

Depression and Psychosis- Perspectives on the Body, Enactivism, and Psychotherapy

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Abstract: This article will discuss how the ‘enactive’ approach to cognition and psychological processes can help further clarifying and developing a more heuristic framework for the understanding of severe mental disorders, in this case, depression and schizophrenia. Furthermore, enactivism¹ will serve as a framework that comprehends depressions and schizophrenia as disorders that encompass three dimensions of human life: subjectivity (experiential domain), the body and the organismic domain, as well as the world (sociality, etc.). All three are intrinsically interwoven and consider processes, which are mental and/or cognitive to be in constant interconnection, since it is by means of this complex and auto-regulatory system that the direct meaningful connection with the world is made. I argue, however, that while all three components must be considered in severe disorders such as depression or schizophrenia, it remains paramount to maintain that there seem to be several differences in the way the schizophrenic or depressive person ‘enactively’ engages with the world and others, or not. For instance, while subjects with schizophrenia usually have a fragmented feeling of ‘self’, person with depression often have significant difficulties relating to others, and the world. This also depends on the severity in which the other processes have been affected, or not.

Keywords: Depression, Schizophrenia, Phenomenological Psychopathology,

¹ I will briefly present some the central ideas this framework in the second section, but for reasons of space, I cannot further develop all of the main features that define this idea. In this article, for instance, I will use body and organism as two intrinsic features that interchangeably affect the way in which the subject is part of a world and his or her own subjectivity. In depression and schizophrenia, important neurobiological alterations occur in the brain, thus altering a variety of organismic processes as well; these, however, must also be considered within the other two other realms of world and subjectivity.

Embodied Cognition, Enactivism, Therapy, Self, Body, Psychotherapy.

1. Introduction

In this article, I will put forward the argument that it is important to ‘situate’ each singular case, as it were, into an enactive theoretical framework in which the clinician may assess the subjective, neurobiological and relational aspect of the illness, given that these occur on different ‘enactive levels’ of severity. By levels, I mean that while it is crucial to maintain the triad subject-body (organism)-world for a better understanding of the heterogeneity of symptoms and phenomena present in such severe disorders, the actual ‘way’ in which persons suffer and display schizophrenia or depression are very singular to each case. It goes beyond the scope of this article to assess exactly where and how these different levels occur; however, it seems that most persons with schizophrenia present a more ‘all-encompassing’ disruption in the possibilities of having a sense of ‘mineness’ and thus being able to engage with the world, through bodily interaction. Persons with depression, on the other hand, many times lose the cognitive capability (volition) to interact with the world and others, feeling as if their own bodies have become a burden, yet their sense of being an integrated ‘I’ seems to be more or less intact. So, the actual severity of the illness might surely play a role in these different ‘levels’ of being able, or not, to engage with the world and oneself, as well as aspects that are more ingrained in organismic dis-regulations.

First, I will address some of Merleau-Ponty’s (Merleau-Ponty 2014) central arguments in regard to his phenomenology of the lived body. These will be explored in the first section of this article, since subjects with both disorders within the schizophrenia spectrum as well as the various ‘types’

of depression often refer to concerns regarding ‘anomalous’ sensations and feelings occurring in bodily sensations. Furthermore, the second section of this article will address, more specifically, depression and psychosis, from the ‘embodied’ and enactive perspectives on cognition and psychopathology; more specifically, it will be assessed to what extent these disorders should be postulated to be taken as disorders that arise not simply out of neuronal (brain) malfunctions, but as illnesses that occur within the subject-organism-world triad, thus affecting the subject in a variety of ways. Finally, I shall present some initial ideas on how an enactive psychotherapeutical approach with persons who suffer from schizophrenia and depression could be further developed.

2. Reassessing Merleau-Ponty: the Importance of the Body

French philosopher Merleau-Ponty has played a central role in developing a phenomenological philosophy of the body/perception. I will start this section by putting forward some of the central themes of his philosophy, which are, to an extent, complementary to some ‘streams’ of embodied cognition, in this case, enactivism. The reason the body plays such an important role, is that it is acknowledged, both in the phenomenological tradition, as well as in the enactive framework, as a medium through which the person meaningfully engages with the world, be it through tactile sensation, action, or perception.

The philosopher, throughout his well known *Phenomenology of Perception* (Merleau-Ponty 2014), begins his major critique of the body as conceived, in Cartesian dualism, where it is taken to be an extended and spatially localizable substance (*res extensa*), in contrast to the mind, which is immaterial and somehow ‘lodged inside’ the head. So, Merleau-Ponty is primarily engaging with the notion of a body that is seen as objectified. The philosopher points out that exclusively physiological and psychological explanations on the nature of the body and the lived body are problematic; given that these would somehow signal a Cartesian dualism, of sorts, separating mental and bodily processes, thus not accounting for

