

The Constitution of a Pathological World: A Phenomenological Investigation on Pathological and Anomalous Life

Jean-Daniel Thumser
Archives Husserl de Paris

Abstract

Rather than reduce phenomenology to an auxiliary science of cognitive science, contemporary phenomenology attempts to develop a method in a first-person perspective which would allow to investigate pathological experience. To do this it is however necessary to revisit Husserl's corpus, in particular his later manuscripts, and to develop a new methodology which pursues phenomenology's initial purpose of scientificity without betraying its antinaturalistic spirit. In this regard, this paper aims to highlight the difficulties of such an enterprise, in particular on the theme of anomaly and psycho- and neuro-pathology. As a descriptive method focused on the transcendental sphere of life, phenomenology allows us to grasp how to examine mental states, but it cannot ignore a cogenerative study which allows us to apprehend its counter-transcendental and neurophysiological aspects. By exploring the notions of anomaly and pathology, we will have the opportunity to emphasize the contribution of phenomenology in the face of the problems that arise with regards to pathological life. Our ambition is to describe the shift that occurs when a normal and healthy individual is confronted to pathology and therefore to a modification of his immanent world and of his relation to the world as a *totum*.

Keywords: phenomenological psychology, pathology, normality, anomaly, experience, world, egological discourse

Und ist nicht die Anomalität eine Tatsache,
vor aller Theorie? Ist sie nicht ein Grundzug
der universalen Erfahrungswelt?

(*Husserliana* XXXIX, 150)

Introduction

The notion of anomaly (*Anomalität*) in Husserl's corpus is polysemous. It describes experiences which are opposed to any form of normality and normativity. Whether it is the child, the colorblind, the mad, the vagabond or the old man, this notion describes experiences that do not coincide with an intersubjective community whose supposed foundation is the universality of any form of experience. What appears to one will also appear the same to the other. Without this presupposition, phenomenology could not be a rigorous science. Indeed, phenomenology, as a science of appearing, aims to grasp eidetic invariants for all rational beings. It concerns subjective life only insofar as it seeks its universal principles. Also, the ego's life, whose characteristics it examines, is only the pretext for a greater investigation which finds its summit in an intersubjective monadology where the *eidos ego* prevails (Thumser 2018, 376). In this perspective, the ego's personal identity is undermined in favor of a logical identity and the peculiarity of personal experience fades to leave room for the analysis of a normal community, that is to say a community which shares similar experiences. This is why phenomenology immediately underlines that any form of anomalous experience is a variation of normal experience from a transcendental point of view, not from a biological or anthropological one. It tries to include it in a pre-established normative framework. However, anomaly cannot be a synonym of abnormality in the strict sense by any means: "the term anomaly comes not from *nomos*, but from *omalos*, which designates in Greek what is united, equal, smooth; the anomaly is the *an-omalos*, which is uneven, irregular, rough." (Pradelle 2012, 312) It is not an experience or an attitude which would not conform to standards, in the sense that these standards would be posed as such, conventional, but experiences which underline a certain irregularity. It is not the negation of the normativity of the norm, but a transcendental discordance in the process of constitution. On the contrary, anomaly is a discrepancy within the constant process of constituting a common world: "In general, when normality is characterized as concordance, Husserl's concept of 'Anomalität' is understood as discordance. Discordance is essentially an

alteration or modification in the constitutional process.” (Steinbock 1995, 132) On the semantic level, the anomaly designates a fact, it is a descriptive term, and the abnormality is relative to a value, it is an appreciative term. While the healthy human being at his optimum grasps the world in its manifestation in a form similar to any other human being, the anomalous being does not participate in the same way in the constitution of the same common world since his/her faculties do not allow it. The question to raise here is whether or not it is possible to constitute a common world based on an “intersubjective normality” (Husserl 2008, 649) while anomalies are so prominent.

