nonsense (Van Dale). "De alieno corie ludere" is a Latin saying which means playing around another skin d.i. possession (Montijn). "Allochtoon" is a Dutch word based on Greek words "allos" which means another and "chthon" which means ground or land (Van Dale). "Autochtoon" is a Dutch word based on Greek words "autos" which means self and "chthon" which means ground or land (Van Dale). Paraphrasing the concept hallucination and delusion is autotroph - and heterotroph hallucination. Paraphrasing the concept philosophy and theory is autotroph - and heterotroph autucination. Autucination is a neo-logism. Paraphrasing is relevant, because it could contribute to a better therapeutical relationship. Furthermore, it could trigger research about the science chain's anatomy and it's cure. There are pink pills which mark where one didn't clean one's teeth (Wikipedia). It would be handy to mark where one's science chain is sick, for example to diagnose if treatment is necessary or successful. There aren't empty (locked) psychiatric wards/prisons yet (SOS, UvA).

### *Paraphrase of the concept emotion and feeling*

Lakitu and the questionblock from the game Mario Kart look analogical to emotion and feeling, as well as active - and passive adjective in the English language (Mario Kart DS, esl lounge student). An example of an active - and a passive adjective is damaging and damaged. A damaging car means a car that causes damage. A damaged car means a car that has damage caused by something else. Paraphrasing the concept emotion and feeling is saying active - and passive emotion. There are three basic emotions: ecstasy, admiration, loathing. It's unclear if every emotion can be both active and passive, how many emotions there are in total and if emotion can dilute. To answer what emotions there are, this paper doesn't reinvent the wheel but swaps some spokes of Plutchnik's Wheel of Emotions and renames some. Plutchnik's Wheel of Emotions 1.0's source is the article by Nielek et al (Nielek et al.). Love is not an emotion in Plutchnik's wheel 2.0, because love is benefit effect of symbiosis. Love is part of a set which contains love, apathy and hate. Apathy is no effect of symbiosis. Hate is harm effect of symbiosis. Love in Plutchnik's Wheel of Emotions 1.0 is renamed to euphoria in Plutchnik's Wheel of Emotions 2.0. It's avant-garde to state that there are three basic emotions and it's anachronic to state that there are six basic emotions which are sadness, happiness, fear, anger, surprise and disgust (University of West Alabama). Borderline personality disorder is renamed to Emotion regulation disorder (UvA). Philosopher Spinoza states that the power to moderate and restrain the affects, i.e. emotions, can be present or absent (Grayling). The paraphrase active - and passive emotion could contribute to a better therapeutical relationship. Furthermore, the analogy Mario Kart could trigger research. Both for use as practise to gain emotion regulation and use as practise to test theories of emotion. There is a host of different and often opposing emotion theories both in philosophy and psychology (Fulford et al.).

*L. Dijkhuis is self-taught in philosophy and medicine.*

### *Simona Karbouniaris – Professionals' lived experiences: Towards a transformation of services (online)*

Experiential knowledge springs from a learning process that is often named 'recovery'. This often implicates a post-traumatic growth and coming to grips with a difficult situation and also finding new meanings. It not only comes from 'the dark' but requires resilience, hope and perspective. In my (almost finished) phd research I researched the value of lived experiences from traditional mental health professionals, who came to the fore with their background. Traditionally the personal has been divided from the professional in many mental health's disciplines. Implicit and explicit norms are to keep personal information and more over, needs and vulnerabilities out of the clinical practice (Psychopathology Committee of the Group for the Advanced of Psychiatry, 2001). Professionals are trained to be reserved and self-effacing (Peter & Schulz, 2018). Whilst the concepts of 'the wounded healer' is familiar to practitioners and may host meaningful principles for the therapeutic alliance, there is a threat that the focus will shift from user to professional. Feasible underlying processes as 'identification' and 'transference' are generally psychologized and became negatively framed in modern mental health culture. Hence, the norm is to 'hide' the personal rather than to 'expose', leaving professionals who'd like to process and harness their lived experiences at risk (Byrne et al., 2017). Arguably, experiential knowledge can be transformative in many regards, as it grants space to co-constructed meanings of distress. A large population of lived experience practitioners have been affected by relational trauma and search for ways incorporate relational-ethics as well as bodily practices. What is the value of experiential knowledge for mental health services? May the concerned practitioners overcome the duality of body and mind? What are the qualities and/or limitations of different professionals (social workers, nurses, psychiatrists, psychologists, peer support workers/experts-by-experience) in harnessing lived experiences? In this contribution we will touch upon these different questions and findings from my qualitative study.

*Simona Karbouniaris (1980) has been working for the Research Centre for Social Innovation of Utrecht University of applied sciences in The Netherlands since 2006. Simona is a Social Worker, specialized in Dance, Yoga and Movement. She obtained a master's degree in social science and is currently conducting doctoral research at the Leiden University Medical Center concerning the professional use of lived experiences of traditional mental health care workers, including those of psychiatrists. Simona has a double identity with an almost life long journey through mental health, which she tries to embody as a lived*

*experience researcher. Her first persons perspective captures the overcoming of trauma wounding and self-alienation.*

11.05 – 11.25: coffee break

13.45 – 14.45: Keynote 5

Sam Fellowes – *How the lived experience of experts-by-experience relates to the abstract nature of science* (in person)

One key justification of experts-by-experience being involved in psychiatric research is lived experience. An expert-by-experience has experiences which others lack. This means they can contribute unique data which other individuals cannot provide. As such, there is good reason to include experts-by-experience within psychiatric research. However, significant parts of science involve abstracting from the data to create idealised models that do not accurately reflect the world. For example, physics includes models like frictionless planes, ideal gases and perfectly spherical objects which abstract away parts of the world. Psychiatric diagnoses are themselves idealised models that do not reflect particular people. They are generalisations that abstract away many aspects of particular people by not covering aspects of the individual like past life experience, present life situation and future life goals. A particular psychiatric diagnoses also abstractly join together aspects of different individuals since diagnoses typically cover many more symptoms than any particular individual with the diagnosis actually exhibits. I argue that abstract scientific elements are already present when experts-by-experience draw upon lived experience. For example, if an autistic person gives a description of what it is like to be autistic we are, firstly, demarcating that person as being autistic rather than, say, schizophrenic and, secondly, the person is interpreting some experiences as being instances of autism. As such, abstract scientific elements are present when an expert-by-experience uses lived experience to provide data. This means lived experience is not unmediated but is influenced by abstract aspects of science. I then consider what role experts-by-experience should play in formulating abstract science. Abstract scientific models are typically formulated by abstracting away parts of the data using general modelling principles. Experts-by-experience cannot directly use lived experience to decide which data to abstract away and how to model the remaining data. The data itself does not show which data needs abstracting away. I suggest that experts-by-experience should approve of typical modelling techniques for abstracting data which are typically employed within science and psychiatry. This significantly constrains which views of experts-by-experience should be considered scientific.