the possibility of some sort of interaction between both. So, the problem with exclusive physiological and/or psychological explanations is that they would either defend a ‘mentalistic’ or physiological-reductionist approach in relation to the body (both physical and lived). A strictly psychological explanation would argue that all mental processes to be occur ‘within’ the mind, with only minimal or none bodily ‘participation’. Reductionist frameworks with regard to physiology, on the other hand, would maintain that we are merely physical machines, biologically imbued, etc. Psychoanalysis, as a therapeutic framework, provides an interesting example for a mentalistic approach. However, psychoanalysis, in its broad theoretical framework, also considers some aspects of embodiment, but only to an extent; nevertheless, it still provides an interesting challenge to enactivist and phenomenological approaches to the lived body, since it seems to leave out the fact that most cognitive, affective, or other processes are necessarily embodied. So, the lived body, in enactivism and phenomenology, is almost always implied in a variety of experiential and cognitive processes. However, one must obviously be cautious so as to extend this critique to all schools of psychoanalysis, etc. Nonetheless, many psychoanalytical approaches are based upon models that give precedence to certain ‘mental’ processes (i.e emotions) that supposedly occur and are mechanistically imbued into certain structures to be found ‘inside the head’, such as the Ego, for instance. Most of these processes are thus understood as merely occurring in the ‘mind’, while the body only plays a secondary role. For Merleau-Ponty, this would be a faulty explanatory framework for psychological processes, which does not consider bodily processes as being intrinsic to whatever might be occurring in the ‘mind’, as well. Merleau-Ponty thus defends a holistic approach of the body throughout his *Phenomenology of Perception*, in regard to the concepts of both a physical (*Körper*), as well as a lived (*Leib*) body. He puts forward the idea that the body is ‘embedded’ in a certain worldly situation, and that illnesses (one could argue that both physical and mental) seem to be a ‘drawback’ from a ‘normal’ access toward it.

A pivotal hypothesis for Merleau-Ponty is that “the body is the vehicle of being in the world, and, for a living being, having a body means being united with a definite milieu, merging with certain projects and being perpetually engaged therein”. (Merleau-Ponty, 2014, 84). The body has a fundamental relation to the world and its objects. It is directly related to, and thus also affected by, the world. This does not mean that the physical body (*Körper*) is to be left aside as a mere biological ‘machine’ whose only task is to ‘induce’ physical processes. For Merleau-Ponty, the physical body is that which accommodates all biological processes, the organs, etc. It is intrinsically ‘connected’ and ontologically equal to the lived body; thus, the physical and the lived body form a holistic ‘unity’ that integrates both biological and cognitive functionings, etc. This being said, the entire body is not ‘made up’ of different parts of which each has a different cognitive and or perceptual function.

The lived body that is already embedded in a certain situation is also always a part of my subjective experience, of my sense of having an ‘I’. This means that the lived body cannot really be introspectively and reflectively accessed by me, no, it *is* me. The person experiences, from a first-person perspective, the feeling of being a lived body. So, many of our bodily movements are usually pre-reflective or habitualized’, since they many times do not require a reflective stance by the subject to occur, they simply ‘flow’, depending on the context and the sensorimotor skills needed to, say, perform a certain action. This bodily ‘plasticity’ however, is altered in persons that have motor dysfunctions and several other ‘impairments’. By ‘plasticity’ I mean the various ways in which one’s lived body, when ‘normally’ and intentionally attuned to the world, is able to function as a medium through which the subject can sense, act, perceive, etc. This means that the lived body usually integrates the various processes and functionings of sensing and acting, for instance, so as to give the subject a more ‘complete’ feeling of being the agent of her own actions, etc. Therefore, the body for Merleau-Ponty is an integrated and intention- oriented system that is always situated in the world. Bodily movement

and situatedness depend on the context a specific bodily action requires. In mental illness this lived body loses its ‘fluidity’, and thus an important part of its natural anchorage in the world and its objects. This bodily perceptual access to the world should, if understood as being of a central component that occurs alongside other symptoms and (experiential/subjective) disruptions in schizophrenia, be considered to play an equally important role in the enactive subject- body (organism)- world triad. Since both organismic (biological) dysfunctions, as well as other processes, such as alterations in (embodied) perception and agency may occur in this group of disorders, it must be made clear, once more, how interwoven the physical and lived body are, also in the case of schizophrenia. Thus, alterations may occur both in the lived body (i.e. alterations of certain bodily skills), and in the physical body (i.e. neurobiological dysfunctionings).

A final, yet very important *addendum* to be made clear here relates to the idea of selfhood and ‘subjectivity’ in schizophrenia, which will also be briefly addressed in the following chapters. For Merleau-Ponty, subjectivity thus arises out of both experiential and corporeal processes, which play crucial roles in the way in which the subject finds, acts and perceives his world. In enactivism, this phenomenon relates to the way in which the agent and his or her organism are in constant dynamic ‘contactual’ circularity with the environment. The subject is always engaging with the world, through his or her sensorimotor skills, perception, etc. Thus, subjectivity, in the broad sense, arises out of sense-making² and intersubjective interactions, for instance. In the specific case of schizophrenia for instance, one could be critical of notions such as the ‘minimal self’³,

2 Sense-making, in enactivism, refers to a process which involves a variety of complex interactions that give the subject a sense of being situated and involved in a certain situation that might require, from him, normative judgment, affection, action, or other processes. It is discussed, for instance, in Thompson & Stapleton (2009).