It becomes even more difficult to suggest that such a constitution of a common world may take place when we consider a very particular type of anomalies that Husserl underestimates in his writings, namely more radical anomalies, that of neuropathology and psychopathology, pathologies which lead straight, if we follow Husserl, towards absolute nonsense: the constitution of a pathological world for subjects suffering from pathologies. What we may call the constitution of a pathological world is precisely this progressive modification of the world, this involuntary distancing which provokes a solus ipse of a very particular type. The world as “the single, all-encompassing totum plain and simple” (Fink 2016, 64) is progressively obliterated and the immanent world is reduced as the pathology sets in. Rather than emphasizing, as Husserl does, that the ego and the flesh reign in their own abode, that they are the principles from which life finds its source, we will affirm in a more radical way the interpenetration and coextension of the flesh with the organic body and, even more, the subjugation of the flesh to the body. Indeed, subjects suffering from pathologies, passive in the face of physical phenomena which surpass them in their impenetrable psychological or neurophysiological dimensions, are doomed to fatigue, to idleness, to the progressive withdrawal from society and to a long but certain decrepitude which will dispossess them of their faculties and themselves. The result is a new and oppressive link between the flesh (Leib), the transcendental side of the subject's life, and the body (Körper), this physical

body that we are and which, despite the awareness that we have, is placed upstream of any initiative and can be perceived as the matrix from which the conscious life and the flesh are set in motion. Therefore, anomaly maintains close links with pathology and imposes a questioning related to the world both from the immanent point of view and from the intersubjective point of view. It involves an anomalous participation in and with the world: "Pathology, whether anatomical or physiological, analyzes in order to know more, but it can be known as pathology, that is, as the study of mechanisms of disease, only insofar as it receives from clinical practice this notion of disease, whose origin must be sought in the experience men have in their relations with the whole of their environment." (Canguilhem 1978, 45) Thus, the question of anomaly and pathology corresponds to the question related to the world as a totum and as an Umwelt. Therefore, we may also define pathology, no longer as the discourse on diseases, but as the discourse on the processes of modification of the optimal and healthy world for a conscious subject. We will thus ask ourselves in these terms: how is normal intersubjectivity constituting a common world? How is anomaly characteristic of a variation of normal humanity? Faced with a growing pathology, how do we investigate the field of anomalies in order to grasp the shift towards an immanent pathological world? In other words, can we only admit the possibility of a pathological world? The stake of such a questioning is the following: while admitting that there can be a pathological world, do we not admit at the same time that there can be a community founded on antagonistic phenomena and, thereupon, a disparate world which would differ from the idea of a totum?

1. The Constitution of a Common World: Normal Intersubjectivity versus Anomaly

1.1. Normality and Intersubjectivity

The constitution of a common world requires a concordant global perception. Phenomenology aims precisely to grasp how each individual co-constitutes the world from the same possible perception. Rather than being part of a strictly

realistic tradition, phenomenology is interested in the things of the world only as phenomena, that is to say as experiences-of-consciousness (*Bewusstseinserebnisse*). In this sense, the return to the things themselves means above all a return to consciousness and, at the same time, to eidetic invariants, each of which can attest to the existence. Phenomenology can thus be described as a descriptive science with the objective of highlighting universal invariants. These invariants form what is called the world. The world is therefore no longer impossible to conceive as Kant understood it when he argued that the world as the totality of all possible experiences (= the system) is not itself an experience: “Each individual experience is only a part of the whole sphere of the domain of experience, but the *absolute totality of all possible experience* is not itself an experience.” (Kant 2004, 80) On the contrary, the world is both a horizon on which stands out the objects that we grasp individually, but also the immanent world, the world to which we each owe a common meaning. This is precisely the meaning of a co-constitution of the common world, of intersubjectivity as the foundation of all possible objectivity: the universal but also normative aspect of each possible experience. The non-me, the other, corroborates or invalidates my perception. But to do this, it is nevertheless necessary that there are standards relating to the perception and understanding of everything. This is why Husserl designates the foundation of the constitution of the common world as being an intersubjective normality. Any form of discordance in the process of constitution therefore arises either from variants of our humanity (Husserl 1960, 126) as healthy beings at our optimum such as animals or elders, or as a nonsense. In other words: “Reflection on constitution uncovers normative conditions embedded in experience itself.” (Cromwell 2013, 48) Normality or normativity do not concern any social norm, on the contrary these notions only take into account the way the world is perceived in the flesh. As a *Nullpunkt*, the flesh is the origin of each part of the constitution of the world. Indeed, the ego's life finds its source in the transcendental sphere, that is to say in the flesh. Consequently, it is essential to constitute a world in which each human being can have the same perception of the thing perceived. It is crucial that the

organs of the flesh are at their optimum. This is the *conditio sine qua non* for the objectivity of the world to be assured, in other words to ensure that truth exists: Truth “constitutes itself in the normality of the fleshly experience” (Husserl 2008, 648).

