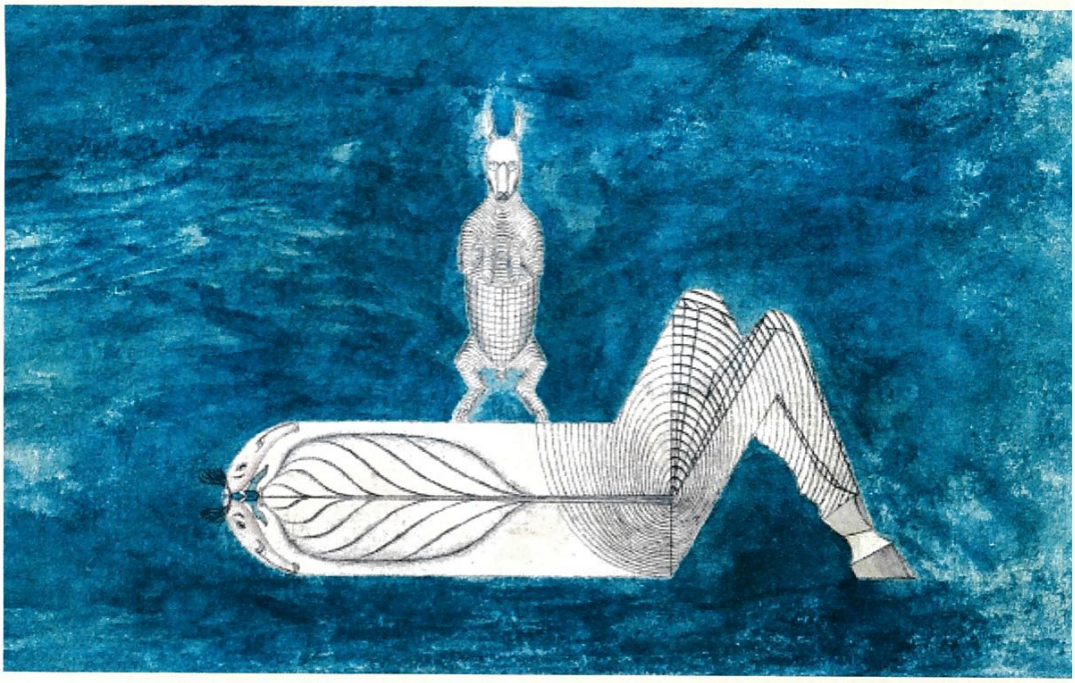
# 7th INTERNATIONAL CONFERENCE

## on Philosophy, Psychiatry and Psychology

# TIME, MEMORY AND HISTORY

**23 - 26 September 2004**
**Heidelberg, Germany**



August Natterer: "World Axis with Hare", around 1911/17, Prinzhorn Collection, Heidelberg, inv.nr. 174

**Organised by**
The Psychiatric Department, University of Heidelberg
The Society for Philosophy and the Science of the Psyche
The International Network for Philosophy and Psychiatry

## FINAL PROGRAMME including ABSTRACTS

**www.psychiatrie.uni-hd.de**
**link: "ppp2004"**

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**CONFERENCE VENUES**

Heidelberg University
Old Lecture Hall
Universitätsplatz
Grabengasse 1
D-69117 Heidelberg

and

Heidelberg University
New Building
Universitätsplatz
Grabengasse 3 - 5
D-69117 Heidelberg

# WELCOME ADDRESS

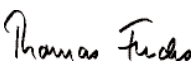
Dear Colleagues,

Human life is temporal, and so are all mental phenomena. They are not a series of single notes, but they form a continuous melody. Memory is the peculiar faculty that bestowes this inner coherence on all our experiences. Thus our life becomes a story remembered and told, a "history" or Lebensgeschichte. Mental illness, though often breaking into the continuity of life, cannot be considered separate from this history; it is essentially a temporal as well as a narrative phenomenon.

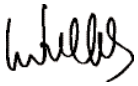
On this background, "Time, Memory and History" has been chosen as the main theme of the 7th International Conference on Philosophy, Psychiatry and Psychology. It intends to combine philosophical concepts of time, temporality and the self, psychological and psychopathological approaches to memory and its disorders, the temporal and biographical dimensions of mental illness as well as the history of psychiatry as a discipline.

Since the 1st International Conference in Spain in 1995, our interdisciplinary field has rapidly expanded and gained world-wide importance in research and teaching. Heidelberg has been chosen to host the 7th Conference in 2004 as one of the main centers of German psychopathology and phenomenological psychiatry. It will be an honour for the Psychiatric Department of Heidelberg University to unite this tradition with the international research on the field.

A number of distinguished speakers have been invited to address temporality and related issues. The contributors to the symposia, philosophers, psychiatrists and psychologists with varied philosophical backgrounds come from every continent to exchange their views and stimulate their further research and practice in this area. We are looking forward to a conference rich in encounter and communication that will remain in our memory and bear fruit for the future.