*I am an autistic philosopher of psychiatry who is based at Lancaster University. I am interested in the ontology and epistemology of psychiatric diagnoses whereby I portray psychiatric diagnoses as idealised models. I am interested in understanding how expert-by-experience involvement in psychiatric research relates to scientific models and the theory-laden nature of evidence.*

12.15 – 13.15: LUNCHBREAK

13.15 – 14.30: Parallel sessions 5

Large Room:

Anne-Marie Gagné-Julien – *Why Should We Include People with Lived Experience in the DSM Revision Process? Ethical and Epistemological Arguments in Tension* (online)

In recent years, philosophers of psychiatry have developed arguments for including patients/service users/survivors in psychiatry. Recently however, Friesen and colleagues (2019) have argued that in participatory research, the epistemological reasons for including people with lived experience may obscure the ethical reasons for this participatory turn. In this paper, I want to generalize this insight by reflecting on how this type of tension arises within the DSM. I will argue that depending on the arguments used to defend inclusiveness, different types of inclusiveness follow. This is important given the growing dissatisfaction

expressed by people with lived experience when they are included in different psychiatric structures. My argument will be threefold. First, I will look at the DSM revision process and at how people with lived experience have been included. This analysis will yield a first result: the DSM's position on the inclusiveness of "patients" is unclear and merges the epistemic and ethical benefits of including people with lived experience. Second, I will review the arguments that have been offered to justify a more inclusive review process and propose a non-exhaustive taxonomy of three types of arguments: 1) The objectivity arguments (e.g., Gagné-Julien 2021a, b; Tekin 2022) 2) the social justice/democratic arguments (e.g., Sadler and Fulford 2004; Sisti and Johnson 2015) and 3) the epistemic justice arguments (e.g., Bueter 2019; Knox 2022). The social objectivity argument states that maximizing the diversity of perspectives is the best way to uncover possible biases in our categories, and thus to improve knowledge about these categories. The social justice argument says that since diagnostic categories impact public policies, these categories should reflect the values of those affected. The epistemic justice argument holds that since there are good epistemic reasons to consider patients' testimony during the revision of the DSM, but that this testimony is not actively sought, the DSM commits an epistemic injustice. Finally, I will argue that depending on the type of argument one adheres to, different practices of inclusion should be put in place and different types of lived experience should be looked for. In the end, what this discussion will show is that ethical and epistemological reasons for participation are important to disentangle. Confusion about the form of inclusiveness that we are looking for can result in role confusion, tokenism, and experience of not being heard/not feeling useful for individuals with lived experience included in the process.

*Anne-Marie Gagné-Julien is a postdoctoral fellow at the Center for Research in Ethics (CRE, Montréal) and the Canada Research Chair in Epistemic Injustice and Agency (CRC-EIA, UQAM). She holds a PhD in philosophy of science and psychiatry from the Université du Québec à Montréal (UQAM). Her research interests lie at the intersection of the philosophy and ethics of psychiatry, feminist philosophy of science, and epistemic injustices.*

### Istvan Fazakas and Mathilde Bois – *The Institutions of the Bodily Self. Depersonalization and Cenesthopathies* (in person)

In his lectures on Institution, Merleau-Ponty claims that the person is not constituted but instituted. Radicalizing this insight, I argue that not only personhood but also the "I" can be understood as an institution (Stiftung) of a more archaic and inchoate self. This archaic self is first and foremost a bodily self that precedes not only a thematic self-apperception, the stories that constitute the narrative identity or the narrative self, but even the institution of a more or less plastic body image. Today there is no lack of phenomenological descriptions of this basal bodily dimension, at the foundation of subjectivity and personality. There is also a growing emphasis on its role in psychopathology. Still, it was not necessary to wait for phenomenology to formulate certain fundamental intuitions on the relationship between the body, the self and depersonalization disorders. Authors of the French Enlightenment already introduce the notion of a feeling of existence (sentiment d'existence), which is most often described as a bodily feeling and as a feeling of selfhood (sentiment de soi). The idea of a bodily feeling of being a self does not only prefigure certain themes that we would approach today through the notion of existential feelings (Ratcliffe), but it has already explicitly been at the basis of research in psychopathology. J.C. Reil – a German physician who also coined the word psychiatry – and his student, C.F. Hübner propose to describe this feeling with the notion of coenaesthesia, which Maine de Biran has also made his own. The notion of coenaesthesia understood as the bodily bedrock of the feeling of selfhood and the feeling of existence becomes a central notion in the French tradition of psychiatry, focusing on disturbances of coenaesthesia under the label of cenesthopathies, considered mainly as forms of depersonalization. In this presentation, I revisit some historical insights concerning coenaesthesia as a pre-reflective bodily feeling of being a self from a phenomenological perspective. I focus on this bodily dimension preceding the institution of "higher forms" of selfhood by considering depersonalization as an experience that reveals the basal coenesthetic element of ipseity.

*István Fazakas is a postdoctoral researcher (F.R.S.-FNRS) at the Université Libre de Bruxelles. He defended a Ph.D. thesis on the phenomenology of the self at the Bergische Universität Wuppertal and the Charles University Prague. He is currently working on topics related the phenomenology and the history of psychiatry. (In collaboration with Mathilde Bois).*

### Cynthia Dorrestijn and Elizabeth Pienkos – *Birth of a mother: Uncovering our postpartum experiences* (in person)

The act of giving birth is one of the most exceptional life events for human beings, though one that only women can immediately participate in. A number of feminist philosophers have noted its relevance to self-experience and identity; as such, it is also associated with problems of selfhood, leading, in some cases, to psychological or emotional disturbances. Postpartum psychosis is typically described as “the most severe disorder associated with childbirth” (e.g. Hazelgrove et al., 2021). While not false, this perspective reinforces the otherness of postpartum psychosis as a condition beyond human understanding. In this presentation, we hope to convey the fundamental understandability of postpartum psychosis. Our talk will take the form of a dialogue between the two authors: though only one experienced psychotic-like experiences during the postpartum, both underwent profound experiential shifts associated with childbirth and the early phases of motherhood. By moving back and forth between these dual narratives, we hope to open up a way of seeing the perinatal period as one that necessarily involves significant fluidity and porousness, representing an expansion of experience beyond the limits of the self. We argue that the notion of “atmospheres,” as coined by Hermann Schmitz in his *Neue Phänomenologie* and furthered by Francesetti, helps to explain this unique period of matrescence and simultaneously link it to a typically tacit aspect of universal human existence. Considering postpartum psychosis from this perspective allows us to think critically about the role and impact of various prevention and treatment measures, emphasizing the importance of cultivating an atmosphere that facilitates and enhances the subjective transformations inherent in becoming a mother.