In order to constitute a world, it is then necessary to recognize others as such. It is a primary necessity, even before considering alterity as a transcendence which ensures the objectivity of the world. Confronted from the intrauterine environment with hyletic data, the ego is itself constituted by the non-self. It is thus the co-constitution of the self and the world, as an immemorial participation in the same process of giving meaning. I can only be myself as long as I am in touch with otherness. This is why the Husserlian egology can be conceived as an alterology (Depraz 1995). The alter ego is constitutive of me and my world. Also, it is through empathy (*Einfühlung*) that we can understand others. This is an activity of consciousness which allows us to apprehend the life of others, to put ourselves partially in its place. It is by practicing phenomenological reduction that we grasp this essential dimension of egoic life: “Everything that is a non-ego 'sits' itself in the ego, but as an intentional unit of validity, although as 'transcendence' it is not me. [...] This interiority of being-for-another (*Füreinanderseins*) as being-in-one-other (*Ineinanderseins*) is the original 'metaphysical' fact, it is a fusion of the absolute” (Husserl 1973b, 366). However, it is not enough to recognize others as such in order to constitute a common world. Indeed, not only is it necessary to perceive all of what is presented to us in a concordant way, but it is also necessary to share the same historical world. This is another understanding of normality: “Who is a normal human being [...] anyone who belongs to an open human community of fellow human beings (*Mitmenschen*) who share the same historical living-world (*historische Lebenswelt*) [...]. The normal is normal in and by virtue of the normal community.” (Husserl 1973b, 142) What is normal therefore results not only from the same concordant perception for each individual – perception made possible by the normal state of the organs of the flesh, but also from the same participation in a historical and cultural world. Then, how is it possible to include anomalies in a world which

is structured by such a concordance? The issue of anomalies intervenes as a limit-case for phenomenology, because it questions us what goes supposedly beyond the frame of normality. In order to complete our point on the possibility of a pathological world, we will refer to the Husserlian *corpus* in order to apprehend if Husserl's treatment of anomaly permits us to grasp the originality of such a distancing with the normal world. In other words, does the anomalous subject share the same world as normal beings?

1.2. Anomaly as a Limit-Case (*Limesfall*)

Rather than considering the anomaly as a variation of a humanity at its optimum in Husserl's sense, we wish to give all its autonomy to the anomaly and, to therefore emphasize its importance. The question regarding anomalies arises when one wonders about the organs of perception, the flesh. This is why Husserl insists so much on the dimension of discordance which intervenes in the case of anomalies. The anomalous subject is one who perceives an element less well, which does not have all its faculties. Its flesh is not comparable to that of other individuals: "Consciously, a world of normality is constituted as the first true world and its opposite, anomalous appearances of the real world, is based on variations in the experiencing flesh." (Husserl 1973a, 68) Thus the difficulty arises when we consider the possibility of anomaly, namely the possibility of a discordance in the process of intersubjective constitution of the world. This anomaly results from a modification of the normal development of an individual. When Husserl questions this point, he comes to consider not only old age as an anomaly, but also madness. But madness is a very different anomaly which, as we will see, requires a fundamental review of what is meant by the term "world" in the same way as any form of psycho or neuropathology: "The world that is for me has developed as a world, I as a human being have developed myself; I am developing myself even more, although in a final form – at least in a normal way; because it is not said that development does not take a typically new form: in particular of the anomalous type of madness (double: madness-of-the-world [*Weltverrücktheit*] - madness-of-the-I [*Ichverrücktheit*])." (Husserl 2008, 478) An

individual suffering from a neuro- or a psycho- pathology will perceive the world in a completely different way insofar as his/her physical body is no longer at its optimum. Whether it is the perception of space, that of others or of oneself, the whole world changes as the pathology imposes itself, that is to say that the physical body is modified and on this occasion involves a modification of the lived body, of the immanent world. Pathology intrudes into the immanent world in such a way that the individual may both lose the link he had with the normal intersubjectivity to which he belonged, but also the sense of self-ownership:

“Is it by no means obvious that Alzheimer's disease brings about a destruction of the first-person perspective, a complete annihilation of the dimension of mineness or that any experience that remains is merely an anonymous and unowned experiential episode [...]. If senses of agency and ownership are part of the experiential self, are disruptions of these senses, e.g. in schizophrenia, anarchic hand syndrome, alien hand syndrome, or unilateral neglect, for example, fatal for the experiential self?” (Gallagher & Zahavi 2012, 231)