3 For a more thorough discussion on this topic, and how it relates to schizophrenia, see Sass & Parnas (2003). The minimal self relates to a very basic sense the subject has of being the agent of his own actions, perceptions, etc. It refers to a fundamental sense of ‘mineness’, thus playing an important role in subjective experience. However, one might be critical of this concept, especially if it is to be understood, for instance, as a ‘static’ inner experiential phenomenon, which does only provide a minimal somewhat *internalist* account of subjectivity, and does not account for more relational aspects of selfhood.

given that especially in psychosis, subjectivity, one's regulative sense of self seems to be impaired. However, this could be the case for one person, while another would still be able to maintain a certain sense of a minimal experiential 'feeling', given that he or she might still be able to engage in meaningful intersubjective relations.

Thus, I would argue that enactivism would rather propose that subjectivity, in the case of schizophrenia, be also incorporated into the experiential world of the schizophrenic (or not) person as a processual phenomenon that is not 'static', and only to be found 'within'. On the contrary, the sense of mineness, or selfhood, is regulated and 'extends' beyond a say, minimal sense of being an 'I'. So, selfhood could be understood as being the dynamic and complex process, which makes up the intervowenness the subject has with his or her life-world, organism, etc.

Enactivism postulates that mental disorders should not be taken as mere dysfunctions of certain 'brain processes', but rather as dis-regulated 'ways of being' where subjective, bodily (organismic), as well as inter-relational and worldly aspects of the person's life-world have suffered limitations. Thus, if one wishes to heuristically assess both depression and disorders within the schizophrenia spectrum, that it is crucial for the clinician to keep in mind that severe mental disorders may also occur on 'different levels', that is, for instance: while one person may have sensations of a fragmented 'self', his or her bodily feelings might still be intact. As I said in the introductory paragraph, disorders should be understood as having dis-regulations in all three realms pertaining to subjectivity (I), body (and organism) (II) and world (III), which includes sociality, etc. However, depending on the severity of the disorder, the person might be more or less able to engage with his or her world, thus also sensing his or her bodily capabilities in varying degrees, such as the possibilities of acting, perceiving, etc. Such disruptions, in turn, would have obvious consequences for the entire organism, more specifically, in the case of severe mental disorders, i.e. for certain neurobiological processes

which are affected, as well as in the social realm of interpersonal relations.

3. Enactivism and Psychopathology: the Cases of Depression and Schizophrenia

Enactivism, as a framework placed in contemporary discussions on cognitive science, presupposes a more holistic approach than traditional approaches that, for instance, consider human cognition based on computational and reductionist models of the mind. The enactive approach, as put forward, initially, by Varela et al. (Varela 2017), builds upon the idea that cognitive processes are, contrary to what the traditional cognitivist and computational models would argue, embodied and embedded in the world. This means that subjects ‘contact’ and understand their environment through a variety of self-regulating and complex auto-regulatory processes (operational closure) which are established and occur by structural couplings that occur between subject and environment. These coupling mechanisms constitute very complex systems which may also involve, for instance, processes of engagement and/or distinction the subject may have with the world, during processes of agency, for instance. This meaningful engagement with the world occurs through what enactivists have termed sense-making, a term I have referred to above. These regulatory processes are what ground the subject as an autonomously functioning agent. Moreover, these multitudes of functionings do not involve only ‘subjective’ or ‘behavioral’ processes, but encompass the entire organism, so as to create a ‘living unity’ of processes that necessarily binds together our biological (organismic) nature with the subjective and social realms, which are also intrinsic to human life.

However, in mental illness, more specifically schizophrenia, the person has lost some of his or her capabilities of making sense sense of his or her world. This leads to a fragmentation of the subject- body (organism)

world triad, thus resulting in symptoms like hallucinations, where reality becomes distorted. Also, it may occur that certain bodily skills or capacities lose their fluidity, for instance. So, the person may become more or less incapable of ‘making-sense’ and thus enactively engage with his or her world by means of intrinsically adapting to a specific situation, but also generally, in many cases.

As Colombetti puts it,

According to the enactive approach, the autonomous and adaptive nature of living systems makes them into sense-making systems, that is, systems that have a perspective or point of view from which they establish their own world of meaning [...]. (Colombetti 2013,1086)

This ‘integrated living unity’ which enactivism argues for, thus becomes disrupted in various ways, and even more so in severe mental disorder, such as depression or schizophrenia. For instance, a patient could show disruptions in his or her sense of ‘self’, while still being able to maintain certain meaningful social relations, depending on the social context, the severity of the case, etc. For Varela et al. (Varela 2017), experience and subjectivity are thus constantly and intrinsically linked to worldly on-goings, such as sociality, as well as other kinds of meaningful encounter the subject may have with his or her environment. The fundamental characteristics of social realm in enactive cognitive science have been discussed in compelling ways; for instance, the idea that the ‘bodily self’ is embedded into a social world that affects it in a multiplicity of ways, specifically in regard to schizophrenia. Kyselo (Kyselo 2015) has made interesting contributions in this regard, which I will discuss in the last part of this section. For now, let me continue focusing on how enactivism will serve as a more heuristic framework to understand severe psychopathologies such as depression and psychosis.