Thomas Fuchs
Conference Organiser



Christoph Mundt
Head of Dept. of Psychiatry
University of Heidelberg

Bill (KWM) Fulford
International Network for
Philosophy and Psychiatry

# COMMITTEES

## INTERNATIONAL SCIENTIFIC COMMITTEE

A. Ballerini, *Florence, Italy*
M. Broome, *London, United Kingdom*
I. da Costa, *Brasília, Brazil*
O. Dörr-Zegers, *Santiago de Chile, Chile*
T. Fuchs, *Heidelberg, Germany*
W. Fulford, *Warwick and Oxford, United Kingdom*
G. Gillet, *Dunedin, New Zealand*
R. Gipps, *Oxford, United Kingdom*
G. Glas, *Utrecht, The Netherlands*
B. Granger, *Paris, France*
M. Heinimaa, *Turku, Finland*
M. Heinze, *Berlin, Germany*
P. Hoff, *Zürich, Switzerland*
B. Küchenhoff, *Zürich, Switzerland*
C. Kupke, *Berlin, Germany*
H. Malmgren, *Goeteborg, Sweden*
C. Mundt, *Heidelberg, Germany*
M. Musalek, *Vienna, Austria*
J. Naudin, *Marseille, France*
J. Parnas, *Copenhagen, Denmark*
D. Pringuey, *Nice, France*
J. Radden, *Boston, USA*
J. Sadler, *Dallas, USA*
M. Schwartz, *Cleveland, USA*
W. van Staden, *Pretoria, South Africa*
G. Stanghellini, *Florence, Italy*
H. Tsuda, *Tokyo, Japan*
S. Winfield, *Sydney, Australia*
O. Wiggins, *Louisville, USA*

## LOCAL ORGANISING COMMITTEE

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# SCIENTIFIC PROGRAMME OVERVIEW

| **THURSDAY, 23.09.2004** | | **VENUE** |
|---|---|---|
| 17.30 - 19.30 h | Welcome reception and opening lecture | Heidelberg University, Old Lecture Hall |
| **FRIDAY, 24.09.2004** | | |
| 08.30 h - 18.15 h | Plenary lectures and parallel symposia | Heidelberg University, New Building |
| 20.00 h | Banquet evening | Palais Prinz Carl |
| **SATURDAY, 25.09.2004** | | |
| 08.30 h - 18.15 h | Plenary lectures and parallel symposia | |
| 19.00 h | Guided visit to the Prinzhorn Collection | |
| **SUNDAY, 26.09.2004** | | |
| 08.30 h - 12.00 h | Plenary lectures and parallel symposia | |
| 12.00 h - 13.30 h | Closing Session | |

# PLENARY LECTURES AT A GLANCE


| | | |
|---|---|---|
| Keith Ansell-Pearson | **The curious time of memory** | **P8** |
| German Berrios | **The philosophy of descriptive psychopathology** | **P6** |
| Derek Bolton | **Changes in the philosophical assumptions of psychotherapy: Psychoanalysis and cognitive-behavioral therapy** | **P11** |
| Nassir Ghaemi | **From Karl Jaspers to the biopsychosocial model: The historical development of the pluralistic method in psychiatry** | **P7** |
| Grant Gillett | **History, identity and self transformation: Memory and the care of the self** | **P4** |
| Rom Harré | **Selves as dynamic entities – Continuity and temporality** | **P1** |
| Bin Kimura | **On future** | **P17** |
| Hermann Lang | **Empathy, language and historicity - Philosophical underpinnings** | **P13** |
| Juan Mezzich | **The complexity of health and the validity of diagnosis** | **P5** |
| Michael Musalek | **Delusions – A frozen reality?** | **P14** |
| James Phillips | **Time and memory in Freud and Heidegger: An unlikely congruence** | **P9** |
| Nancy Potter | **The problem with too much anger: A philosophical approach to understanding anger and aggression in borderline personality disordered patients** | **P12** |
| Giovanni Stanghellini | **The imperative flexibility: A late modern vision of the self** | **P16** |
| Dieter Thomä | **Identity, coherence and commitment** | **P3** |
| Dieter Welzer | **Social memory** | **P10** |
| Dan Zahavi | **Time and self** | **P2** |

# SCIENTIFIC PROGAMME
## THURSDAY, 23 SEPTEMBER 2004

Venue: Heidelberg University, Old Lecture Hall

17.30 – 18.15 h **Welcome Addresses**

Prof. Silke Leopold
Vice-Rector of Ruprecht-Karls University of Heidelberg

Prof. Hans-Günther Sonntag
Dean of the Faculty of Medicine, University of Heidelberg

Prof. Christoph Mundt
Head of Dept. of Psychiatry, University of Heidelberg

Prof. Juan Mezzich
Mount Sinai School of Medicine, New York, USA
President-Elect, World Psychiatric Association

Prof. Bill Fulford
University of Warwick/Oxford, UK
International Network for Philosophy and Psychiatry

18.15 – 19.00 h **Opening Lecture**

### P1

**Selves as dynamic entities – Continuity and temporality**
Prof. Rom Harré, UK

19.00 h **Welcome Reception**

# SCIENTIFIC PROGRAMME
## FRIDAY, 24 SEPTEMBER 2004

Venue: Heidelberg University, New Building

**PLENARY LECTURES**
Chair: Christoph Mundt, Germany

08.30 – 08.45 h **Introduction**
Thomas Fuchs, Germany

08.45 – 09.15 h **P2**
**Time and self**
Dan Zahavi, Denmark

09.15 – 09.45 h **P3**
**Identity, coherence and commitment**
Dieter Thomä, Switzerland

09.45 – 10.15 h **P4**
**History, identity and self transformation: Memory and the care of the self**
Grant Gillett, New Zealand

10.15 – 10.45 h Coffee Break

10.45 – 12.45 h **PARALLEL SYMPOSIA**

### S1
**THE TEMPORALITY OF THE SELF**
Chair: Dan Zahavi, Denmark

**Time and the self in Kierkegaard's philosophy.** Iben Damgaard
**History, fate and destiny.** Miles Clapham
**Impermanence, self and suffering.** Clive Sherlock
**The self and its personal history.** Arinobu Hori
**Time, narrative and the self.** Robert Kimball