Nevertheless, before any form of destruction of the surrounding world, there is an interval during which the subject remains aware of the link which united him to a concordant perception of the world. Also this only concerns extreme cases like neuropathologies. For an individual suffering from mild psychopathology, like anxiety or depression, the way his sight of the world as *totum* is modified is consciously felt by the sick subject. It is therefore important to understand how the immanent world changes for each individual suffering from a pathology, because these individuals experience not only a change in their immanent world, but also a change in their relationships to the normal intersubjective world. What interests us here in no way concerns the absurd assumption that we could study the absence of the world, but the shift that occurs when an individual experiences a pathological change in his flesh, both physically and mentally.

If Husserl makes no explicit mention of the possibility of such an anomalous constitution, it is certainly to the extent that there can be no constitution without the full possession of our psycho-physical faculties. There is, however, only one passage to our knowledge which mentions the possibility of a

pathological world in Husserl's work. It is therefore precisely a question of grasping how the shift from the normal world to the pathological or anomalous world occurs in a first-person perspective. But as soon as this possibility is considered, Husserl neglects it in favor of an optimal understanding of the world:

“If my Leib becomes anomalous, then the appearance of all natural objects as I experienced them as a physically normal person will change. And I could become so anomalous that this would be the case not only in certain sensory functions but in all of them, and eventually in such a way that I could not bring about an *Anschauung* of a world at all. At the same time, I might gain a consistent experiential world, but a completely different world from the one I had otherwise” (Husserl 2008, 651)

We are betting here that such an anomalous world exists and that it is possible to study it from a new method nevertheless inspired by a phenomenological descriptive practice, a practical psychological phenomenology which insists on the first-person perspective, on the lived-experience of anomalous subjects. Also, we do not claim that Husserl's phenomenology only describes the first-person perspective from a structural generic pole, but from an embodied subject which is always situated in a concrete life-world. What Husserl underlines is crucial: the anomalous subject is a person subject to neurophysiological modifications such that there can be no constitution, only a lack of participation with any other subject, a lack of the capacities necessary for any constitution of meaning. The interruption of meaning is the term of anomaly. It brings the subject to a radical *Weltvernichtung* from which the subject, as much as the world, changes and disappears as the pathology increases. Therefore, there is, according to Husserl, no constitution of a pathological world, since the subject remains in a growing passivity which is in no way similar to the constituent passivity of consciousness during the passive synthesis. It is a neurocognitive and physical process which prevents any form of constitution and finally leads the anomalous individual to a total incapacity to undertake any action whatsoever and to a certain death. The pathological world is nonexistent for Husserl, it would be at most an absence of world, a nothingness of meaning. For Husserl, anomaly is

at best understood in the common world in this form: “It can be seen that the anomaly can be experienced through normal experience, as normal in a modified form” (Husserl 2008, 648); however, it only takes into account anomalies such as colour blindness, old age or animality, not neuropathologies or psychopathologies. A strictly Husserlian point of view then omits extreme cases of anomalies and the fact that each being perceives the world in the form of its own image of the world (*Weltbild*) (Husserl 2008, 202). It is precisely our task to study the shift that happens when this perception of the world changes when a pathology occurs. We therefore wish to take up the Husserlian motif of anomaly in the light of contemporary developments in phenomenology and cognitive science in order to understand how a modification of the normal intersubjective world takes place. This is a reconquest of a questioning barely touched on by Husserl and an etiological type of research found in neuroscience or experimental psychology which are based on an optimal and universal perspective.

2. Investigate the pathological world: the contribution of phenomenology

2.1 Phenomenology as a scientific philosophy of life: intentionality and the body

The originality of phenomenology as a science consists in a descriptive method of the experiencing life. We may assert with Husserl that “The fundamental character of phenomenology is therefore to be a scientific philosophy of life; it is science, not one under the presupposition and underpinning of the predetermined sciences, but rather radical science which has as its original scientific theme concrete universal life and its world of life.” (Husserl 2001, 241) Indeed, while naturalistic science, in its objectives, its results and its statistics, remains in pure anonymity as a third-person method, phenomenology insists on the lived experience. It may then be described as a privileged method to investigate pathology. Moreover, because pathology indicates the presence of a subjectivity in the flesh, it invokes its full presence. Pathology causes a heavy presence to oneself, a feeling of self-exacerbation