*Elizabeth Pienkos (United States), PsyD, is a mother, licensed clinical psychologist, and Associate Professor of Psychology at Clarkson University, with research focused on the phenomenology of schizophrenia and psychosis.*

*Cynthia Dorrestijn (Netherlands), Msc Design for Interaction, is a mother, freelance dance teacher, and guest lecturer on the basis of her first-person-perspective to ISPS (The International Society for the Psychological and Social Approaches to Psychosis).*

## Library:

*Daniël Helderma – Pitfall of the first-person perspective is a one-person psychology: the case of unrepressed unconscious emotions (in person)*

The psychotic state can be understood as a deficiency in the embodiment of the self, failing to flexibly discern and connect internal sensations and sensory impressions. Here it is argued that this pre-reflective process disrupts the formation of basic emotions, robbing the self of a sense of grounding in the here-and-now and blurring self-other differentiation. As value can no longer be inferred from bottom-up processes, meaning-making seeks refuge in idiosyncratic top-down inferences. This is where the first-person perspective risks losing a shareable notion of reality. But especially when professionals don't differentiate between emotional and cognitive subjectivity and are not willing to set personal certitudes aside, this leads up to tragic loss of empathic understanding. In order to help professionals in their difficult tasks to promote structure, empathically understand and maintain the therapeutic stance at the same time, a new model of basic emotions and consciousness is introduced. The so called Maelstrom Model combines inner experience and peripheral perception and maps four basic emotions (happiness, sadness, fear and anger). It can be used to find a still point in the turbulence of the therapeutic encounter and find words for emotional experience that is lost in pre-reflective fragments. Consciousness here is characterised as multi-layered, consisting of interrelated dimensions of affective, self- and cognitive consciousness. These three layers of consciousness also pave the way to distinguish three ways in which experience can be rendered unconscious. The first-mentioned failure to integrate internal sensations and sensory impressions is conceptualised here as fragmentation. Though akin to the notion of psychotic defences, it doesn't presuppose a top-down mechanism. Diminished processing capability (e.g. because of sleep deficit), augmented visceral and sensory awareness (e.g. because of drug use) or intrusive experiences of traumatic intensity might lead to fragmentation. The second route to unconsciousness breaches the self-other boundary through projection. This mechanism defends the self against overwhelming experience by assigning emotional ownership to the other. As such, the unwelcome cognitive ramifications are barred from consciousness. The third mechanism is repression, that bans



unwelcome experience – though once felt and thought about – to the nonverbal realm of the body. Bodily sensations thereby can lose their signalling function and become symptoms. All people bear in their psychological constitution these three psychodynamic fault lines, as they are called here. Unwelcome perceptions of ‘self in reality’ can be steered away from public awareness by politicians who use these defences as political strategies. As a rule of thumb one can discern moderate parties from extremist positions by the psychological defences they employ. The first-person perspective can be misused to polarise, discard opposing views and deny common ground, not unlike a strategic operationalisation of the ‘negative therapeutic reaction’. It is an insidious way of undermining the democratic debate.

Daniël Helderman worked as a clinical psychologist and psychotherapist, and is candidate in psychoanalysis. He lectures in psychoanalytic theory and practice and is the author of “Exploring the emotional life of the mind: A psychodynamic theory of emotions” (Routledge, 2021).

*Anna Bortolan –Concealing Narratives: On the Difficulty of Accessing the First-Person Perspective* (online)

Research on the subjective dimension of mental illness has frequently drawn on the self-narratives of those who have a lived experience of mental ill-health. This is routinely the case, for example, in the field of phenomenological psychopathology, as philosophers and psychiatrists working within this tradition often draw on first-person reports or autobiographical stories to better understand psychopathological conditions (and especially depression and schizophrenia) (cf. Ratcliffe 2015; Sass 1994). The use of these sources, however, can pose distinct challenges to phenomenologists, clinicians, and qualitative researchers more broadly. In particular, potential issues arise in relation to forms of psychopathological experience that may involve disruptions of narrative understanding (cf. Gallagher and Cole 2011). In this paper I aim to both unearth a particular instance of these dynamics, and to explore which solutions, if any, may be available to offset the relevant challenges without undermining the central role that the first-person perspective should play in the exploration of mental illness. First, I will illustrate how the experience of severe disturbances of mood may give rise to specific disruptions of narrative abilities, and, in particular, may lead to the formation of what I name “concealing narratives”. In these instances, the capacity of the narratives to “reveal” one’s experience is weakened, and rather the narrative tends to “veil” or “hide” such experience. More specifically, concealing narratives are shaped by certain experiential alterations but make it particularly difficult for these alterations to be disclosed through the narratives themselves. I then move to explore the implications of this phenomenon for the way in which we conceive of phenomenological and qualitative research on mental health, maintaining that it is possible to give full uptake to first-personal experience despite the presence of concealing narratives. More specifically, after having considered strategies such as “idiographic” and “intersubjective validation” (Petitmengin and Bitbol 2009), I argue that approaches which conceive of the qualitative researcher as actively engaged in the interaction and construction of meaning with sufferers may be best suited to tackle this problem (cf. Zahavi and Martiny 2019).