### S2
**THE SELF IN NEUROSCIENCE**
Chair: Paul Hoff, Switzerland

**The neural correlates of perceiving one's own movements.** Dirk Leube, G. Knoblich, M. Erb, W. Grodd, M. Bartels, T. Kircher
**You can not excise my unsound organ - self constructions within the neuroscientific discourse.** Sabine Heel
**Foundations and transititons of the self. Memory, self, consciousness and the concept of identity in contemporary neurosciences and philosophy: The works of G. M. Edelman and D. Henrich**. Ernst Hische
**Freedom of will in times of neurobiology.** Uwe Gonther, Klaus Brücher
**Neurophenomenology of panic disorder: Putting the brain, body and world together.** Paolo Cappellotto

# SCIENTIFIC PROGAMME
## FRIDAY, 24 SEPTEMBER 2004

10.45 – 12.45 h

### S3
**RECOLLECTION AND EXPRESSION I: TEMPORALITY AND THE EXPERIENCE OF TIME**
Chair: Isolde Eckle, Martin Heinze, Germany

**The two layers of experiential recollection. Towards a psychopathology of time.** Christian Kupke
**On the possibility of a phenomenological appresentation of the other. A "night conversation" between Husserl and Derrida.** Dirk Quadflieg
**The constitution of cognition in time – Convergence of phenomenology and cognitive neuroscience.** Kai Vogeley, Christian Kupke
**The "tacit" and the "normative, historical" dimension in schizophrenia.** Hitoshi Tsuda
**Schizophrenic impatience.** Osborne Wiggins

### S4
**MEMORY AND ITS ROLE IN MENTAL DISORDERS**
Chair: Keith Ansell-Pearson, UK

**Metaphors of memory.** Zofia Rosinska
**The emotional and phenomenal nature of autobiographical memories.** Judit Futó, Anikó Kónya
**Time related word categories and narrative chronological patterns in life story recalls of patients with autoimmune disease.** Bea Ehmann
**Loss of memory as a threat to self-governance: Reflections on the case of H.M.** Joel Anderson
**Phenomenology and dementia: The memory of the lived body.** Margaret Zinder

### S5
**PHILOSOPHICAL ASPECTS OF PSYCHOTHERAPY I**
Chair: Hermann Lang, Germany

**The past that does not go by – the telescoping of past and presence from a philosophical and psychopathological point of view.** Joachim Küchenhoff
**Temporality and motivation: A phenomenological approach to psychotherapy.** Edwin Hersch
**Temporal structures in psychoanalysis. Their consequences for our understanding of psychopathology.** André Michels
**The reconstruction of time in psychotherapy with psychotic patients.** Sabine Dührsen
**Human imagination – the image making faculty and clinical assessment.** Haukur Ingi Jónasson

12.45 – 14.15 h Lunch Break

**PLENARY LECTURES**
Chair: Giovanni Stanghellini, Italy

14.15 – 14.45 h

### P5
**The complexity of health and the validity of diagnosis**
Juan Mezzich, USA

14.45 – 15.15 h

### P6
**The philosophy of descriptive psychopathology**
German Berrios, UK

# SCIENTIFIC PROGAMME
## FRIDAY, 24 SEPTEMBER 2004

15.15 – 15.45 h **P7**

**From Karl Jaspers to the biopsychosocial model: The historical development of the pluralistic method in psychiatry**
Nassir Ghaemi, USA

15.45 – 16.15 h Coffee Break

16.15 – 18.15 h **PARALLEL SYMPOSIA**

### S6
**SELF AND IDENTITY**
Chair: Dieter Thomä, Switzerland

**The rediscovery of the self.** Hector Pelegrina
**Conceiving of oneself as oneself.** Christiane E. Seidel
**Quasi-memory: Problems and prospects.** Kathy Behrendt
**From folk psychology to self consciousness.** Daniel Hutto
**Identity and interpersonality in cyberspace.** Bert te Wildt

### S7
**THREATENED SELVES: DEPERSONALISATION AND OTHER CONDITIONS**
Chair: Michael Musalek, Austria

**Youth is revenge: Time and self-consciousness in depersonalization.** Elena Bezzubova
**Linguistic aspects of depersonalization.** Kazutaro Oka
**Psychopathology and anthropology investigate Cotard's Syndrome: A case report.** C. F. Muscatello, E.M. Congedo, G. Cremante, V. Spigonardo, P. Sendellari
**Autoscopy, double, doubles: A damage of the mirror image.** Tiago Mussi, Octavio Domont de Serpa Jr
**Phenomenology of suicidal tendencies.** Jann Schlimme

### S8
**CONTRIBUTIONS TO A PHENOMENOLOGY OF TEMPORALITY: BODY, WILL AND DREAMING**
Chair: Ulrich Diehl, Thomas Fuchs, Germany

**How temporal are dispositions?** Jan-Ivar Lindén
**The memory of the body.** Thomas Fuchs
**Some critical remarks on the language of the phenomenology of 'Leib'.** Philipp Gutmann
**The temporality of the will. Time experience in failures of self-determination.** Ulrich Diehl
**Time, dreams and biographical memory.** Boris Wandruszka

# SCIENTIFIC PROGAMME
## FRIDAY, 24 SEPTEMBER 2004

16.15 – 18.15 h

### S9
**PHILOSOPHICAL ASPECTS OF PSYCHOTHERAPY II**
Chair: Derek Bolton, UK

**Dialectics as philosophy and psychotherapy.** Hannu Heinänen
**Who writes the history of the psychotherapeutic encounter? Patient memoirs and the ethics of psychotherapy.** Heike Schmidt-Felzmann
**Self, meaning and emotion: A conceptual revision of the "Zeitgeist" of postmodern psychotherapies.** Alvaro Ponce Antezana
**Logos in psychotherapy: The phenomena of encounter and hope in the psychotherapeutic relationships.** Camilo Serrano Bónitto
**Auspicious occasions in psychotherapy.** Hansjörg Reck