in its bodily and transcendental dimensions. Only a phenomenological approach of the order of a phenomenological psychology will make it possible to grasp the anomalous experience which concerns the passage from optimal life to pathological life. This is because an etiological approach only brings clarification to the cognitive science researcher: “The symptoms only make sense within the etiological perspective of the doctor, who explains what the patient says in terms of underlying causal mechanisms.” (Petit 2017, 407) The contribution of phenomenology, as a descriptive science of subjective life, consists precisely here in analyzing how the sense of self-ownership or agency can be modified. It is not a question of resorting to phenomenology as a method overhanging an etiological approach, but of emphasizing the lived experience of the person suffering from pathology. Or, as Thomas Fuchs put it, “the systematic project of investigating the structures of subjective experience, phenomenology may also be considered the foundational science for psychopathology.” (Fuchs 2010, 547) Indeed, by resorting to a phenomenological analysis, one can penetrate the immanent life of each individual, including that of the individual suffering from psycho or neuropathology. Phenomenology thus makes it possible to grasp how the subject, despite the neurophysiological passivity in which one finds himself, gives meaning to the world one sees changing in front of his eyes. It is then a question of capturing the modifications of the intentionality process:

“Every psychopathological experience is characterized by a personal meaning that the patients attribute to it, and a certain stance that they take towards it— suffering passively, giving in, acting out, interpreting it in a certain way, fighting against it, detaching oneself from it, and so on. This position-taking is a relevant clinical feature in itself. Of course, these subjective modes of experience and behavior are enabled by neuronal processes. [...] However, the phenomena of subjective ascription of meaning, assessment of a situation, and relation to oneself cannot be equated with processes in the neuronal substrate, as these lack acts of meaning-making or intentionality. [...] Intentional content and directedness, as we have seen, is inseparable from a subject’s relation to the world.” (Fuchs 2018, 258)

Consequently, we cannot be satisfied with a strictly third-person approach, because the experiential and subjective dimension remains subject to a completely different, phenomenological analysis. Rather than resorting to a physicalist and monistic attitude which considers that everything comes from one and the same nature which can be explained in a third person perspective, we opt for a richer attitude which fully takes the experience into account as it stands for an individual in a first-person perspective.

Phenomenology intervenes here as a remedy for a science that neglects experiencing life. Questioning the realm of the experience is phenomenology's aim. Therefore phenomenology may be regarded as the key method to investigate pathological life, because anything that belongs to an etiological and naturalistic method "will remain definitively an object of knowledge, and will never belong to the sphere of the flesh [*corps propre*]." (Changeux & Ricoeur 2008, 60) That is to say, the only thing that we learn, if we master neuroscientific language a little bit, is a supposed dependence on neurophysiological processes which nevertheless generate our fears, our motivations, and which characterize the whole of a life, our life, which therefore seems to us to be deeply determined in advance. But this knowledge will not change anything regarding the experiencing life for it only concerns "the Body as physical Object" which "is subject to physical influences to which psychic 'consequences' are linked *without my knowing precisely how they are connected*" (Husserl 1989, 173). It is then a question of adopting a phenomenological attitude capable of describing how each individual constitutes a common world, that is to say investigating his intentional life. Questioning anomalous and pathological life therefore consists in relating to modifications of intentional life and, moreover, of the body in its twofold sides, as a flesh and as a physical object, because "the body is the vehicle of being in the world [...], the pivot of the world." (Merleau-Ponty 2002, 94) Undoubtedly, intentional life is a constant movement towards alterity and transcendence, towards the world as a *totum*. This movement is only possible because we are embodied beings. To interrogate anomalous life consists precisely in taking into consideration