*Anna Bortolan is a Senior Lecturer in Philosophy at Swansea University (UK). Her research interests are at the intersection of phenomenology, philosophy of psychiatry, and philosophy of emotion, and one of her main areas of focus is the relationship between affectivity and self-understanding in mental ill-health.*

*Joshua Richardson –The Limits of the First Person and the Boundaries of Psychotherapy* (in person)

Psychotherapy relies upon first person reports. However, there are limits to what we can say the first person. Some experiences are difficult, if not impossible to articulate; language breaks down and words fail. These kinds of experiences present a problem for talk therapy. The philosopher Ludwig Wittgenstein famously wrote: ‘What we cannot speak about we must pass over in silence.’ (Wittgenstein 1922) Nevertheless, we often talk about things that are ineffable, despite the contradiction. Some of what we hold most dearly and

hurts us most deeply defies expression - and yet, we try in vain to express those things held most important and most hurtful to us. However, if we can't talk about an experience, how is psychotherapy to help? In short, it cannot. The ineffable presents a limit to first person reports and to psychotherapy. If we cannot talk about something, then talk-therapy cannot help with it. The psychologist William James' *Varieties of Religious Experience* (1903) inspired Wittgenstein's philosophy of silence. In it James describes the ineffable outcomes of various mystical experiences. The psychiatrist Karl Jaspers also identified this problem in his *General Psychopathology* (1913); alogia, apoplexy, aphasia, and alexithymia all give expression to problems in giving meaningful articulation to first-person experience. Using the work of James, and Jaspers, I will show that the ineffable presents a meaningful boundary that can help guide psychotherapeutic conversations. When we observe this boundary, we can make sense of both silence and meaninglessness.

*Josh Richardson is a philosophy graduate and registered psychotherapist practicing in Ontario, Canada. In his early twenties he traveled to Flanders, Belgium, where he began to study philosophy under the tutelage of a philosopher from a Flemish faculty of comparative religion. It was at this time that he first witnessed someone involuntarily admitted to a psychiatric ward. He later returned to Canada to pursue formal studies in philosophy, concentrating on questions relating to the philosophy of psychiatry, and began volunteering at a Schizophrenia Clinic. For the last two decades he has worked with people diagnosed with mental disorders. He currently works for a hospital providing psychotherapy.*

### Philemon:

Zachary Walter – All Thought is En-Maddening: A Non-Philosophical Outline of A Theory of the Mad (online)

What is the limit of a philosophical, even phenomenological, approach to understanding madness? What also of the psychiatric, which adhere to conceptions of power and fixed schema that either track madness within too narrow a field, or forgo other forms of thought that remain nonetheless (potentially) embodied? All modeling of thought, even mad thought, have a truth value latent within them, despite their warring claims on the ultimate fixity of reality. Rather than take sides in the conflict, non-philosophy utilizes concepts within to go beyond a need for an absolute attachment to a philosophical position, even one inspired or informed through madness. This opens the possibility to confirm the experiential knowledge of the subject (without in turn absolutizing their position) not requiring the need to think from the position of Being, of Consciousness, or of Power. This theory can also serve as a supplement to the growing field of non-standard philosophy. With inspiration drawn from François Laruelle's developments in non-philosophy and other author's contributions, I propose a framework that radically views madness not as an already-Other to be expelled or integrated, nor something limited to historicism and separated by the clinic, but instead as an ordinary condition of thought itself.

*Zachary Walter is a trained philosopher in religious studies and researcher in psychoanalysis. More recently, he's begun to study the intersection of Laruelle's non-standard philosophy and contemporary philosophies of madness. His interests include the former, as well as topics in climate ecology and financial economic theory, with aim to eventually continue onto graduate research.*

Kasper Essers – *The Aporia of Time: Deleuze & Meillassoux on thought, time and the Absolute* (in person)

The occupation of philosophy with the relationship between being and thought spans multiple centuries and has been covered by a variety of approaches and schools of thought. However, it is not until the critical injunction, specifically within the work of Immanuel Kant, that the relationship in question and its kinship with the subject, inspected through a rigorous transcendental analysis. The so called 'Copernican' revolution appears to be the lifeblood of the Kantian project. The theoretical moves of Kant have sparked various criticisms, nevertheless none of them are quite as bold as the work of Quentin Meillassoux. According to Meillassoux the Copernican revolution in a fact harbours a Ptolemaic counterrevolution. Meillassoux traces a form of thinking which he dubs correlationism. For these forms of philosophy the existence of a dimension independent of thought is an absurdity. What becomes primary is the relationship through which thought has access to reality. Meillassoux attacks the meticulous circle of correlationism by means of the arché fossil, a scientific fact pointing to a reality

anterior to the manifestation of conscious life, an unavoidable problem for correlationism. The wedge driven between the correlationist argumentation does carry a presupposition, one that further problematises the speculative endeavours of Meillassoux. Ray Brassier astutely formulated the problem. The formulations regarding anteriority or posteriority, employed within the discussions surrounding the arché fossil only make sense within a spatiotemporal framework. Hence the argument Meillassoux raises regarding the lacuna in/of manifestation of consciousness implicitly remains within the empirical register. The arguments based on the arché fossil function only by means of the supposition of chronological time. The question then becomes how to make sense of the genesis of consciousness without appealing to time approached through the lens of chronology. A possible companion within the search of such a formulation is Gilles Deleuze who, notoriously, tried to disengage time from its Kantian ties to the synthesising subject and with it, the shackles of Chronos. Does Deleuze's conception of time provide the conceptual strength to support Meillassoux's faltering whilst maintaining a critique of correlationism? The larger question which looms over the horizon regards the specific position of the subject, where does the I stand in this discussion? Does the question of time imply a particular formation of the subject and do these strands of philosophy allow us to formulate such questions?

*Kasper Essers is philosopher and works for Felix & Sofie, a podium for public philosophy in Amsterdam.*

Catarina Pombo Nabais – *Deleuze and the a-subjectivity of madness* (online)

My paper will focus on the philosophy of Gilles Deleuze. I will take the case of literature (namely, Proust, Sacher-Masoch, Kafka, Melville and Beckett) and map the different figures of the subject and discourse production in Deleuze's analysis of literature in order to show the radicalization of his program of transcendental empiricism from a theory of faculties towards a theory of fabulation, passing by a theory of the collective assemblage of enunciation. By presenting the Deleuzian paradigm of a-subjectivity, my paper thus works as a counter-example of the whole approach of the first person perspective.