### S10
**NAZI EUTHANASIA - HISTORICAL RESEARCH AND ITS SIGNIFICANCE TO PSYCHIATRY AND SOCIETY**
Chair: Gerrit Hohendorf, Germany

**Introduction: A new research project on the victims of Nazi Euthanasia.** Gerrit Hohendorf
**Patient records stored in the Federal Archives Berlin: Representative or biased sample of the victims of Nazi Euthanasia ("T4-action")?** Paul Richter
**Underage victims of the national socialist "T4" Euthanasia Programme.** Petra Fuchs
**Behavior and the death selection process during national socialist "Euthanasia": First results of a statistical analysis.** Maike Rotzoll
**Victims of the Nazi "T4" programme in the Prinzhorn Collection.** Thomas Röske

### W1
**WORKSHOP**
**Phenomenological and anthropological psychiatry in the 21st century**
Michael Schwartz, Osborne Wiggins

20.00 h **Banquet Evening at Palais Prinz Carl**

# SCIENTIFIC PROGAMME
## SATURDAY, 25 SEPTEMBER 2004

**Venue: Heidelberg University, New Building**

**PLENARY LECTURES**
Chair: Hans Lauter, Germany

08.30 – 08.45 h **Introduction**
Thomas Fuchs, Germany

08.45 – 09.15 h **P8**
**The curious time of memory**
Keith Ansell-Pearson, UK

09.15 – 09.45 h **P9**
**Time and memory in Freud and Heidegger: An unlikely congruence**
James Phillips, USA

09.45 – 10.15 h **P10**
**Social memory**
Harald Welzer, Germany

10.15 – 10.45 h Coffee Break

10.45 – 12.45 h **PARALLEL SYMPOSIA**

**S11**
**RECOLLECTION AND EXPRESSION II: IDENTITÄT UND ZEITLICHKEIT/IDENTITY AND LIVED TEMPORALITY (German language symposium)**
Chair: Christian Kupke, Martin Heinze, Germany

**Erinnerung und Interpretation.** Emil Angehrn
**Innere Zeit als ethisch - ästethisches Verhältnis - phenomenologische Überlegungen zur musikalischen Improvisation.** Christine Lemke
**Der einsame Toaster – zur Semiotik der Identität und der Identitätsstörung.** Klaus Leferink
**Leiden an der vergangenen Zukunft.** Rudolf Süsske
**Zukunft als das Andere.** Toshiaki Kobayashi

# SCIENTIFIC PROGAMME

## SATURDAY, 25 SEPTEMBER 2004

10.45 – 12.45 h

### S12

**TEMPORALITY, HERMENEUTICS AND PSYCHOPATHOLOGY**
Chair: Rom Harré, UK

**Time, the body and psychopathology. The case of posttraumatic stress disorder.** Gerrit Glas
**The sense of memory. Paul Ricoeur's hermeneutics and its relevance to psychopathology.** Arlette Joli
**Narration and temporality: Towards an ethics of memory.** María Rovaletti
**Language as a witness of personal history.** Thomas Stüttgen
**The restaurative function of biographical memory in a poem by Catullus.** Gereon Becht-Joerdens, Peter Wehmeier

### S13

**INTERSUBJECTIVITY AND THEORY OF MIND: FROM PSYCHOPATHOLOGY TO NEUROIMAGING**
Chair: Silvio Scarone, Italy

**Psychopathology and theory of mind.** Orsola Gambini, V. Barbieri, S. Scarone
**Theory of mind and perspective taking in Schizophrenia.** Kai Vogeley
**Dissociality: The phenomenological approach to social dysfunction in schizophrenia.** Massimo Ballerini, Giovanni Stanghellini
**Disorders of thinking as disorders of relating: Philosophical reflections on schizophrenia.** Richard Gipps

### S14

**MEMORY AND THE UNCONSCIOUS**
Chair: Harald Welzer, Germany

**The subject and the oblivion of the sources. The Freudian and Nietzschean accounts of amnesia.** Joanna Michalik
**Lies, fictions, and unconscious fantasies in the process of recollection.** Felicitas Kraemer
**Artificial memory in Freud's psychoanalysis.** Eugeni V. Malyshkin
**Time out of mind: Memory and loss in mental illness.** Amber Simpson
**Trauma and splitting in psychoanalysis: Can we access a non-represented memory?** Fernanda Pacheco Ferreira, Suzana Pons

### S15

**CREATIVITY AND PSYCHOTHERAPY**
Chair: James Phillips, USA

**The musical self. A phenomenological approach to music and emotion.** Björn Vickhoff
**Tempo as mood.** Andreas Stascheit
**Forms and structures in pictures as a projection of an inner knowledge.** Ruth Hampe
**Aesthetic judgement and psychopathology.** John Callender
**A "creative attitude" to psychotherapy.** Rainer Holm-Hadulla

