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The Relationship Between Clinical Phenomenology and Psychoanalysis: Anthropological Origins of Psychotherapy

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1. Introduction

In the beginnings of clinical psychology at the end of the 19th century, physicians referred to philosophy and “psychology of the depths”. The idea of deepness and hidden objects about the ego was current to innovate in psychotherapy. This new practice was supposed to teach about human condition and the manner how man becomes ill. *Anthropos* means “man” or more precisely “human being” if we want to avoid any discriminating thinking about woman. In English the construction of the words “human” and “woman” includes “man” anyway. Constructions of languages show how anthropological interpretation of being together is important for speaking and understanding. So in a strictly epistemological way, we can't really differ between psychotherapy and anthropology, because psychotherapy is the method to know about feelings and illness. Human condition is the main story in psychotherapy: the difficulty to bear life.

First, Freud was talking about “psychology of the depth” (Freud, 1895) when discovering psychoanalysis. In fact, he realized that consciousness is not homogeneous. Dreaming shows a less common way to work with perception. The only way to get information from the patient is observing by talking. His first patient, Anna O., found the well-named expression of “talking cure”. But she was not talking to herself but she felt better when talking to somebody else. She showed that talking depends on being listened by the other. It works only out by the relationship. By this way, Freud discovered that speech is meant for somebody, an invisible person. The psychotherapist listening just takes the place of this invisible person. This is called transference. It gives a quiet uncomfortable feeling about oneself as being somebody else because we have to discover ourselves. It is strange to consider that we are speaking for hiding away from something.

At this stage, human condition and what we might call “anthropology” will become more complex and only philosophy will help us to understand this situation.

2. Humain being and the paradox of empathy

Hegel (1807, 1967) and Husserl (1962) developed the transcendental approach, which means a method to understand intrapersonal (inside oneself) and interpersonal (between two persons) relationships. *Nebenmensch* means “the man near”, “beside” as a neighbor or a

foreigner. Somebody supposed to exist, but we don't really know him. When being ill, the patient feels like being changed into another and he witnesses about himself. He exists without feeling well, so it is like being beside himself. When being ill, we become a stranger for ourselves. Another word is *Mitmensch*, signifies "man with", "close to". It is somebody who is able to help, to understand and to assure readiness. The unhappy person is looking for this kind of quality when searching for a friend, somebody he can trust. But usually, in normal life, if you want to find a partner, you are supposed to be able to be a partner by your own – to be on your own and for the other. This dialectical movement explains that understanding of one of these processes, intrapersonal or interpersonal, couldn't be without the other one. One depends on the other. The dimension of the other is always the limit to consider yourself and the opposite is important too in the same way: you cannot understand the other one if you take for granted that he is the same as you. This is the paradox of empathy: you need to make feel yourself like being the other to be able to realize the differences. Sameness is an illusion that is sometimes necessary for believing in change. Of course, this is another paradox too. When being in love, first you might think that the other is like you and you will be able to change together. Afterwards, you should realize that two persons are always different and that each one has the right to claim for his individuality. So psychotherapy is about learning how to be when sharing with the other (Hirsch, 1967).

Freud was reading philosophy as any studied person at this time. Hegel, Husserl and Freud have in common that there were writing in German. Philosophy, psychology and anthropology has been studied in German language. It is not the same to study in one language and not in another. English, French, Italian, Spain, Chinese, Arabia, every language will lead to different thinking's about human being and being in the world. We have to notice that German is a very special language because of its phenomenological nature. German language has different movements often included in the same word (in the beginning and in the end of one word). When forming nouns neologisms are possible because of this special grammar. This means that anyone who is speaking or listening to this language must decide for the direction of a signification. Understanding must go quickly and when listening we take an unconscious decision about meaning. When speaking in everyday life we won't search for linguistic analysis.

Binswanger was interested by this kind of intentionality and the relationship we have with language. He showed the importance of considering « direction of meanings » (Binswanger, 1954). They define how somebody thinks about himself as being in the world. Binswanger studies the different ways of being in the world of maniac, melancholic, paranoiac and schizophrenic patients. The directions of meaning will highlight falling, erasing, flowing, being compressed, running away and much more.