this fact in order to understand that there can be no distinction between the body as object and the body as flesh from a first-person perspective, because it is the same entity that allows us to have a constitutive relationship with the world. We may then assert that “the union of soul and body is not an amalgamation between two mutually external terms, subject and object, brought about by arbitrary decree. It is enacted at every instant in the movement of existence.” (Merleau-Ponty 2002, 102) However, we cannot ignore the fact that the intentional and bodily relationship to the world is not the same for individuals suffering from pathology: “For these patients the world exists only as one readymade or congealed, whereas for the normal person his projects polarize the world, bringing magically to view a host of signs which guide action.” (Merleau-Ponty 2002, 129) Whether it is the perception of space, of others or of oneself, the whole world changes as the pathology imposes itself. In other words, the modifications the physical body encounters also result in modifications of the flesh. What Husserl failed to point out is the possibility of a profound alteration of the flesh as for the alien hand syndrome or psychotic dissociative disorders such as schizophrenia. Also, the close bond between the flesh and the body can easily deteriorate, at least partially, during experiences similar to Alzheimer, depression or post-traumatic stress. There is an elasticity in the feeling of self-ownership which goes through the following stages: ordinary experience, the experience of an unreal world or derealization, the experience of an exit from oneself, depersonalization and the total lack of the feeling of self-ownership. Pathology teaches us that not only can the body become heavy until it becomes unbearable, but moreover, that the flesh as the transcendental sphere of life may become the spot of a greater dissociation. In order to grasp what such a modification of the world means for individuals suffering from pathology, we opt for a phenomenological development which will demonstrate how to express the pathology.

2.2. New cogenerative perspectives on pathology

How does phenomenology access things themselves and how does it really become a science of the experience lived by an

ego? Through an examination relating to the modalities of expression of experience, phenomenology is able to find a path to study of subjectivity. This is how it accesses the things themselves. The expression reflects an articulation of thoughts, an articulation of subjectivity which aims to externalize itself. This dimension illustrates the immeasurable need in man to express himself on his experiences and to share knowledge while confronting it with the authority of others to erect objectivity. The German verb says the same thing: *sich äussern* literally means “to exteriorize” and refers to the verb *äussern* which means “to articulate”. *Sich äussern* here has the same value as existing (*existere*), that is to say, the act of appearing, of showing oneself, as originally understood by the Latins. Phenomenology specifically emphasizes “the fact that every discourse can be an egological discourse (*Ichrede*) insofar as the reduction is practiced. Suddenly as the transcendental ego reflects on itself a “new understanding of life” can be revealed in order to establish a “universal science” grounded on the transcendental subjectivity. (Husserl 2002, 315; Thumser 2020, 14). Examining this egological discourse would allow us to grasp the changes felt by the subject suffering from pathology, because the expression is always related to experiences (*Erlebnisse*) and egological life. It is a method which permits us to apprehend pathology and its relation to the world from a first-person perspective. Such a description of modifications related to the immanent world and the world as *totum* may also be found in literature, especially in eminently phenomenological novels such as *The Book of Disquiet* by Fernando Pessoa. Indeed, he illustrates the experience of illness and of this sustained and painful relationship with oneself with these words: “I have a headache and the whole universe hurts. The physical pains - more clearly than the moral sufferings – involve, by being reflected in our spirit, tragedies which are foreign to them.” (Pessoa 1999, 352) In this way, Pessoa emphasizes the binarity that there is between physical pain, which depends entirely on the physical body, and moral suffering, which is of the order of self-awareness. When the body imposes itself through different symptoms, it engages at the same time a suffering of the soul, a fleshly suffering, but

also a modification of the ordinary relation to the world. The previously healthy subject thus confronts its own limits. Consciousness is hampered, limited; it comes up against fatigue, dizziness, and other more measured understandings of the environment. The entire universe becomes a source of suffering for those who suffer from neuro- or psycho- pathologies. Nevertheless, such a literary description may not become a source of scientific research unless one analyzes it from a cogenerative way, that is to say from a phenomenological, psychological and a physiological point of view.

Among all the attempts to naturalize phenomenology, that is to say to establish a transversal work on subjective life, neuro-phenomenology has laid the foundations for this new type of approach. Its aim is originally the following: “Weaving together these two types of analysis, the phenomenological and neurobiological, in order to bridge the gap between subjective experience and biology, defines the aim of neurophenomenology, an offshoot of the enactive approach.” (Thompson 2007, 15) However, emphasizing the neurophysiological aspect of subjective life causes a lot of embarrassment for the phenomenologist. This is why, despite its ambition and its remarkable scope, this approach has given rise to major revisions which have taken into account the experience in a more global dimension. In particular, microphenomenology brings a certain number of answers which make it possible to overcome the difficulties of the approaches of yesteryear, which neglected the experience in favor of an analysis of the body as a scientific and medical object. But to do this, microphenomenology emphasizes the experiential and expressive dimensions of subjective life. Its originality is to underline the importance of a science based on an egological discourse. The fundamental aim of such a new perspective is to go beyond the “no-man's land” (Varela 1997, 369) which separates scientific data from phenomenological data. Indeed, the naturalization of phenomenology must be fully phenomenological, it must deal with the question of constitution. Undoubtedly, focusing on neuroscientific research is an enterprise that is immediately doomed to encounter some pitfalls as the brain and consciousness are on a different level.