# SCIENTIFIC PROGAMME
## SATURDAY, 25 SEPTEMBER 2004

10.45 – 12.45 h

### S16
**HISTORY OF PSYCHIATRY (English/German language symposium)**
Chair: German Berrios, UK

**How enlightened was Thomas Bakewell, madhouse manager of Springvale, North Staffordshire, England 1808-1840?** Lisetta Lovett
**Official psychiatric morbidity and the incidence of schizophrenia 1881-1994.** Neil Nixon, Gillian Doody
**The history of psychiatric trauma concepts in Germany - a discontinuous journey.** Christiane Wildgrube, Ruth Kloocke, Heinz-Peter Schmiedebach, Stefan Priebe
**Der Wandel in den Vorstellungen von Seelenstörung und Seelenkrankheit in der ersten Hälfte des 19. Jahrhunderts/Alterations of concepts on mental disorder and mental disease during the first half of the 19th century (German paper).** Bernhard Küchenhoff
**Autobiographien und Selbstzeugnisse des Wahnsinns in der Geschichte der Psychiatrie/Autobiographies and 1st-person-accounts of madness in the history of psychiatry (German paper).** Burkhart Brückner

12.45 – 14.15 h Lunch Break

14.15 – 15.45 h **PARALLEL SYMPOSIA**

### S17
**THEORETICAL PROBLEMS OF PSYCHIATRY I: ILLNESS CONCEPTS**
Chair: Juan Mezzich, USA

**"Natural disease entities" – Chances and limitations of a main theoretical framework in psychiatry.** Paul Hoff
**What kinds of histories are compatible with a mental disorder being a natural kind?** Rachel Cooper
**The misinterpretation of Popperian philosophy by British psychiatry.** Neil MacFarlane
**Time and incommensurability: Changes in science and in psychiatric diagnosis.** Veli Verronen

### S18
**TEMPORALITY OF MOOD AND EMOTIONS I**
Chair: Arnaldo Ballerini, Italy

**The concept of anticipation and its importance for an understanding of depressive phenomena.** Otto Doerr-Zegers
**Temporality and spatiality in melancholia.** Alfred Kraus
**Lived-time and melancholic suffering.** Martin Wyllie
**Modes of stabilization in major mood disorders: A phenomenological-psychoanalytical approach.** Francois Sauvagnat

# SCIENTIFIC PROGAMME
## SATURDAY, 25 SEPTEMBER 2004

14.15 – 15.45 h

### S19
**SCHIZOPHRENIA, DELUSIONS AND THE SELF I**
Chair: Michael Schwartz, USA

**How to get through the schizophrenic whirl? Etiological representations and the issue of identity.** Frantz Samy Kohl, Dominique Pringuey
**Rethinking E. Bleuler's concept of ambivalence in schizophrenia as a primordial phenomenon of scission and integration of the psyche.** Kyoko Sumida
**The concept of reality/possibility and actuality/virtuality in the psychopathology of delusions.** Makoto Wada
**Truth, reality and delusion. A contribution to the understanding of delusion through Zubiri's philosophy.** Carlos Martínez

### S20
**TEMPORALITY AND TIME CONSCIOUSNESS**
Chair: Osborne Wiggins, USA

**How does a tree perceive time? The developmental logic of time.** Stefan Brunnhuber
**Being-in-time. Features of a theory.** Johan Eriksson
**The embodied time.** Jorge Dávila
**Why Husserl's 'retention' is not a kind of memory and some implications of this for protention.** Helge Malmgren

### S21
**"INTENTIONALITY" REVISITED – THE IMPACT OF NEUROPSYCHOLOGY**
Chair: Christoph Mundt, Thomas Fuchs, Germany

**Intentionality - psychopathological and clinical impact of a philosophical concept.** Peter Schönknecht, Christoph Mundt
**The temporal structure of intentionality and its disorders in schizophrenia.** Thomas Fuchs
**Intentionality as a link between the neuropsychology and the symptoms of schizophrenia.** Stefan Kaiser, Matthias Weisbrod
**Vulnerability, intentionality and the syndrome shift of schizophrenia.** Christoph Mundt

14.15 – 15.00 h **Short Symposia**

### S22
**ADDICTION**
Chair: Martin Bürgy, Germany

**A phenomenological approach to alcoholism.** Dominique Pringuey, F.S. Kohl, F. Cherikh, S. Thauby
**Addiction: Being-in-the-world wrongly.** William G. Campbell

# SCIENTIFIC PROGAMME
## SATURDAY, 25 SEPTEMBER 2004

15.00 – 15.45 h

### S23
**MEMORY AND CULTURE**
Chair: Martin Bürgy, Germany

**Sacred topography and cultural memory. Their relevance for religious identity in India.**
Peter M. Wehmeier
**"Is there a life before death?" Historic memory, psychology and psychiatry in Northern Ireland.**
Raffaella Santi

15.45 – 16.15 h Coffee Break

**PLENARY LECTURE**
Chair: Thomas Fuchs, Germany

### P11
**Changes in the philosophical assumptions of psychotherapy: Psychoanalysis and cognitive-behavioral therapy**
Derek Bolton, UK

16.45 – 18.15 h **PARALLEL SYMPOSIA**

### S24
**THEORETICAL PROBLEMS OF PSYCHIATRY II: DIAGNOSIS**
Chair: Nancy Potter, USA

**Neo-Fregean philosophy for examining personal relations in DSM-IV / ICD-10 personality disorders.**
Werdie van Staden
**When the patient does not answer: Cultural taboos in doctor-patient relationship.**
Anna Maria Viljanen
**"Postpsychiatry": Taking philosophy seriously.** Rob Hirsch