For Colombetti (Colombetti 2013), an enactive approach to psychopathology would have to seriously consider the intertwining of both subjective experience

and ‘objective’ evidence as it is found, for instance, in the dysfunctions of neural underpinnings of specific mental illnesses. It is crucial, here, not to give either explanatory framework headway to the other, so to speak. While neurobiological findings will surely play important roles in the understanding of where specific brain activity might (not) be ‘faulty’, given its causal relations to behavior or the occurrence of symptoms, such findings should not downplay the importance of experiential aspects that might be disrupted in, for instance, the person’s experience of the body, the ‘self’ and temporality. These are but a few of the important subjective alterations that a detailed phenomenological investigation can bring forth.

Fuchs (Fuchs 2009) argues against a reductionist approach to mental illness, emphasizing that the relation between subjectivity, body and world is fundamental for a more integrated understanding of psychopathological phenomena. It simply is not enough to consider depression, for instance, a disorder of the ‘brain’ and its neurobiological underpinnings; no, mental disorders should be understood as being influenced by many other complex factors, such as inter-subjective relations and the social dimension. Intersubjective relations would, for instance, apply to a variety of dyadic relations that have lost their usual ‘fluid’ functioning, i.e. between a couple, or two friends. For larger groups, and the social dimension as a norm-following and culturally embedded realm of human life, it might be the case that the schizophrenic person might have lost the capacity of following certain cultural rules, for example. However, it is crucial to keep in mind that this varies on the severity of the illness, since some patients are still able to keep certain interactional sense-making aspects toward others and the world in a functional way. Thus, for Fuchs (Fuchs 2005), depressive disorders are disorders not only of certain disruptions, which occur solely in the experiential domain, the body (organism), or in the world. While a variety of bodily sensations usually comes to the foreground, and are often experienced as a ‘heavy burden’, depressed persons also tend to be disrupted from their environment and engagement toward others. As such, some of their enacted meaningful ‘social embeddedness’

loses its usual fluidity, thus ceasing to constitute meaningful activities. One could, here, speak of different levels of 'sense-making', and even a dissolution of the subject-organism-world triad. Meaningfulness (sense-making) should thus be considered on a context-dependent basis, depending on the severity of the subject's illness, his or her overall fragmentation of 'self', body (organism), etc. For instance, one patient could still be able to maintain a meaningful interaction, which means that the subject-world dyad would be still functional (to an extent). On the other hand, another schizophrenic person could show such significant subjective and cognitive (behavioral) disruptions, which would in turn influence the subject-organism dyad. So, psychotic disorders would be better understood as being a rather heterogeneous and very complex group of illnesses in which there are different 'levels' of disruptions in sense-making, cognitive (and affective) functioning (or not).

One more important element to consider in depression, which becomes completely or partly disrupted, is that of having a sense of agency. Since these experiential domains often overlap, a loss in the sense of 'agency' will usually also be accompanied by feelings of a diminished sense of 'I', in the sense that persons with depression or melancholia often complain that they are not really present in activities they used to engage with, and also in their relations toward others and the world, in general. Thus, what lacks in depression is often a sense of *motivation*, which will now be examined further. It is important to note that such a lack of being *afforded*, or *motivated* by the world is very particular for each case - some patients with depression, for instance those diagnosed with dysthymia, tend to suffer from milder feelings of being sad and disconnected from themselves and the world, etc.

In mental illness, here depressive disorders, more specifically, the problem of motivation is related to how people suffering from this disease live their daily routines 'detached' from practical engagement with the world. Easy daily tasks become progressively harder and depressed persons lack motivation to act and actively engage with objects and persons. It seems that persons suffering from

depression lack an intuitive understanding of what it means to exist in a world that is filled with possibilities to act. Additionally, they often describe a general feeling of changes in experience. These might be related to the depressed person's more cognitive capacities, such as the lack of a volitional drive. This lack would not allow the inflicted person to be 'motivated' enough in order to engage in any daily activity anymore. The feeling of *having done, doing and wanting to do* is seriously weakened and/or not present at all. Hence, it seems as if these processes of disruption related to the lack of cognitive (volitional drive), as well as the affective and emotional capacities seem also to depend on how severely the person is affected, or not. These 'impossibilities' are thus, I believe, very much connected to the enactivist's triad of subject-organism-world, since there seems to be a dynamic and intervoven functional and regulatory process between, say, affective dysregulation but also cognitive impossibilities the depressed person may experience. Thus, it is important to emphasize that the enactive triad certainly also provides important tools for a more heuristic understand of this particular disorder. So, one should be careful should be careful when approaching depression from a purely reductionist perspective that understands the disorder as being either one in which cognition is mainly impaired, or just affectivity. Rather, it seems crucial that both these aspects are taken in to a contextual perspective and 'connected' so that a more integral depiction of the disorder can be made: some 'types' of depression might show "accentuated" or no alterations at all in these processes, and a more heuristic approach toward them could help further understand which would be more accentuated in a given case, or not, which could be helpful for the clinician to develop a more complete treatment plan.

Smith (Smith 2012) rightly focuses on the depressed persons' impossibility of actually having a 'belief-desire system', a psychological state that enables him or her to act upon desires, to judge, to be motivated and so forth.