*Catarina Pombo Nabais is Scientific Researcher at the Department of History and Philosophy of Science, Faculty of Sciences, University of Lisbon CFCUL, Vice-Head of the IG3 "Philosophy of Technology, Human Sciences, Art and Society". Founder of the CFCUL RL Science-Art-Philosophy Laboratory (SAP Lab).*

14.30 – 15.20: Keynote 6

Richard Saville-Smith – *Resisting the ambivalent collapse from certainty to despair* (in person)

“I am the way, the truth and the light” (Jesus)

“It's me, I, I'm the problem, it's me” (Taylor Swift)

The distance between these two subjective positions is vast. But it is possible to imagine them being held by the same person at different times. It is the process of ambivalent transition which interests me, particularly how mad subjects may invest in resisting the collapse, from the excessive position to the deficit position, by invoking strategies for going higher. That the intentionality of the subject is at work in this process is found in the fact that so many 'psychotics' are detained rather than voluntarily seek psychiatric assistance. In the West this relationship, between the mad subject and the sane medical establishment, has become entrenched as one of alienation precisely because the threat of being returned to normal can readily be perceived as a threat to the powerful certainty of madness. Describing this certainty as delusional is no more than a deflationary tactic because in spite of Western philosophy Pontius Pilate's question 'what is truth?' remains as slippery now as when first spoken. Labelling of the other's truth delusional may lack self-reflexivity about the constructed nature of the accuser's reality, the presuppositions of which may also be subject to a legitimate mad critique. Where social acceptance becomes the criteria for judging normal, mad dissent may be better understood as resistance to orthodoxy rather than being merely wrong. In this presentation, I am more interested in Jesus than Taylor Swift. Jesus is an effective case study, not only because his story is better known than the case studies of psychiatry, but also because his story predates psychiatry, rendering it anachronistic. My interest in the Jesus story is in how it demonstrates both the need and the capacity to go higher. As the realization that the public ministry of proclaiming the good news to individual is like emptying the sea with a bucket, the transfiguration represents a radical gear change in which systemic change is

perceived as possible through an institutionally sanctioned death. From this perspective the role of cultural context in making this idea both plausible and possible can be clarified as Jesus plays the authorities to secure his ends. This case study puts me in a position to refocus on the contemporary fact that, according to the not very good research available, 25% of those detained in the secure units of Western psychiatry articulate their experience in religious terms. This has consequences for any renewal of phenomenological psychopathology. If the metaphysical and, more importantly, epistemological consequences of being driven by the hand of God are un-understandable, however much epoché is undertaken, the motives of the individual to do their duty, maintain their certainty and resist being collapsed into the sad world of the anti-hero in Taylor Swift's lyric will inevitably be misunderstood.

*Richard Saville-Smith's three careers began with and were punctuated by madness. After seeking out the low risk routines of business management in London, followed by the high risk atmosphere of a campaigning public relations firm in Edinburgh, Richard found academia to be a goldilocks playground where ideas have consequences but the stress is less. With a PhD from the University of Edinburgh and based on the Isle of Skye, Richard now seeks to persuade philosophers and scientists to engage more effectively with religious studies as an arena of common interest, particularly in the role of mad consciousness and experience within the human story. His first monograph *Acute Religious Experiences: Madness, Psychosis and Religious Studies* was published by Bloomsbury Academic in March 2023.*

15.20-15.40: tea break

15.40-16.55: Parallel sessions 6

### Large Room

Radoslaw Stupak and Pesach Lichtenberg – *Putting the psyche back into psychopharmacology: Is a First-Person Psychopharmacology possible?* (in person)

Methodological problems in the dominating psychiatric paradigm plague the study of drug safety and effectiveness. The framing of psychiatric drug action in relation to terms such as safety and effectiveness could be viewed as problematic in itself, as it stems from a medical perspective on distress and madness. The prevalent conceptualization of drug action treats them as agents that alter more or less specific neurophysiological processes that lead to changes in what is called symptoms of disorders or illnesses. These changes are said to be tracked in relation to ready-made symptom checklists and compared with other drugs or placebo, most often in RCT studies or other study designs. This approach, in turn, shapes clinical psychiatric practice and other social and cultural discourses. However, there is mounting evidence and a growing consensus that this approach to studying drug action (and, to a degree, also psychotherapy which adopted this model) is hampering clinical progress, that drug effectiveness is overestimated in the literature and that iatrogenic effects are overlooked and underestimated. One way of escaping the dead-end in which psychopharmacology seems to find itself today could be a turn towards a proper recognition and inclusion of a first person perspective in the design of studies. Results obtained from differently designed and conducted studies could form a new evidence base and eventually transform clinical practice. Renewed interest in the study of psychedelics in the context of psychiatry, though it carries many practical risks, highlights the problems with studying subjective and non-ordinary states of mind in clinical context, as in psychiatry both the states “treated” as well as the states induced by “treatment” share some characteristics with psychedelic experiences. In this presentation we would like to ask if First-Person Psychopharmacology is possible and present a preliminary outline of a project that could put the psyche back in psychopharmacology by focusing on the perspective of psychiatric patients. What might a new approach to the systematic study of drugs in psychiatry, that could play an emancipatory role for people experiencing distress and/or madness, look like? We will explore this issue and offer concrete and practical proposals for a new approach to psychopharmacological research.

*Radoslaw Stupak, PhD, is a Lecturer at the Institute of Psychology, Pedagogical University of Cracow. He is interested in methodological, historical, social and philosophical underpinnings of contemporary approaches to mental distress and in the potential of critical theory to transform psychiatric practice.*

*Pesach Lichtenberg, M.D., is a clinical associate professor of psychiatry at the Hebrew University in Jerusalem, and the founder of Soteria Israel, which introduces new paradigms into the practice of clinical psychiatry. He currently heads an inpatient psychiatric department at the Jerusalem Mental Health Center.*

Luca F. Maschião – *The role of the first-person perspective in a phenomenology-oriented psychopharmacology (in person)*

Psychopharmacology as a discipline has deeply relied on mechanistical and explanatory models of therapeutic and harmful effects of substances that alter one's mental states, classified as psychoactive substances. Even though the very use of the "psych-" radical suggests hesitation to reduce the effects of these substances to neurologic ones, psychopharmacological research has overlooked the field of experiences related to their use, mostly focusing on quantifying its effects on symptomatic relief through psychometric measurements. This research strategy fails to recognise that they may provoke experiences that cannot be reduced to specific effects on mental illnesses in a "tug-of-war" fashion. As proposed in less mainstream psychopharmacological research<sup>1</sup> effects of psychoactive substances may be studied in a drug-centred model, aiming to first describe its effects independent of underlying disorders or conditions. This approach can be largely enriched by the methodological advancements of phenomenology, in parallel to its endeavours in the field of psychopathology. For this purpose, we must first ask what defines the first-person experience in psychoactive substance use. Our hypothesis is that it can be defined as a change of the lived experience as a whole that is linked to an exogenous substance. This definition would allow further investigation of experiences with concepts of lived experience such as embodiment, temporality, and spatiality. In this work, we intend to show how ideas from phenomenological psychopathology may contribute to our research program by incorporating the notion of change with dialectical lenses, also exploring Parnas' concept of "core gestalt". Our presentation will address some problems and possibilities that may derive from these hypotheses, such as eligibility criteria for potential contributors from the first-person perspective, i.e. what definition of psychoactive substance user our research program should focus on. Additionally, we'll explore how the first-person perspective is decisive to both a priori refinement of phenomenological categories as well as taking part on the side of study subjects in future field research.