### S25
**TEMPORALITY OF MOOD AND EMOTIONS II**
Chair: James Morley, USA

**Time in depression and mania: Running fast or running slow? A computer based, controlled study of 93 depressed, manci and control subjects.** Tom Bschor, Michael Bauer, Ute Lewitzka, Marc Steerstupeit, Bruno Müller-Oerlinghausen, Christopher Baethge
**Assessment of mood changes in daily life - a trans-cultural comparison study in Brazil and Germany based on electronic diaries.** Christoph Käppler, Stephan Rieder
**The phenomenology and temporality of anxiety and boredom.** Fredrik Svenaeus
**Thinking together past and present after 9/11: Time, fear and a monster named Leviathan.**
Khristina Haddad

# SCIENTIFIC PROGAMME
## SATURDAY, 25 SEPTEMBER 2004

16.45 – 18.15 h

### S26
**SCHIZOPHRENIA, DELUSIONS AND THE SELF II**
Chair: Grant Gillett, New Zealand

**The subjective dimension of a psychopathological phenomenon: Hearing voices.** Octavio de Serpa Jr
**Temporality and the "Interrogatory Attitude". A phenomenological analysis.** Jonathan Kim-Reuter
**Constitutive self-centric constellations in schizotropism.** Andrea Raballo, Carlo Maggini
**The temporal relationship between self-experience and voluntary action: Implications for passivity phenomena.** Ralf-Peter Behrendt

### S27
**LOOKING FOR A SCHIZOPHRENIC ENDOPHENOTYPE: THEORETICAL AND EMPIRICAL ISSUES**
Chair: Giovanni Stanghellini, Massimo Ballerini (Italy)

**Schizophrenia spectrum disorders: How many endophenotypes and clinical pictures?** Silvio Scarone
**Cognitive dysfunction as endophenotype in schizophrenia.** Paolo Stratta, Alessandro Rossi
**Self-experienced vulnerability in 1st degree relatives of schizophrenics.** Andrea Raballo
**Pharmacogenetics and the therapy, pharmacogenomics in psychiatric diseases.** Alberto Panerai

### S28
**WHAT IS A HUMAN BEING?**
Chair: Salman Raschid (UK)

**Language and the human.** John M. Heaton
**Merleau-Ponty's view of human beings.** Eric Matthews
**The human being as 'person' and as 'organism'.** Salman Raschid
**Image as an essential structuring element of today's subject.** Rodrigo Carrillo

### W2
**WORKSHOP**
**Philosophical practice and the present moment.** Chris Mace

19.00 – 20.00 h Guided visit to the Prinzhorn Collection

# SCIENTIFIC PROGAMME
## SUNDAY, 26 SEPTEMBER 2004

**Venue: Heidelberg University, New Building**

**PLENARY LECTURES**
Chair: Bill Fulford, UK

08.30 – 9.00 h **P12**

**The problem with too much anger: A philosophical approach to understanding anger and aggression in borderline personality disordered patients**
Nancy Potter, USA

9.00 – 9.30 h **P13**

**Empathy, language and historicity - philosphical underpinnings**
Hermann Lang, Germany

9.30 – 10.00 h **P14**

**Delusions – A frozen reality?**
Michael Musalek, Austria

10.00 – 10.30 h Coffee Break

10.30 – 12.00 h **PARALLEL SYMPOSIA**

**S29**
**SELF, IDENTITY AND PSYCHOSIS**
Chair: Nassir Ghaemi, USA

**Time, personal identity and psychiatric disorder.** Eric Matthews
**Less than one. On narrative identity and psychosis.** Patrick Delaere
**Memory, modernity and urban psychosis. The spectacular aesthetics of madness.** Ian Prenelle
**Autobiographical memory and psychotic identity.** Arnaldo Ballerini

**S30**
**BORDER CROSSINGS: THEORIZING BORDERLINE PERSONALITY DISORDER**
Chair: Peter Schönknecht, Germany

**Borderline personality disorder: What is it? Is it?** James Phillips
**Cultural norms and borderline identities.** Jennifer Radden
**Why BPD patients evoke negative responses and what is at stake.** Nancy Potter

# SCIENTIFIC PROGAMME
## SUNDAY, 26 SEPTEMBER 2004

10.30 – 12.00 h

### S31
**MILD COGNITIVE IMPAIRMENT**
Chair: Julian Hughes, UK

**Memory and dementia: Art and science.** Julian C. Hughes
**Reflections on the history of mild cognitive impairment.** John Bond
**Kinds of cognitive impairment: Ethical considerations of a natural and pragmatic kind.** Janice Graham, Karen Ritchie
**The positioning of the self with mild cognitive impairment.** Steven Sabat

### S32
**PSYCHOSOMATICS AND PSYCHOBIOLOGY**
Chair: Bernhard Granger, France

**From divided objects to whole subjects.** Elin Häkonsen Martinsen
**History - and future? The role of Viktor von Weizsäcker for psychosomatic medicine.** Peter Henningsen
**Life circle, time and the self in Antoni Kepinski's conception of information metabolism.** Andrzej Kapusta
**Principles of synergetics and chaos-theory and their application to psychotherapy research.** Maria-Michaela Habram-Blanke

### S33
**ETHICS IN PSYCHIATRY**
Chair: Bill Fulford, UK

**Tradition and modernity in psychiatry and attitudes of mental health practitioners to the hippocratic oath.** Marek Marzanski, Padmaprija Musunur, Tim Coupe
**Alternatives to autonomy as foundation for clinical ethics in psychiatry.** Ingemar Engström
**A madness for identity: Psychiatric labels, consumer autonomy and the perils of the Internet.** Louis C. Charland
**Conceptual problems in early detection of psychosis.** Markus Heinimaa