This inability to act ‘willfully’ or to be ‘mentally’ motivated is of extreme difficulty. However, as Smith also indicates, this loss of agency and motivation in depression does not just occur in psychological states, but it also shows disruptions and difficulties in bodily states of being in the world. These bodily states, he claims, are an intrinsic part of how our attitudes in the world are more than just mental states. Smith denies the idea that a ‘mentalistic’ framework is fitting enough for better understanding persons with depression. This perspective, as he argues, lacks a proper understanding on how these psychological states actually *move* the depressed person to act in the world. The experience we have of the world leads us to act in it, and to ‘project’ our motivations and desires into daily life.

The world is not a space for possibilities anymore, but in depression, the actual mental aspects of *believing in something* and of *wanting to do something* become restricted. Smith says that “rather, objects and perception are changed in terms of what they elicit, what they mean and represent and in terms of what they make possible for a person to do.” (Smith 2012, 624). Perceiving itself does have, thus, for the depressed person, a phenomenal character; however, this process surely occurs in a somewhat ‘different’ way than it those with people that are not depressed. Subject and world are thus not intentionally linked via perception, anymore, but rather ‘disconnected’ - in this case, it could be argued, for instance, that the process of sense-making has suffered loss in its meaningful ‘processual directedness’; the depressed person does not perceive (nor is she or he *afforded by*, for that matter) on-goings in the world. A glass of wine, for instance, might lose its overall meaning and function of being an object, which can usually be enjoyed when one is among a group of friends. Agency and bodily movement, as intentional dispositions, which meaningfully connect the subject to the world, are also of significance; these processes go through serious alterations, both in regard to the person’s own sensation of having a body which ‘fluidly’ functions in contact with the world, inasmuch as in reference to the body that functions as an ‘immediate mediator’ through which it becomes possible to directly perceive facial expressions or gestures of others, for instance.

The particular ways in which a sense of agency is actually impaired in depression, differ on the grade of one's mental and bodily disposition to act. It depends on whether, for example, a depressed person presents catatonic behavior and no 'affection' at all, or if it is still possible to show affection. Being affected by objects and others is of central importance, in normal and pathological accounts of action, so that it becomes possible to more effectively understand why one cannot act if in a sad or angry state of mind. A more elaborate account of the relation between action and depression could help mental health practitioners to grasp a better insight on how to work with persons affected by depression. Thus, it is as if subject, body (organism) and world have indeed become dis-regulated in depressive disorders. The subject is not able, in varying degrees, to 'enact' meaningful relations toward certain situations, others, and even in regard to him or herself. Persons with depression often feel as if there is no meaningful purpose to be followed in life at all, it is as if any possibilities whatsoever of planning ahead and making life-goals have lost their temporally directed future-oriented stance. So, a loss of perceived possibilities might be the result of the person's lack of 'looking forward' to certain life-objectives and possibilities. Temporality thus 'narrows down' to a horizon that is not imbued with meaningful possibilities the person might engage with, etc.

Colombetti (Colombetti 2013) believes that an enactive approach to psychopathology should consider both neurophenomenological research and investigation of the first-person perspective, i.e. the subjective dimension of the disorder, as well as neurobiological factors that might influence the appearance of specific symptoms.

As she says,

both the enactive approach and psychopathology have “phenomenological connections”; as such, they both value lived experience, emphasize the bodily and situated character of the mind, and the fact that what is constructed as salient depends constitutively on the organism’s structure, interests, and goals. (Colombetti 2103, 1098)

Severe mental disorders such as schizophrenia or depression are thus much more complex than the aspects which some reductionist frameworks consider. Before discussing some important aspects of an eventual therapeutics with persons suffering from depression and schizophrenia, and how a ‘contextual’ enactivist framework could be of much assistance in the development of a more heuristic understanding of mental illness, I would like to discuss the interesting idea of schizophrenia as being a disorder of the ‘enacted social self’, such as proposed by Kyselo (Kyselo 2015), and consider schizophrenia as a disorder of ‘disembodiment’, as Fuchs and Schlimme (Fuchs & Schlimme 2009) have argued.

Kyselo argues that the schizophrenic condition, while taken to be a disorder that affects the ‘bodily self’, should also be seen as essentially inserted into the social context. Approaching schizophrenia from an enactivist perspective, Kyselo puts forward the idea that a person with schizophrenia, even if affected with a variety of symptoms, is still able to strive toward a more or less regulated sense of ‘self’. However, while the schizophrenic person is trying to maintain a somewhat fragile sense of ‘self’, his or her auto-organizational system also suffers serious impairments: existing in the social world usually requires a dyadic relation in which two or more persons *participate* or distance themselves in regard to specific activities and social norms, for instance.