*Santa Casa de São Paulo Phenomenological Psychopathology Research Group is based in São Paulo, Brazil, where it began its activities in 2022 under the supervision of Professor Guilherme Messas. The group comprises researchers interested in psychopathology working around clinical issues of psychiatric and psychotherapeutic practices while studying classical and contemporary phenomenological psychopathology literature. Luca F. Maschião, the presenting author, is an early-career researcher and psychiatrist working in São Paulo. He's one of the founders of our the group and is interested in phenomenology of psychoses and linguistics.*

Valeria Motta and Michael Larkin – *Contextualising and moderating first and second person claims with third person insights (online)*

Tensions between methodologies based on first-person 'introspective' perspective of the thinker and agent and third-person perspective of the theoretician and observer have been framed as if they reflected an unavoidable polarisation between two possible stances from which empirical work may be conducted. The insights of the former can be undermined by a lack of consideration to context, and the latter via the risk of disregarding the subject. In the qualitative research tradition, Interpretative Phenomenological Analysis (IPA) situates experience as a form of knowledge which takes shape in the relationship between person and world. Patterns - and variations - in people's relationship to the world can grant us important insights into the kinds of lived world which are possible, and into the sense which people make of them. Here, inferences refer to a specified group of others, in a specified context, with all the caution that such attention to context requires. Within the theoretical framework of qualitative research tradition, IPA has been described by its proponents as a 'third person' phenomenology because of its idiographic commitment. What is meant by this is that the author's task is to consider the particularities of the context where each of the participants find themselves, and to foreground the meaning of an experience for each participant in their own particular context. Furthermore, it has been proposed that this is not 'first person' phenomenology, because it is not the author's first-person experience which is foregrounded in the analytic account (even though this may also be present). And it has also been proposed that it is not 'second person' either, because in this work the author makes no strong claim that the analysis pertains to 'you' (either the reader, or the generalised or hypothesised other). However, if we consider important philosophical discussions on the importance of the second person perspective and of empathy, philosophers reject that a methodology that investigates subjectivity can be called 'third person' as they understand that it is called third person method because it concerns other people. And this, of course, would entail that the ontological status of other people is like that of ordinary objects, to which we always tend in the third person. The controversy here is not so simple. The argument is obviously not that a subject cannot be reduced to an object and that other people qua people have a unique ontological status.

The matter requires first a deep analysis and clarification of the terminology used by the different traditions. In this paper, we note firstly that second person perspective has been used by phenomenologist in psychology differently than by phenomenologists in philosophy. We consider whether the recognition and incorporation of third-person phenomenology as outlined by researchers in psychology can add crucial context to first-person accounts, and whether - through commitments to exploring both convergence and divergence – it can provide a potential means for navigating some of the problems of exoticism and alienation which pertain to third-order accounts. Furthermore, we look at a philosophical discussion on neuro-phenomenology and the naturalization of phenomenology, of whether we can make first person methods continuous with third person methods (where the latter denotes neuroscience) We do this with the objective of enriching our understanding of the complexities implied in a methodology that seeks to understand other person's experience. As the contemporary tendency to separate off qualitative researchers' implementations of phenomenology as if they were 'not-quite-phenomenology' is in fact depriving the field of a valuable resource for sense-checking.

*Michael Larkin is a Reader in Psychology, at the Institute for Health and Neurodevelopment, Aston University, Birmingham. His research uses qualitative and phenomenological methods to understand the relational context of mental health difficulties, especially for young people and their families. He is a co-author of 'Interpretative Phenomenological Analysis: Theory, Research, Method' (Sage, 2021), with Jonathan Smith and Paul Flowers.*

*Valeria Motta is a Visiting Research Fellow at the Institute of Health and Neurodevelopment, Aston University. Her research is at the intersection between philosophy of science, epistemology, philosophy of psychology and phenomenology. She is a philosopher interested in empirical research on human experiences. She authored 'Key Concepts: Loneliness' (Philosophy, Psychiatry and Psychology, 2021)*

### Library:

Ross Smith – *The many worlds of madness: delimitation of meaning domains in schizophrenic talk and interaction* (online)

The question of 'insight' in schizophrenia diagnosis presents a knotty problem. Psychiatry, insofar as it defines and identifies the schizophrenia Person-Type, tends to 'own' the phenomena as construed through its imperatives of practice. An interactional-linguistic approach however reveals 'lack of insight' as a site of communicative trouble based on frame conflict between the first-person perspective of diagnosee and the psychiatric frame. But this appears to invite unbridled relativism. To adopt a thoroughly language/meaning-centric approach to psychosis means to tackle these two issues: holding bio-medical reduction at bay while at the same time avoiding 'mere phenomenality'/subjectivism. I suggest that adopting Schutzian social-phenomenological analyses via specific methods of interaction analysis allows us to resolve this dilemma by finding ground for reality claims in socially-organised common sense. Results are presented from interactional-linguistic analysis of recorded interviews with schizophrenia diagnosees that was geared towards reverse engineering common sense world-construal via analysis of ruptures of common sense in diagnosee talk and interaction. This approach recommends approaching schizophrenia not as 'self-disruption', but as 'world-disruption' via the enactivist conception of the co-arising nature of world and experiential self. It leverages considerations of 'multiple realities' from (William) James, Schutz, and Goffman to propose that certain aspects of diagnosee-talk might be accounted for via a loss of coherence relation between 5 modes of world-revealing. These are discussed as 5 'worlds' in attempt to unsettle the one-world assumption of common sense (and to reveal the one-world as an achievement within common sense). These are: Me-world; This-world; That-world; The-world and Beyond realms. The study focussed specifically on analysing 'This-world' concrete-immediate phenomena of intersubjectivity in interaction that were observable in relief against an individualist-psychological world conception (Me-world) and the (That-world) background of socially organised Types. The Five-world model is unapologetically language-focused and construes schizophrenic symptoms primarily as phenomena of meaning. 'The-world' is conceived as a totalising determinate order that exerts a reduction on features of animacy, and 'Beyond-realms' are conceived as form-giving backdrop for the sayable. Border conditions can be identified between some of these domains that are managed in language, interaction and ritual.