**CLOSING SESSION**
Chair: Bill Fulford, UK, Thomas Fuchs, Germany

12.00 – 12.30 h

### P16
**The imperative flexibility: A late modern vision of the self**
Giovanni Stanghellini, Italy

12.30 – 13.00 h

### P17
**On future**
Bin Kimura, Japan

13.00 – 13.30 h

**Closing Addresses**
Bill Fulford UK , Karen Ritchie
Thomas Fuchs, Germany

# SCIENTIFIC PROGAMME

## POSTER PRESENTATIONS

**Times of closeness - times of autonomy**
**The representation of dependence and detachment in a masterwork by the young Picasso**
Gereon Becht-Jördens, Peter M. Wehmeier

**Erwin Straus as a practicing pioneer of phenomenology in psychiatry**
Stefanie Holzinger, Maria Kensche, Max Ludwig, Gerhard Danzer

**Wisdom, madness and folly in the old testament and apocrypha**
Neil MacFarlane

## POSTER PRESENTATIONS

**The position of imagination in philosophy and psychiatry**
James Morley

**The Werther-Effect as a prototype in media effect research?**
Michael Nagenborg

**A brief review of Byzantine psychiatry**
Katerina Vlavianou

## POSTER EXHIBITION

Registered posters my be attached to movable walls in the foyer of the Heidelberg University, New Building from Thursday, 23 September, 15.00 h until Sunday, 26 September, 13.30 h.

# GENERAL INFORMATION

## CONFERENCE VENUE

The conference will be held at two buildings of the Heidelberg University.

Heidelberg University, Old Lecture Hall
Universitätsplatz, Grabengasse 1
69117 Heidelberg, Germany

and

Heidelberg University, New Building
Universitätsplatz, Grabengasse 3-5
69117 Heidelberg, Germany

## CONFERENCE COUNTER

All conference materials and documentation will be available at the conference counter located in the entrance foyer of the Heidelberg University, New Building.

**Opening hours**

| | |
|---|---|
| Thursday, 23 September | 15.00 - 20.00 h |
| Friday, 24 September | 07.30 - 18.30 h |
| Saturday, 25 September | 08.00 - 18.30 h |
| Sunday, 26 September | 08.00 - 14.00 h |

During these opening hours the conference counter can be reached at:
Telephone: +49-6221-54 22 22
Telefax: +49-6221-54 36 22

## REGISTRATION FEES

On-site registration is still possible. Please proceed to the conference counter in the entrance foyer at the Heidelberg University, New Building.

| On-site Registration | Post Graduates | Undergraduates |
|---|---|---|
| **Conference** | 230,00 | 150,00 |
| **Day ticket** Thursday/Sunday | each 40,00 | each 30,00 |
| **Day ticket** Friday/Saturday | each 80,00 | each 60,00 |

**Registration for the participants include:**

- Admission to all sessions
- Admission to poster and technical exhibition
- Final programme including abstracts
- Opening Ceremony and Welcome Reception on Thursday, 23 September 2004
- Closing Ceremony on Sunday, 26 September 2004

## CONFERENCE LANGUAGE

The conference language is English. Simultaneous translation will not be provided.

## NAME BADGES

Participants are requested to wear their name badge at all times during the conference.

## SPONSORS

The Organising Committee expresses its thanks to sponsors, exhibitors and all those who are generously contributing to the success of the conference.

- Deutsche Forschungsgemeinschaft (DFG)
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- Pfizer Neuroscience GmbH, Karlsruhe,
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# SOCIAL EVENTS

## FRIDAY, 24 SEPTEMBER 20.00 h

**Banquet Evening at Palais Prinz Carl**
Kornmarkt 1, 69117 Heidelberg

An elegant and traditional banquet evening will take place at Palais Prinz Carl. Enjoy wonderful wining and dining. Classical entertainment has been arranged: Johannes Vogt (guitar), Joachim Romeis (violin), Magdalena Fuchs (harp).
Entrance fee for registered participants and accompanying persons: **EUR 50 per person** including welcome cocktail, 3-course menu and musical entertainment. Beverages will be charged separately.
You can still purchase tickets at the congress counter in the entrance foyer of the Heidelberg University, New Building.

## SATURDAY, 25 SEPTEMBER 19.00 h

**Guided Visit of the Prinzhorn Collection**
Museum Sammlung Prinzhorn
Psychiatrische Universitätsklinik
Vossstrasse 2
69115 Heidelberg

The collection in Heidelberg is named after the art historian and psychiatrist Hans Prinzhorn (1886-1933), who was appointed to the Psychiatric Clinic of Heidelberg University as an assistant in 1919. The department head, Karl Wilmanns, commissioned him to enlarge a small but already extant collection of artistic works by psychiatric patients by means of additional works from other psychiatric institutions, and to analyse them in a scientific study. This was the origin of Prinzhorn's book "Bildnerei der Geisteskranken" (Artistry of the mental ill) in 1922, which was the first to throw open this area to a wider audience, not least thanks to its wealth of illustrations.
Prinzhorn's view was broad. He could draw on a wide range of material, he examined an impressively large number of aspects relating to the field, and he posed questions that still continue to occupy researchers. This is above all a reflection of his two doctorates: 1909 in philosophy and 1919 in medicine. Both, his interest in the works of psychiatric patients and his analytic methods can be traced back to the psychologically oriented currents in art history and philosophy he encountered during his studies in Tübingen, Leipzig and Munich between 1904 and 1909.
Since 2001, the collection has been housed in a beautiful palais building near the Psychiatric Department and is now gradually displayed to the public in alternating exhibitions. The guided visit will present the museum with its actual exhibition "Irre ist weiblich" ("Crazy is female"). It portrays some of the women and their works which are part of the Prinzhorn Collection.