As the author puts it,

Subjectively speaking, a disorder of the self is a state of suffering from experienced (continuous) violations of either the goal of distinction or of participation, or of what the person evaluates as an appropriate balance between them. Objectively speaking, psycho-

pathology is a form of self-organization that exhibits particular struggles in the oscillation between and integration of the two dimensions. (Kyselo 2015, 611)

This excerpt clarifies how schizophrenic disorders involve a much more complex ‘kind’ of system, in comparison to ‘reductionist’ accounts, which seems disrupted in very particular ways. Both the subjective and the interactional ‘sense-making’ and organizational autonomous self-regulating system thus seem to be unbalanced. While the person tries, and, in some cases, ‘succeeds’ to maintain a minimal form of ‘mineness’, there also exists a struggle between specific types of goals, plans and ways of ‘being’ in the social world that the person cannot seem to balance, any longer. For instance, the term *distinction* refers, here, to the capability (or not), the enacted and autonomous self (subject) finds to separate him or herself from the others, or if one wishes to engage with the other, *participation* comes into play. These processes are, from an enactive point of view, the one’s that refrain or bind us to the social world, as ‘ways’ of psycho-social interaction.

Thus, for the author in the specific case of schizophrenia, these dialectical processes become seriously impaired, so that while the ill subject is trying to maintain some kind of an autonomous self-regulation, the entire social dispositions have disorganized in that the ill person cannot meaningfully engage and/or ‘retreat’ from human contact. Consequently, schizophrenia becomes an illness in which the relation the subject has to the world becomes disrupted. However, this does not mean that the schizophrenic person has, necessarily, lost all of his or her sense of mineness or subjectivity; this would again depend on the severity and the extent to which the subject-organism-world triad is disrupted, on meaningful relations to others the person may still have; what also relates to when Kyselo mentions *participation*, the ability the subject has of still engaging in meaningful social encounters, etc. This relational-social component, for the author, leads to an incapability the schizophrenic persons experiences in regard to,

for instance, normative evaluations we make about others, decisions one might take which may include certain affective regulations, etc.

For Fuchs and Schlimme (Fuchs & Schlimme 2009) the lived body, in schizophrenia, loses its usual immersed and non-reflective stance in the world. This means that while we are usually in direct contact with several situations that somehow presuppose a context-sensitive approach so we can actually engage with them, in schizophrenia the body and mind become two separate unities, not functioning as a whole. So, while the lived body normally also functions as a medium through which one gains direct perceptual and cognitive access to the world, this is not the case in disorders within the schizophrenia spectrum. Rather, in these disorders, the body becomes rigidly 'mechanized'; it may turn into an object of 'hyperreflexivity' (Sass 2014), which loses its fluid functioning. Since the person with schizophrenia many times also presents fundamental disruptions in the feeling of being a coherent 'I', in having a feeling of 'mineness' and thus actually in feeling as being the author of one's own actions, the entire perceptual field of schizophrenics suffers alterations. Some patients refer to a sense of being overwhelmed by certain details of objects in the world (Sass et al. 2017). Furthermore, as Fuchs and Schlimme put it,

Patients with schizophrenia often speak of a split between their mind and their body. In particular, they may experience a disintegration of habits or automatic practices, a 'disautomation' (Fuchs & Schlimme 2009, 572).

As a matter of fact, the schizophrenic person loses his or her pre-reflective 'embeddedness' in day-to-day activities, which ordinarily do not require too much reflecting on. For instance, when I wake up in the morning, I usually feel the 'instant' need of taking a shower and then dress up for work. For schizophrenic persons, however, this established and customary routine has lost its most basic significance. Action and bodily immersion, for persons suffering of schizophrenia, require an overwhelming and many times forceful struggle between mental processes, cognitive and bodily acts. As has been discussed in the first part of this

section, the subject becomes separated from his or her body (organism), and is thus not able to make sense of his or her world, anymore. A ‘dis-enactment’ of this triad occurs. Schizophrenic persons may feel ‘detached’ from or ‘overwhelmed’ by others, so that it becomes difficult or impossible to distinguish between what belongs to the person herself, in regard to feelings or bodily sensations, and what the other person might be doing, etc. For instance, facial expressions of happiness or fear cannot be perceived, and consequently understood, by persons with schizophrenia. Or, they might have difficulties in coordinating a bodily gesture with the inherent emotion pertaining to that specific gesture.

This section has shown that both depression and schizophrenia are complex and quite heterogenic illnesses. They occur in varying degrees of severity, present themselves with different neurobiological, subjective and behavioral symptoms, signs, and phenomena. Enactivism, however, as a heuristic framework that considers the subject as being a complex autonomous self-regulating system which includes the organism, the body, as well as the social world as being fundamental aspects of personhood, might help further clarifying the variety of phenomena that may occur in severe mental illness. In the next and last section, I will address to what extent this heuristic framework could take on more practical issues, such as psychotherapeutical elements which could help to alleviate suffering that occurs both subjectively, and also world-oriented or relational. It is important to keep in mind that there seem to be different ‘ways’ in which subjects with schizophrenia or depression can engage with dis-regulations that occur in the bodily dimension (depression), or ‘mineness’ fragmentations (schizophrenia). So, the clinician should be aware of these differences, and develop a treatment plan accordingly. Different levels of ‘enactive functioning’, in these specific disorders surely must include quite specific therapeutic approaches that might focus, for instance, on the strengthening of interpersonal possibilities, of body oriented psychotherapies for

addressing disruptions in bodily feelings. However, even though both disorders present levels of dis-regulations in different experiential dimensions, the body and the world, the overall disorder is one that presents itself out of a dis-regulation of the subject-body (organism)- world triad. So, for instance, the lack of meaningful social contact might lead to a specific (or more general) incapability the schizophrenic person might have to adapt to certain social norms (even very basic ones). What I mean here is that dis-regulations between the above mentioned 'enactive triad' are very heterogenic, and they might arise out of dysfunctions in only one of the domains, or in all.