*Ross Smith has a background in philosophy, psychology and linguistics. He lived for seven years in an ashram and has worked for 13 years in a mental health residential setting. He has recently completed a PhD in linguistics where he developed and justified the manifold-world model through a lingua-centric consideration of schizophrenia.*

Veronica Heney – *"Am I going to see myself?" Recognition, relationality, and subjectivity in identification with self-harm in fiction* (in person)

The limits and possibilities of experiential knowledge of madness and mental distress might be productively considered alongside questions of narrative, story, and fiction. This is particularly the case in relation to self-harm, wherein fictional depictions of self-harm have prompted concern and fear. However, in such arguments the perspectives and experiences of people who have self-harmed are often not present. This paper seeks to redress such erasure through drawing on qualitative interviews with people with experience of self-harm, alongside a close reading of the TV show *My Mad Fat Diary* (2013-2015). Popular fears regarding the representation of self-harm are generally grounded in the logic that “if you don’t see it, you won’t do it” (McWade, 2019), presenting self-harm as that which multiplies through over-identification and unstable or un-bounded subjectivity. Yet in engaging with experiential knowledge a more nuanced account of self-harming subjectivity and the nature of consuming fictional texts emerges. This paper will draw on Judith Butler’s exploration of subjectivity to theorise experiences of reading or viewing as an encounter, through which it becomes possible for self-harming subjects to give a particular account of themselves. This enables an attention to the relational and transformative aspects of identification with fictional texts, alongside a reconsideration of the assumed effects of first-person narration. In particular, the paper will note the significance of the context of scarcity in which representation of self-harm exist; self-harm is both often experienced as isolating and is rarely depicted in fiction. This allows for a textual encounter in which identification offers not a reconfirmation of an existing subjectivity, but an opportunity for new ways of being known as a self-harming subject. The paper will explore both which facets of a textual representation might encourage identification, and in what ways such identification might allow for partial, relational, and co-created identification through which the complexities of self-harming subjectivity can be accounted for.

*Following doctoral research exploring fictional representations of self-harm, Veronica is currently undertaking a postdoctoral research fellowship at Durham University’s Institute for Medical Humanities investigating narratives and experiences of anxiety. She is interested in bringing together Literary Studies and Sociological methods to explore the interplay between narrative and experience, particularly with regards to madness and mental distress. She uses engaged and collaborative methods to centre lived experience within research. She is also the co-founder of Make Space, a user-led collective which seeks to facilitate more generous and nuanced conversations around self-harm.*

### Sabina Wantoch –*Psychosis vs Psychedelics - How are social contexts for such states woven into their subjective experiences?* (in person)

What relationship is there between the social world contexts we have for divergent states, and the first-person experience of those states? How do such contexts affect the structure of the subjective experience of madness? Is the set and setting of the dominant consensus framing on the matter of madness – Psychiatry – playing a significant role in its ontology? This presentation, based on Dr Wantoch’s PhD research, compares the consensus ‘worlds’ that form around different divergent states – psychotic states, psychedelic states, mystical and religious – and draws out nuances in these relationships, focusing on the affect of ‘trust’ that intersubjective ‘worlds’ may provide, and how this may affect the very subjective experiences of such states. Both psychedelic and psychotic states are, in current mainstream Anglo-Western culture, framed by the institution of Psychiatry, and controlled through laws that sustain the Psychiatric-Industrial complex. This complex frames distress in terms of individual pathology, through which psychedelics are posited as healing medicines, and madness is framed as a symptom and expression of individual pathology – arguably, the most total form of pathology. The framework of ‘spiritual emergency’ has evolved from discourse around psychedelics; depicting experiences of crisis as somewhere on a trajectory of ultimate healing. This framework may redraw a binary between psychedelic or spiritual emergency experiences on one hand as good, and states of utter madness as outside such a trajectory, and ‘bad’. I consider the concept of habitual trust – i.e. a sense of reality being felt as something that is intersubjectively corroborated – and how this applies to social world contexts for divergent states. I will explore social contexts that do offer intersubjective integration of certain divergent states, through contextualising them as ‘psychedelic’, or ‘mystical’, or ‘spiritual emergencies’; intersubjectively corroborating aspects of their phenomenologies as such. These contexts affirm a sense of reality that is intersubjective – whilst also drawing on the imaginal, the mystical and the ‘mad’. In contrast, Psychiatry defines psychotic states of mind as unable to be understood or integrated, pushing a person’s sense of reality even further from the intersubjective field. Is the ‘tipping point’ of madness thus the absence of adequate social context? There is a rejection implicit in the very ‘damnation’ rhetoric that underlies the psychiatric framing of madness – that it is a point of no return that is chronically Other, and must be chronically treated and measured. But could states of madness be integrated into consensus reality, like Psychiatry promotes of psychedelic experience, rather than erased? I consider how a phenomenology of madness – that does not seek to ‘cure’ or ‘erase’ it, or value judge it, or even understand it, that has no ‘goal’ – could provide such a shared context for madness, and how the very affect of this sharedness may provide intersubjective trust.

*Dr Sabina Wantoch recently completed their PhD at Uni of Sheffield on the phenomenology of anomalous experiences, and how their social framings may affect their very ontology. They are interested in the way that non-ordinary experience is conceptualised and navigated in the world, and how it feels, and how these interrelate. They are a neurodivergent, non-binary person with lived experience of madness. They also volunteer for PsyCare UK, supporting people undergoing psychedelic crisis. Their relationship with psychedelics, spirituality and their own neurodivergence and work with neurodivergent people, informs their academic work, and vice versa. They are an advocate of more understanding, intersection and allyship between the areas of madness and psychedelics.*

## Philemon

Andrew Evans – *Towards a Suffering-Based Approach to Mental Healthcare's Purview* (online)

There has been much debate about what conditions the mental health community ought to treat. This debate usually revolves around defining “mental disorder,” and most views fall within one of three broad camps: naturalism says that mental disorders are biological dysfunction, normativism characterizes mental disorders in terms of what society deems harmful, and hybrid approaches say that mental disorders are both harmful and biologically dysfunctional. The problem with naturalist and hybrid approaches is that there are non-dysfunctional conditions that deserve mental health treatment. And the problem with normativist approaches is that they devolve into cultural relativism. Therefore, what is needed is an account that avoids both cultural relativism and a reliance on biological dysfunction. I argue that a suffering-based approach to mental healthcare’s purview avoids the pitfalls of naturalism, hybrid approaches, and relativistic forms of normativism. Unlike naturalism and hybrid approaches, a suffering-based approach does not require the presence of biological dysfunction, so non-dysfunctional conditions fall within mental healthcare’s purview (insofar as they involve suffering). Taking a suffering-based approach also avoids relativism, because whether someone is suffering or not is a matter of fact not social norm. We can think of mental healthcare’s purview as being about the obligations the profession has to society. I argue that if a patient seeks out care for a condition that consists of or causes suffering, and mental healthcare can treat that suffering, then it has an obligation to do so, even if no dysfunction is present. I end by considering and responding to three objections. First, one could claim that because suffering is inherently subjective, it would be too difficult to identify and measure to serve as the basis of mental health treatment. Second, one could claim that suffering is sometimes good and therefore should not be eliminated. A third objection could be that there are patients who do not suffer but still ought to be treated. Finally, one could object that my account overpathologizes normal problems in living.