M. Foucault, who introduced Binswanger in France, commented the complexity of Binswanger's idea in his introduction to the French translation of Binswanger (" direction of meaning", "meaning directions", "directing meaning" or "directions meant") implying different viewpoints about how to consider speech (Foucault, 1954). But this kind of attention is often anticipated by empathy. So clinical psychology and psychotherapy have also their origins in language study and philosophy about others and yourself. Psychology, philosophy and linguistics start to have common objects in the '20 starting with Saussure and further more epistemology and structuralism helped to come closer by their methods, for example anthropological linguistics. Of course, in matter of human existence, anthropology was supposed to lead the other disciplines. Later, we will observe the

beginning of combinations between disciplines like philosophical anthropology. In fact, the references today for “philosophical anthropology” are those of existential analysis of Binswanger and his colleagues. All those works came out of the research for a method to treat psychotic patients by psychotherapy in hospital or private practice. Mostly, psychiatrists, physicians and philosophers worked together.

It would be interesting to study how those relationships between language and philosophy differs from the cultural background in middle Europe and lead to different ideas about oneself and the other. For example, one of my students wrote about the self in her research about psychoanalysis. This is quite unusual for a French public, because psychoanalysis is about the Ego and not the self. First, I was wondering about my students’ theory and suddenly I realized that my student, coming from Ireland, is thinking French in English language structure and English grammar obliges to speak about the self: myself, yourself, himself. This example shows that it is impossible to think different than your language. In the opposite, French language expresses always by a double confirmation: *moi-même, toi-même, lui-même* (meaning myself, yourself, himself). But *même* signifies “identically”, “the same” as if French culture was afraid for becoming suddenly somebody else. It is true, that French language has also two words to identify the speaker. “I” becomes *moi, je*. So the first person in grammar, I, is not sufficient in French to assure to speak about yourself. You have to identify yourself a second time in precisising that it is you, the same. This seems very strange for foreigners, like a foolish situation about cross-cultural studies.

This linguistic example helps to understand the reason for the differences in psychiatry approaches in Italian (Calvi, 1989), Spanish (Moliner, 1987), French (Lacan, 1966; Oury, 1989; Racamier, 1992), German (Wolf-Fédida, 2010) or English (Winnicott 1971; Bion W. R., 1962; Klein M., 1987) might show that it is less a problem of theory but a confrontation of different views how to be in the world. Every language delivers expressions in risking a narrow-minded attitude by the readiness how to say something, which hinders finally to ask questions. But at the same time, the dependence of the viewpoint in a language helps to make up an opinion and to take a position. Speaking correctly means that we are supposed to think in a normal, popular way. However, this cross-cultural discussion will lead us as well to cultural anthropology as psychological anthropology. This kind of studies examines the universality of the purposes and the cultural differences. For example, in the frame of my research about “bilingual families, identity and the transmission of knowledge” I traveled to Mayotte (new French territory, Indian Ocean) and to Middle East. The subject about bilingual families will interest both because it is the universal part. But in each place they will give a different meaning about it. In one place families are worrying about preserving their culture and to avoid former colonialism. In the other place, people are afraid of war all the time and constructing, pleasure and everything that is new becomes a value to avoid depression. It is contrary to tradition but in the same time it helps to believe in tradition by being optimistic. This must seem contradictory to a foreign observer.

3. Anthropology as the common part of clinic

If we come back to the beginnings of clinical psychology, we should remember the anthropological task. Psychoanalysis gives a lot of anthropological examples: Freud wrote about totem and taboo, psychology of masses, Moses and monotheism and the Ego and the Id (Freud, 1912, 1933, 1920, 1949). This writings witnesses that he was aware about the different aspects of human condition: archaic drives, movements of crowd, the need for

religion, the need for a history telling the beginning of human kind. We can say that there is an anthropological part of psychoanalysis as well as of existential philosophy, today called psychoanalytic anthropology. We could even say that this anthropological part is the only viewpoint that psychoanalysis and clinical phenomenology have in common. Psychoanalysis has a negativistic method because of the conception of unconscious. Whereas phenomenology is a positivistic conception, because it makes believe in observation as being objective. Psychoanalysis works with interpretation and analysis (of transference). No direct access is imaginable to unconscious for the simple reason that it is not reachable by the conscious. It is the opposite.