4. Enacting Psychotherapy: Subject, Body (Organism) and World in Context

Psychology should consider processes that belong to the enactive framework, be they cognitive, for instance perception and action, or experiential, which would relate to the sense of selfhood and 'mineness' as processes that occur between subjects and their world, and the consequent situational contexts in which these occur. For that matter, McGann et al. (McGann et al. 2013) have developed the idea of such an encompassing framework further, and for the authors,

An enacted psychology is more interested in the dynamics of coupling between an agent and its environment than the stipulation of the characteristics of either (McGann et al. 2013, 204).

Thus, psychology should not be taken as a science of the mind, or 'the inner world', as it were, but rather placed in a wider and inter-relational environment that brings about eventual disorders, which are hence disorders of the mind (brain), the organism, and the environment. Disruptions in all, or some, of these realms might occur, depending on the severity of the illness, as well as other contributing factors. So, one could say that a psychotherapeutic process with psychotic or

depressed persons would have to consider these factors in order to actually engage with the very particular dynamic and relational difficulties the patient is dealing with. Since the world is, from an enactive view, somehow ‘incorporated’ into the subject, this relational interplay should be assessed on its diverse levels. For instance, it becomes implausible to speak of depression as a disorder of the brain, here. This would reduce psychological activities and processes, such as affectivity and bodily sensations to mere realizations initiated by neurological occurrences.

It is important to keep in mind the enactive framework toward psychopathology and psychotherapy. A psychotherapeutical process with severely ill patients must not arise out of ‘one sided’ theoretical and thus practical frameworks, such as either psychotherapies that focus on the social aspects of these illnesses, or, on the other hand, psychotherapies that maintain their ‘explanatory’ and ‘practical’ focus on behavior modification and adaptation. Moreover, psychotherapies that work only within a phenomenological perspective, thus only considering subjectivity, and, as such, minimize the importance of cognition and behavior, must also be carefully assessed and considered in regard to their practical value for helping persons with intense suffering.

Fuchs (Fuchs 2007) developed a phenomenological approach to clinical work in psychiatry and psychotherapy. He believes that a phenomenological clinical use is that which best understands the ‘*lifeworld*’ and experiences of the patient. The life-world is the space in which humans exist, interact and are in constant contact with others. For Fuchs, an important aspect to which phenomenology greatly contributes to, and with which I agree, is that this view on mental illness does not consider these specific disorders as being something that happens only ‘on the inside’, in the brain. Rather, they are also essentially embedded into one’s lifeworld and the ‘lived space’, as the author puts it. The author’s approach to psychotherapy is ‘ecological’, since it takes into account not just the inner states

of the ill person, such as emotions, beliefs, but also the lived world, space and environment. The therapist should thus focus on the ‘whole’ of his or her patient, and not regard depression, in this case, as a disease purely biological or ‘mental’. This is fundamental when working with depression, given that I have already shown that agency and action in the world depend not only on mental motivations, but on the agents’ pre-reflective interaction with others and objects that are meaningful for the person.

Since depression is, also, an illness of the impairment of ‘action’ in the world, it is without a doubt important to keep in mind that this compromise is also partly because the person is not able to ‘feel’ and be aware of his or her body anymore. Bodily perception, and, why not interaction, is not ‘functional’ as it once was. Correspondingly, it is important to point out the psychotherapies for which the body is seen as being the central ‘instrument’ for change and self-awareness. I will now turn my attention to some essential features these body-oriented therapies have. Koch and Fischman discuss several aspects of what they call the ‘Enactive Dance/Movement’ approach. The authors base their therapeutical pursuit on the conceptual assumptions of enactivism and ‘embodied cognition’. Being so, theirs is an “enactive approach to psychotherapy” (Koch & Fischman 2011, 58). They believe that dancing and moving have important consequences on how one’s organism relates to the environment and to others. Dancing is ‘interactive’, it gives meaning and sense to movement, it enables non-verbal communication. Koch and Fischman argue that our own bodily structure is ‘shaped’ by the environment. It is ‘molded’ by the way we engage with space, how we orient ourselves in it. Enactive movement/dance therapy focuses on how we move, and ‘feel’ the world and others around us. It could thus be said that we are actively ‘bound’ to each other, our social lives, and thus our movement/action in the world take on a very dynamic form. It is exactly this pre-reflective and fluid ‘boundness’ to the world that seems to be crucial for a practical and ‘enacted’ psychotherapeutical approach. It is here that a ‘meaningful relationality’ toward the world might, once more, arise.