*I am a PhD candidate in philosophy at University of Cincinnati, where I also completed an MA in Mental Health Counseling. My dissertation argues that we ought to take a biopsychosocial, suffering-oriented approach to mental healthcare. Before Cincinnati, I worked on a behavioral health research study at Johns Hopkins which investigated the efficacy of a care facilitator intervention for people who are HIV and Hepatitis C positive and have a history with substance use.*

Edward Harcourt – *What is Expertise by Experience?* (in person)

UK psychiatrists and mental health policy experts are strongly incentivized to involve psychiatric service users in a range of activities including individual care decisions, mental health service planning and development, training for various professions whose remit includes mental health service users (e.g. nurses and social workers), and research. Similar incentives and/or requirements can be found to a greater or lesser extent in some other countries. The aim of this paper is to examine one particular justification commonly offered for service user involvement, namely that thanks to the fact that they are service users, service users possess a distinctive form of expertise, ‘expertise by experience’. The paper argues against a model of expertise by experience based purely on an individual’s ‘knowing what it is like’ to suffer a mental disorder. In its place, the paper foregrounds the importance of service users sharing their experiences in developing their expertise, thus representing a service user group as a whole while preserving the ‘voice of experience’. Two models of expertise from other domains are argued to be especially helpful – the coach, and the online self-help group.

*Edward Harcourt is Professor of Philosophy at the University of Oxford and a Fellow of Keble College. Alongside his role in the Faculty of Philosophy, he also holds an appointment in Oxford’s Department of Psychiatry where he leads on PPIEP (Patient and Public Involvement, Engagement and Participation) in the Oxford Health Biomedical Research Centre.*



## Eddo Rats – *Scientific first person perspective (in person)*

Ceci n'est pas une pipe says the famous painting of Magritte. Its value implies the ignorance of most humans about their first person perspective. An implication also displayed in the difference between menu and meal and chart and territory. Psychiatrists qualify themselves from a second person perspective mainly by studying recipe books and MRI charts. After being diagnosed I had the experience that the recipe the psychiatrist had in mind for me didn't represent the meal I just had for dinner. It was social peer pressure that made me believe the menu the psychiatrist had in mind for me. After this first encounter it took me twenty years before my mind stopped believing the scientific psychiatric jargon. A necessary step to let space emerge for the engineering jargon my mind was used to operating in. The engineering jargon happened to lie closer to the Kantian aesthetic a priori categories. He used them in his formulation of transcendental idealism. This formulation made synthetic a priori judgement possible. This basically comprises what I mean by scientific first person perspective. Right after my first diagnosis I remember being subjected to life chart therapy. After a few months a wavy pattern emerged. A pattern I was very familiar with. As an engineer I was used to calibrating values under all kinds of circumstances. Even as a sea going sailor I was used to the wave pattern to calculate tides by comparing them to the New Amsterdam Gauge short as the N.A.P. reference value. So after a while I started to notice a parallel between my life charts and the calibrations known as Gauge Theory. Finally this comparison started to make sense to me in the form of a human being to be something I could understand as a very sophisticated thermostat. In more general terms known as a complex adaptive system. Using this theory made me able to restore my psychological self regulation. This approach to recovery maintained my mental stability for the last ten years. The next step is to help others understand my approach. This is where I enter the turf of the communication expert. Their advice to me for teaching a larger audience was to get rid of the maths. My question to professionals in psychiatry is: What is it you really want; To cure people or to become popular?

*Eddo Rats is an electrical engineer, sea sailor, guitarist, freethinker, radio amateur, performer, Pirate. He is also an experience expert and has completely recovered from long-term psychosis sensitivity since 2013. Employed at the Regenboog Groep in Amsterdam, SCIP department. He is also active in the association ISPS Netwerk Nederland-Vlaanderen, part of ISPS International and the association plusminus for people with a bipolar disorder. Living in the Netherlands.*

## 16.55 – 17.45: Keynote 7

### Phoebe Friesen – *Psychosis and Psychedelics: Historical Entanglements and Contemporary Contrasts (online)*

Experiences of psychedelics and psychosis were deeply entangled in scientific practices in the mid-20th century, from uses of psychedelic drugs that could model psychosis, to detailed phenomenological comparisons of endogenous and drug-induced madness. After the moral panic of the 1960s shut down psychedelic research, however, these two phenomena became disentangled. In the decades following, the science of psychosis transformed, shedding the language of psycho-analysis, and adopting the new scientific veneer of psychiatry. Today, as psychedelic science re-emerges, the research programs surrounding psychosis and psychedelics now stand in stark contrast. In this talk, I look closely at how these research programs respond to questions related to what is worth measuring, what is worth investigating, and how we ought to respond to these experiences. This comparison reveals radically different assumptions and values that guide each research paradigm and shape clinical practice. While psychedelic research often includes scales that seek to capture experiences of mysticism, meaningfulness, and ego dissolution, research related to psychosis focuses on the measurement of pathological symptoms and functioning. Research into psychosis primarily seeks universal and reductionist causal explanations and interventions, while psychedelic research embraces the importance of set and setting in shaping unique experiences. Responses to psychedelic crisis involve warmth, compassion, and support, while responses to psychotic experiences often involve restraint, seclusion, and weapons. I argue that these differences contain important lessons for psychiatry. However, as psychedelic research struggles to meet regulatory requirements and fit within the paradigm of evidence-based medicine, these differences may quickly dissolve.

*Phoebe Friesen is an Assistant Professor in the Biomedical Ethics Unit and Department of Social Studies of Medicine at McGill University. Trained as a philosopher, she has broad interests in research ethics, philosophy of science, and bioethics, and often utilizes qualitative research in her work. Currently, she is working on projects that consider moral dimensions of the placebo effect, community involvement in research ethics governance, and participatory research in psychiatry.*

17.45: SOCIAL MEETING - DRINKS IN CAFÉ MUSEUM DR GUISLAIN