L. Binswanger discovered *Daseinsanalyse* – existential analysis – that he called himself “anthropological phenomenology” as well. Let us remember about his writings and the principle of « here and now », method dominating in the seventeenth. For example, his book *Grundformen und Erkenntnis des menschlichen Daseins* (Principle Forms and Knowledge about Human Existence, Binswanger, 1962) has to be considered as an important contribution to anthropology – much more in a philosophical way about intentionality (Binswanger, 1957).

Both, psychoanalysis and clinical phenomenology agree about intentionality and language as a creativity going beyond all self-command. Man is speaking in spite of him. To summarize, we can confirm that the cradle of psychotherapy takes root in an anthropological situation because of the language structure and its philosophical consideration. We might say that anthropology is about language in the same way as philosophy is about confronting different thoughts (remember the Greek philosopher Platoon and oral rhetoric tradition). Man, human being, *anthropos*, differs from animal in speaking. Even, if we know about language structure of signs in animals, human being is looking for meta-theories and meanings. Yet, we might think even, that the human being is suffering from meaning. Asking for the sense of life, of the origin and the fulfilment of love, man handles all the time with frustration in emphasizing or exaggerating. Being distant or sticky shows different manners of being too. The attitude witnesses for the image that someone has got of the world and of himself.

We will see now, how two different methods of psychotherapy, because one is positivist (phenomenology) believing in observation and the other negativist (psychoanalysis) believing in interpretation, share the same principles because they are coming out of the same culture. They have in common the same idea about man, human being. Commenting Freud and transcendental philosophy make forget about these elementary relationships. We will see too that they differ in some arguments because they don't treat the same pathologies. Psychoanalysis is indicated for neurotic patients, whereas clinical phenomenology is applied to psychotic patients. Both deliver a different experiencing of human life in an anthropological way.

Nowadays, it is important to come back to the meaning of care. Modern way of life gives the illusion that progress in medicine, technology and biotechnologies will handle about health in an operational way. They are supposed to be objective and work quickly. The depths about ego won't harm anymore when taking pills. But, unfortunately, there are a lot of patients resisting to this care. Psychosomatic affection, depression, hyperactivity, addiction, suicide temptation, and dissociations figure in a long list of illnesses belonging to the same archaic motivation: to introduce man in the structure of care in an anthropological way. The unhappy and disable patient starts by asking the psychotherapist what to do. The same question comes again and again: “Tell me what to do for being happy and healthy. Can you

help me?" This kind of question proves that care starts with a global concept from one man to another, exploring the quality of living and being man in the community of others.

Independently of mental or psychic disease, psychotherapy, psychiatry or medicine, all therapeutic situations imply an anthropological part. All situations of care put one man in front of a responsibility: being responsible for somebody. It is somehow comparable to the mother/child relationship. Therapeutic treatment, from one side, defines the therapist as responsible for his patient. From the other side, the patient announces that he won't get better without the help of his therapist or physician. The situation of taking care is always about two persons recognizing to complete each other : to need help and to take care.

Let us consider an anecdote about the history of the discipline of psychology at our university (Université Diderot - Paris 7). In 1970 the first professors teaching psychology suggested to entitle the department as "Clinical anthropology". The minister refused this title. Obviously, it seems a quiet crazy idea to name one discipline by another. So what was the reason for this very serious proposition? In fact, psychology implies a lot of different orientations like group-studies, psycho-sociology, psychoanalysis and such different orientations that the only part in common seemed to be the anthropological part. But as the offer of the anthropological title turned down, finally they agreed about "Human sciences". Our psychology department of the university is the only one in the world being called "Human sciences" meaning psychology, and now, forty-two years later, we are reminded anew that this situation cannot last any more. We should find a new title and decide once for all for our identification - a clear identification. Actually, we discuss a lot about it.