Obviously, neurophysiological studies teach us that neurocognitive temporality is always ahead of immanent time-consciousness (*Zeitbewusstseins*), and that this or that neurodegenerative disease modifies our faculties to constitute a world and to move within it. But the rupture between the transcendental sphere and the ontic sphere, that of studies of an etiological type, is such that there can be no naturalization of phenomenology relying on the study of the brain. It seems indeed that there is a certain decoherence between subjective experience and neuronal processes. Indeed, it seems at least complex to link these two dimensions which do not overlap, but taking into account the expression, both linguistic and bodily, as a scientific datum, makes it possible to find a medium term allowing to link studies in a first-person and third-person perspective. In fact, new cogenerative perspectives founded on microphenomenology “now enable the scientist to collect descriptions of singular lived experiences, which are detailed enough to enable her to ascribe meaning to the sophisticated information gathered by neuro-electric recordings.” (Petitmengin 2017, 140) Yet what may be considered as thoroughly scientific in a study of egological discourse? Indeed, it is not sufficient to take into account only the verbal expression. One may also give it some relief from a cogenerative experiment which takes into account the body as a medium of subjective life. As Petitmengin put it, “Even neuroscientists who currently recognize the need to integrate first-person perspective descriptions in their protocols are reluctant to do so, because of the lack of evidence that the verbal description corresponds to experience. This correspondence is indeed unverifiable: due to the private nature of experience, it is impossible to compare it directly with verbal description. The only possible comparison is to try to compare a description with objective traces of the corresponding experience, such as eye movements, changes in heart rhythm or response times.” (Petitmengin 2017, 140-141) Therefore, microphenomenology seeks to become a global method making it possible to study subjective life in a transversal way. Moreover, it may also grant us the possibility to understand anomalous life with new perspectives.

Associated with a new form of phenomenology developed by Natalie Depraz, which is cardiophenomenology, microphenomenology indeed permits to question pathological life from a more global perspective. In addition to its ambition to provide an “experiential suture” (Depraz & Desmidt 2015, 59), in particular by making the link between the sphere of immanent time-consciousness and the time of the living body, cardiophenomenology underlines the importance of emotion with a methodological focus on the heart as the object of an immemorial symbolism related to emotion, but also as the place of emotion in its fleshly and bodily dimensions. The heart shares a transcendental and an ontic dimension, it also may be considered as a pivot organ in the extent that it creates a bridge between the brain and the rest of the body. In the fabric of an embodied phenomenology, rather than a naturalized one, Natalie Depraz develops from multiple examples the practical possibilities of cardiophenomenology. Her argument is defined as homological insofar as “the functioning of the brain and that of the heart are strongly homologous.” (Depraz, 2018, 138-139) The only cardinal distinction between these two systems would be the following: “the cerebral system is more action-oriented, primacy being given to its final objectification in our behavior, in connection with its cognitive scope; on the other hand, the cardiac system resonates with the bodily dynamics of the living organism and brings to light an embodied affective cognition.” (Depraz, 2018, 139) In this way, Depraz proposes a new way of conceiving the interaction between the brain and the heart in order to signify how much the latter matters in a henological and global characterization of subjective life in its ontic and transcendental dimensions. “In short, cardiophenomenology allows, by giving a central place to the heart, to articulate organic body and emotional experience in advance” (Depraz, 2018, 149). Oriented on the field of depression, this new method allows us to expand our knowledge on the psychobiological modifications that engenders a pathological life, but also on the experiential life of individuals suffering from this psychopathology. This method permits to penetrate the pathological world from an ambivalent perspective, not only with explicitation interviews (*entretiens d'explicitation*)

(Depraz, Desmidt, Gyemant 2017, 195) of the order of phenomenological psychology, but also with a strictly clinical, psychiatric point of view. Consequently, a true experiential suturing is possible, and the pathological world can become an object of scientific study in the full sense without being reduced to a variation of the normal world. Pathology then gains its autonomy as it is no longer considered as a variation of the normal and healthy world, but as a separate element whose content is yet to grasp.