Psychotherapeutic work with persons suffering from disorders within the schizophrenia spectrum can be considered in a similar matter. Here, the clinician must also contemplate the intrinsic triad of subject-body-world. Roehricht has argued for an embodied and enacted body-psychotherapeutic oriented approach in which the person is integrally contemplated. Psychosis is, for the author, a disorder in which disruptions on many levels can occur, as is the case for depression: the self fragments and the person loses a clear sense of being an 'I', which in turn may lead to disturbances of agency and interpersonal relations. Moreover, schizophrenia should again be considered as belonging to a group of illnesses that is very heterogeneous in nature, both in regard to experiential aspects and in respect to its underlying neurobiological causes, social factors, etc. (Roehricht 2014). It is important for the patient to gradually become more aware of his 'self-boundaries', and to what extent these can be reintegrated within the wider life-world of say, intersubjectivity, for instance. By trying to regain a sense of one's bodily sensations, and of movement, the patient would again be able to meaningfully 'enact' with the world, in a more coherent way. Hence, the patient could slowly become more and more aware of his surroundings, thus making this sense of awareness an important 'felt condition' and, why not, 'tool' for once again being able to meaningfully engage with the world. Being able, once more, to feel as an integrated 'unity', may allow the subject to progressively gain self-confidence and autonomy in herself. Of course, such a process, especially in a disorder that is usually taken to be chronic, takes time and varies in success and outcome, but if the clinician considers the patient as a person as a being 'embedded' within the subjective, bodily and worldly dimensions, this will certainly help with treatment, since it becomes possible to focus on alleviating suffering, where possible, in the experiential and organismic domains the enactive framework integrates.

Finally, it should be clear that an integrated enactivist framework can be of much help, for both a more refined conceptual understanding of severe mental disorders as disorders which arise out of a complex and multi-factorial system that includes experiential, organismic, and worldly dimensions. However, the heterogeneity and variety of ‘levels’ of severity and functional processing must be considered, in each case. After all, the ways in which schizophrenic or depressive disorders arise are quite contrasting, since both disorders may have different neurobiological dis-regulations, diverse experiential disruptions in regard to bodily sensations. Also, subjects with these illnesses may present diverging ways of engaging with the social world, so that a more detailed investigation into how disparate (or not) these enacted ‘ways of being’ and of meaningfully engaging with the world in schizophrenia and depression are, might provide helpful insights the possibility of developing more integral treatment plans for patients suffering from schizophrenia and depression. A more refined analysis of how enactivism could help develop such a conceptual/empirical interdisciplinary task remains an open, yet enthralling challenge to be taken on.

Bibliography

Colombetti, G. 2013. Psychopathology and the enactive mind, in Fulford KWM, Davies M, Graham G, Sadler JZ, Stanghellini G, Gipps RGT, Thornton T (eds.). 2013. *The Oxford Handbook of Philosophy and Psychiatry*, Oxford: Oxford University Press, 1083-1102.

Fuchs, T. 2009. Embodied cognitive neuropsychiatry and its consequences for psychiatry. *Poiesis & Praxis* , 6 , 219–33 .6.

Fuchs, T., 2005. Corporealized and disembodied minds: A phenomenological view of the body in melancholia and schizophrenia. *Philosophy, Psychiatry, and Psychology* 12 (2):95-107.

Fuchs, T., 2007. ‘Psychotherapy of the lived space. A phenomenological and ecological concept’. *Am. J. Psychotherapy* 61: 432-439.

- Koch, S. C., and Fischman, D. 2011. Embodied enactive dance/movement therapy. *Am. J. Dance Ther.* 33, 57–72. doi: 10.1007/s10465-011-9108-4
- Kyselo, M. 2015. The enactive approach and disorders of the self - the case of schizophrenia. *Phenomenology and the Cognitive Sciences* 15 (4):591-616.
- McGann M., De Jaegher H., Di Paolo E. (2013). Enaction and psychology. *Rev. General Psychol.* 17203–209 10.1037/a0032935.
- Merleau Ponty, M., 2014. *Phenomenology of Perception*. First (Paperback) ed. London: Routledge.
- Parnas, J., & Sass, L. A. 2003. Schizophrenia, consciousness and the self. *Schizophrenia Bulletin* 29(3):427-44.
- Roehricht, F. 2014: Body psychotherapy for the treatment of severe mental disorders – an overview. *Body, Movement and Dance in Psychotherapy. An International Journal for Theory, Research and Practice.* 29(3), 427–444.
- Sass, L. et al., 2017. EAW-E Examination of Anomalous World Experience. *Psychopathology.* 2017;50(1):10-54. doi: 10.1159/000454928 10.1080/17432979.2014.962093.
- Sass, L. 2014. Self-disturbance and schizophrenia: Structure, specificity, pathogenesis (Current issues, New directions). *Schizophrenia Research,* 152, 5.11. doi:10.1016/j.schres.2013.05.017
- Smith, B., 2013. Depression and motivation. *Phenomenology and the Cognitive Sciences* 12 (4):615-635.
- Thompson, E. & Stapleton, M. (2009). Making sense of sense-making: Reflections on enactive and extended mind theories. *Topoi* 28 (1):23-30.
- Varela, F.J., Thompson, E. & Rosch, E., 2017. *The Embodied Mind-Cognitive Science and Human Experience*. New Revised Edition, The MIT Press.