4. Some basic principles about psychotherapy with a phenomenological approach

Since Binswanger, many psychiatrists¹ and psychologists² inspired themselves by phenomenology applied to clinic. Even, if we might observe some individual varieties, it is quiet possible to summarize some basic principles of this kind of psychotherapy, being somewhere universal:

1. Observation of oneself; by this way the self becomes the other. It is a positivistic conception about the possible performance to watch yourself.
2. Somatic implication in every psychical suffering and crisis; there is always a physiological translation of psychic and mental suffering. The body/mind concept is important.
3. Experience becomes an autonomous existence. Suffering and strangeness is an experience that will last. It is incomprehensible and contradictory with the wish to be beloved.
4. The body experienced (*corps vécu*, *Leib*) will be emphasized by psychotherapist because of the closeness with reality. Body-reality as an experience of reality through the body. It translates feelings, making them being real. Here takes place all possibilities and limits of experience. Everything we might know, we will experience through our body since we are born.

If we consider the four statements, we will notice that each of them characterizes an aspect of human experiencing. We realize also that there is a close relationship between the body

¹ For example : H. Ey, E. Minkowski, D. Cooper, R. Kuhn, E. Straus, H. Tellenbach, W. Blankenburg, B. Kimura, M. Balint (physician)

² For example : C. Roger, G. Pankow, J. Searles, R. D. Laing , Y. D. Yalom

and feelings. Last but not least, we notice the psychopathological implication in every statement.

Psyche signifies “soul” and pathos signifies “passion, suffering, illness”. The psychopathological dimension characterizes human nature as showed K. Jaspers in 1913 (Jaspers, 1913, 1959). He stated that it is impossible to explain everything about human being, but we can nevertheless try to understand. Comprehension may be even more objective than explanations and certainly more helpful for the patient. So psychopathology delivers also different models of existence, about how to be in the world, different ways of interpreting life. Obviously, man, human being, anthropos, can’t exist without the psychopathological dimension taking part of his feelings.

We will see that the four statements recited before are appropriated for interpretation of psychopathological forms too. The first one is the basis of paranoia: feeling being observed, somebody is watching. This is the anonymous version of observing oneself. The paranoid person emphasizes observation of himself as becoming the other person. By this way, he transforms this experience into “somebody else is observing me”. It is a confusion of intra- and inter-subjectivity (Husserl, Hegel, transcendental philosophy).

The second statement leads to hypochondriac tendency. The body/mind relation is affected in a typical way: as soon as there is the least change noticed by the hypochondriac person, he will be questioning his health and convince himself of being incurable. Of course, his is incurable but for a different reason as he might think: not because of an illness but because of the constant need to translate everything by a dysfunction of his body and to feel all the time sick about it.

The third one expresses the schizophrenic version about the independency or not of feelings and experiences. The strangeness about an overwhelming feeling threatens integrity of the mind and leads to alienation. Incomprehension of oneself and the others leads to the idea of being cut of the world and isolated. Love and relationships are so confused in mind that it seems out of reach.

The last statement about the limits of the body and reality is explored in hysteria, exchanging symptoms in a theatrical manner. Feelings are risky because they become visible by blushing, stuttering, trembling, for example. The hysterical person exaggerates the relationship between the body and reality to introduce feelings: “look what he did to me” accused a young lady starving because she felt in love. Whereas the borderline person denies the limits of the body, disclaims being responsible and wants to change the experience of the world. Borderline patients don’t stand any external pressure, they behave as if there was a choice. Going to work, being careful about eating or drugs, sexual relationships, everything becomes a question of pleasure and displeasure, as if there was the possibility of a metaphysical choice about essential needs of life (sleep, eating, working, closeness). They don’t want to recognize that they could occur a fatal danger. So generally, borderline patients are flirting with death.

5. Existential philosophy and anthropology

Every country has its own conception about the separation of natural science and social sciences. This can be explained by the different histories of ideas and authors for each country. For example, in France, anthropologist and ethnologist think to be near of natural sciences (called “exact sciences”) sharing the same method and idea about objectivity. They

are also like linguistics close to formal sciences. Whereas in Germany, all the tradition of the romantic literature (in the end of the 18th to beginning of 19th century, for example Goethe "Faust") take for granted that spirit is in nature (*polyentheism, panentheism* = God is included in nature which he created; Spinoza said "Deus sive Natura"). So in German, human sciences are called sciences of spirit/mind (*Geisteswissenschaften*) to make clear the opposite to natural science. The expression "natural sciences" in English sounds more evident, "natural", than the German expression of sciences of nature; nature is difficult to predict. In the beginnings of the 20th century phenomenology entered in natural sciences in middle Europe because of the importance to have a theory about the observer. Observation and the object are close and put the observer in front of a methodological problem.