As an addition to this new method, we have also developed the hypothesis of a gastrophenomenology which would be based on a cogenerative analysis of the enteric nervous system, which can be considered as a second brain both by the great amount of neurons it contains and by its crucial role in regard to egological life and especially to neuro- and psycho- pathologies. “The enteric nervous system [...] plays a key role especially in the context of our emotions, because it is in the enterochromaffin cells of the digestive tract that serotonin is most present at 95%. However, this neurotransmitter is essential in the context of our sleep cycles, pain, anxiety, and the development of an embryo. More than the heart, which is in a certain sense a passive organ, the gastric system is, so to speak, the center where is found the serotonin which can cause certain physical or psychological unpleasantness by its presence or absence.” (Thumser 2018, 370) A fully cogenerative study, taking into account the brain, the heart and the enteric nervous system, would allow us to apprehend how to study pathology in a global way. The contribution of gastrophenomenology consists in realizing that the study of the enteric system makes it possible to detect the future possibility of a neurodegenerative disease like parkinson, but also to underline how this same system plays a predominant role with regards to anxiety, depression and mood disorders (Foster & McVey Neufeld 2013, 307). Many scientists and philosophers have highlighted the importance of the enteric nervous system with regards to pathological experience without, however, developing a real thematization, like Maine de Biran in his *Journal*. Without such a global approach taking into account both the scientific data related to the

measurements carried out on the reactions of the physical body, and the lived experience as it is expressed, the anomalous and pathological life will remain the object of a disparate and incomplete study.

Conclusion

Now, we are eventually able to grasp the difficulties in seeking to penetrate the domain of pathological life. On one hand, we cannot be satisfied with a strictly Husserlian reading, because this implies that anomaly is a simple variant of humanity at its optimum, but also according to Husserl it is impossible to conceive a pathological world. Since we wish to take the pathological anomaly seriously and give it full autonomy in an explanatory and descriptive framework, we have shown the limits of classical phenomenology while extending it using its own tools, in particular thanks to the notion of egological discourse. We affirm indeed that such a notion makes it possible to do justice to pathological life, in particular because it makes it possible to apprehend from the inside what a subject suffering from a neuro or a psychopathology experiences. As a method in a first-person perspective, it highlights the lived experience, the fleshly dimension of the pathological experience, unlike studies in a third-person perspective which, in an etiological aim, reduce the pathology to its strictly neurophysiological dimension. Thus, phenomenology may no longer be considered as an auxiliary science which would only guarantee that experience is taken into account during a scientific study. On the contrary, it provokes a new impetus to current research. Indeed, by implementing a cogenerative method such as micro-phenomenology, cardiophenomenology or gastrophenomenology, researchers are trying to set up a new methodology which has the ultimate goal of capturing the lived experience, and in particular pathological life, from a transversal examination based both on the egological discourse and on clinical measures. The promise of such renewal in the field of phenomenological and clinical research will undoubtedly make it possible to operate an experiential suture between data in a first-person perspective and those in a third-person perspective. Overall,

these new methods make it possible to take into consideration anomalous and pathological life, and also what we call the constitution of a pathological world, in other words the shift that occurs when a normal and healthy subject has to face pathology and a modification of its immanent world and its relationship with the world as a *totum*.

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Jean-Daniel Thumser est membre associé des Archives Husserl de Paris. Les champs de ses recherches sont: Philosophie allemande, phénoménologie, sciences cognitives, psychologie, psychiatrie. Il est l'auteur de deux monographies : *Husserl* (Ellipses, 2021) et *La vie de l'ego. Au carrefour entre phénoménologie et sciences cognitives* (Zeta Books, 2018). Sa page personnelle est <https://ens.academia.edu/ThumserJeanDaniel> . Voir aussi <http://www.UMR8547.ens.fr/spip.php?rubrique290>; <https://zetabooks.com/all-titles/la-vie-de-lego-au-carrefour-entre-phenomenologie-et-sciences-cognitives/>

Address:

Jean-Daniel Thumser
UMR 8547 - Pays Germaniques
École normale supérieure
45 rue d'Ulm
F-75230 Paris cedex 05
Email: thumser.jd@hotmail.fr