We see, that we will never agree about the comparison between these two kinds of sciences for the simple reason that the cultural background is different in each country. Anthropology takes different places because we don't speak the same language. From this viewpoint, the cultural background of each country how to consider anthropology, could open up to some new ideas.

Existential philosophy (Heidegger, Merleau-Ponty, Sartre, Binswanger) treats about principles of human existence as the relation to time and space. The authors showed how this positivistic approach inspires the conception about "here and now". They were very important for all new conceptions in psychotherapy: observing what happens here and now helps to understand the way of living and will give an idea of what has happened in the life of somebody, and, further more, what may happen in the future in adopting this position to life. For example, Binswanger created *Daseinsanalyse* that signifies literally "analysis of being here". It was translated as "existential analysis". In his writings, Binswanger called all the time his approach "phenomenological anthropology" too (Binswanger, 1963). He took for granted when treating about experience in psychiatry that he was revealing in the same time a new knowledge about human conditions, for example how to feel about the body/mind relationship, how psychotic experience differs from another and how this experience is translated by different manner to feel being in the world through the body (Binswanger, 1957). Existential analysis teaches how to help psychotic patients in a psychiatric treatment. One of the first medicine for depression was discovered by R. Kuhn (Kuhn, 1998, 2007) helped by the existential approach. Any discussion about the choice to take medicine or not, lead us to an existential question. It is the same about accepting or not vaccination.

Binswanger made clear that there is a difference about life events and they are improved. For example, he distinguished between the "history of the patient" and the "history of his illness" because they won't be the same³. Subjectivity is the nature of human experience and for man it will be more important to know what happened to him than to know an explanation about his bones, organs and brain. So all physicians and psychiatrists should consider the existential aspect as well as medicine if they want to deliver a successful treatment. Man needs myths anyway in despite of knowledge, we know about this since the greek philosophers (Binswanger, 1935) and ethnologists (Lévi-Strauss, 1978) .

6. Conclusion

Anthropology seems to be an invisible or overvisible science being present everywhere in sciences. This leads us to the question, if anthropology needs to be defined by its own or if it

³ See the comments of M. Foucault, « Introduction », in L. Binswanger (1954), *Rêve et existence*, *op. cit.*

should remain in a position of “guest star” in science anyway. Today when speaking about humanities in interdisciplinary research it is unthinkable to ignore the rule of anthropology. Except, may be, of mathematics, physical sciences and chemistry, anthropology will be invited frequently in other disciplines.

We remembered in this communication several times the importance of languages and translations because people are moving, migrating - our patients, ourselves, our society. We will agree that it is difficult to imagine anthropology without language. In fact, there is even a discipline called anthropological linguistics. This is very interesting and will help to open our discussion how to define research today.

Let us conclude by introducing a concrete study case to improve the theoretical connection between phenomenology, psychoanalysis, psychotherapy and cultural differences. Our searching group works in a double approach, being phenomenological and psychoanalytical, called “Fondamental Psychopathology”, created by P. Fédida at University Diderot - Paris 7. I am directing a researching group, which is composed by bilingual searchers (because it is an international group) who are psychiatrist, psychotherapist, psychologist or psychoanalyst. They all have bilingual patients too. So we specialized about bilingual (or plurilingual) studies in psychopathology. We work with linguistic colleagues too. It will proof that this kind of study reveals anthropological aspects about how people feel by choosing one language, by speaking and how they live their bilingual family life, about teaching and the desire to learn, about sharing and acceptance of cultural differences.

We might reconsider our work about bilingual families in the field of cultural anthropology. Psychotherapy reveals that every family has her own reasons to feel about using a language and even in the same family the members don't have the same feeling of using a language. Psychotherapy is always a work concerning identity. Two ore more languages give the liberty to compose with identity. But sometimes when there are conflicts and vulnerability each language has to play a part in the family history. This the phenomenological work to speak about the experience of the practice of a language. Psychoanalysis helps to understand the signification of the hidden part. For example, one of my psychotic german patients ignored that he knows French. After two years of psychotherapy, he will start to speak French when remembering his family in the kitchen. Of course, his mother was French. But when he was a little boy in Germany, it didn't make any sense for him to have a French mother. Furthermore, he had a very conflictual relationship to his mother. So he forgot about the French language and suddenly, after two years of psychotherapy, French was back and he started to speak in French.

We are also searching empirically cultural change related to individual pathologies, for example in the case of the bilingual monoparental family. To start with, the conception of the monoparental family is very different according to the family model given by religion. Islam practice polygamy, so the word “monoparental” has strictly no meaning for this kind of family because the wives and the children are integrated in a big family. Even the village is considered as a family and members of the village can take part of the education of a child. Anything that might happen to a woman to isolate her, she will suffer from this isolation. This viewpoint will change radically if we put the same situation, mother and child, into another cultural background, for example with a catholic family model. The same woman with her child will be considered by her research for identity and individuality. But we might mistake about her, because she doesn't think in this categories. Identity is close to

her family group whereas the European idea of women's liberation includes the possibility to have a baby "alone" or homosexual parents giving "two mothers" to the baby.

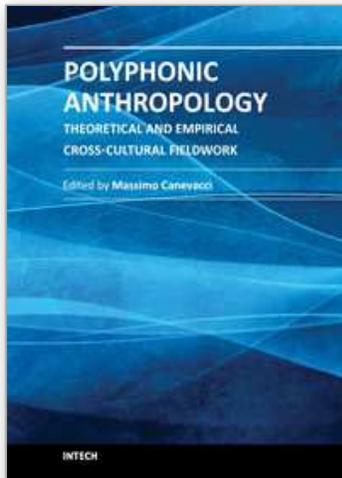
We see how it is quiet difficult to define exactly the limits of our searching field. We are crossing psychology, philosophy, sociology, linguistics and anthropology. Is it typical for modern research? May be, but if we go back hundred-fifty to two-hundred years ago, when all the disciplines were not existing for their own and did not enter into university as it is established today, then we will see that this kind of examination, to consider bilingual studies with patients, was common but the methods inside the disciplines were not developed yet. So we progressed by a bigger methodical choice, but we suffer from being restraint to a representation of discipline.

Anthropology, in a way, gives a model about bilingual disciplines. The intellectual problem about crossing disciplines disappears when we apply research, as in our example about bilingual patients. The situation about human being in society needs this kind of theoretical crossings. It is quiet evident that difficulties like trouble in school, teaching a language, family problems about education of children, drugs and psychiatric treatment can't be the same. There is no confusion about it. Application of research is necessarily various. Sometimes it happens that research serves a different goal that it was meant for or leads to another goal. For example, in psychopathology the narcissistic neurosis helped to develop borderline patients and it was their turn to enable a better comprehension of drug-addiction and the nature of addiction, which is, finally, a well-known problem about human kind to overcome human condition. For example, the writings of the French author, Marcel Proust (*The Past Recaptured*), are an example of sublimation of his addiction problem by esthetics. Literature and artistic creations are examples for sublimation. Freud said that sublimation is the only psychic mechanism that is not pathological. Let us conclude by considering this need for sublimation. Taking the better part of human nature, organizing impulsion, anthropology is interested by the different ways how man handles with sublimation.

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This book connects anthropology and polyphony: a composition that multiplies the researcher's glance, the style of representation, the narrative presence of subjectivities. Polyphonic anthropology is presenting a complex of bio-physical and psycho-cultural case studies. Digital culture and communication has been transforming traditional way of life, styles of writing, forms of knowledge, the way of working and connecting. Ubiquities, identities, syncretisms are key-words if a researcher wish to interpret and transform a cultural contexts. It is urgent favoring trans-disciplinarity for students, scholars, researchers, professors; any reader of this polyphonic book has to cross philosophy, anatomy, psychology, psychoanalysis, sociology, architecture, archeology, biology. I believe in an anthropological mutation inside any discipline. And I hope this book may face such a challenge.

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