The guided visit starts on Saturday, 25 September 2004, 19.00 h.
The best way to go from the Conference Venue to the Museum is by foot (approx. 20 min). Please see the map at the end of this programme.

# SUPPORTING PROGRAMME

## HEIDELBERG CARD

We recommend to visitors of Heidelberg to purchase the Heidelberg CARD. The Heidelberg CARD offers free use of public transportation including the mountain railway and in addition free entrance to:

- Heidelberg Castle (incl. tour of interiors)
- Pharmacy Museum
- Alte Aula
- Studentenkarzer
- Kurpfälzisches Museum
- Museum of Religious Art
- University Museum
- Ethnology Museum
- Zoological Garden
- Leisurepark Märchenparadies
- TV Tower

and reduced entrance fee at many other places, plus free drinks and special offers in several restaurants in Heidelberg.
The Heidelberg CARD is available at the tourist information at the main station and at most hotel receptions.

**Price**

| | |
|---|---|
| 1-2 days ticket, 1 adult: | EUR 12,00 |
| 1-2 days ticket, 2 adults, 2 children: | EUR 24,00 |
| 3-4 days ticket, 1 adult: | EUR 24,00 |

## WALKING TOUR OF THE OLD TOWN

See, touch and hear Heidelberg's fabled past and lively presence as narrated by expert tour guides on this educational walking tour.

**Duration:** 2 hours

**Meeting Point:** University Square at "Löwenbrunnen"

**Time:** daily 10.30 h (in German)
Thursday – Sunday 10.30 h
(in English)

**Price per person:** Adults EUR 6,00
(with Heidelberg CARD EUR 4,00)
Children 6 age and younger free

## CITY OF HEIDELBERG

The conference will be held at the prestigious Old and New University of Heidelberg, located in the center of the old town. Situated at the mouth of the romantic Neckar valley, Heidelberg has captivated imaginations and inspired creative minds for centuries. Still today Heidelberg offers not only a unique blend of river landscape, historic town and hillside castle, but also a varied cultural scene. There are more than ten museums, among them the famous Prinzhorn Collection, five theaters as well as the Philharmonic Hall of the Heidelberg Symphony Orchestra. Heidelberg is also an excellent starting point for cultural excursions to the neighbouring cities of Speyer, Mannheim or Worms, boat trips along the Neckar, or visits to the wine country of the nearby Palatinate, the Odenwald Forest or the Alsace area of Eastern France.

# ABSTRACTS

**P1** **Selves as dynamic entities – continuity and temporality**

Rom Harré
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The self, though the word is Anglo-Saxon, the cluster of personal attributes it refers to is a main component of personhood in general. However, in recent psychology it is now thought of as a product of discursive processes. Instead of a flow of psychic energy, as in the Freudian paradigm, we now think in terms of a flow of intentional symbols, such as private and public conversations. This involves two temporal frames for self as a component of personhood, the personal and the social, which may or may not be in synchrony. Moreover, these frames are embedded in third temporal frame, in which the very symbolic resources which are deployed within the personal and social frames are in flux. Winograd identifies three dimensions of this flux, historicity, indexicality and contextuality; when, who and where a discourse is flowing. These dimensions are displayed in the uses of pronouns and other person orienting devices, through which the sense of personhood is created.

**P2** **Time and self**

Dan Zahavi
Center for Subjectivity Research,
University of Copenhagen, Denmark
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What is a self? Does it possess experiential reality, is it rather a theoretical fiction, or is it something in between? It would be something of an exaggeration to claim that the notion of "self" is unequivocal and that there is a widespread consensus about what exactly it means to be a self. Quite to the contrary, if one looks at the contemporary discussion one will find it to be literally bursting with completing and competing definitions of the self. In this paper, I will compare and contrast two different philosophical conceptions of self, namely a hermeneutical (Ricoeur, MacIntyre) and a phenomenological (Merleau-Ponty, Henry, Sartre, Husserl). Both of these conceptions stress the close relationship between selfhood and temporality, but they address rather different aspects, partly because they operate with rather different notions of time. It will be argued (on the basis of both philosophical and empirical evidence) that the two conceptions are complementary rather than conflicting and that the phenomenological conception of time and self must be ascribed a certain priority.

**P3** **Identity, coherence and commitment**

Dieter Thomä
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This lecture examines the notion of identity in the light of coherence on the one hand, commitment on the other hand. Both terms refer to identity over time, yet in different ways. Whereas coherence asks for plausibly connecting a chain of different incidences, commitment characterizes a person's behavior as it relates to others. The claim that coherence matters to personal identity is based on the assumption that it aptly grasps a life-history in the form of a narrative sequence. This narrative is supposed to expose characteristic traits, overarching patterns constituting a person's identity. Its explanatory value is limited though. Firstly, internal coherence does not prevent stories from being fictional or phantasized (rather the opposite). Secondly, coherence is a comparably weak criterion that allows for all kinds of twists and turns and casts doubt on the notion of identity altogether. In order to avoid a one-dimensional approach that explains personal identity based on narrativist coherence, we suggest to turn to the social realm. Along these lines, personal identity comes to the fore in committed action, in the willingness to take stance. It is firmly linked to a social context where volitions are being recognized and tested. Based on distinctions borrowed from literary theory we can say that the exploration of personal identity should go beyond narratology and turn to the theory of drama which helps to understand the external context of a person's performance. Her identity emerges from a dramatic scene.

**P4** **History, identity and self transformation: Memory and the care of the self**

Grant Gillett
Dunedin Hospital and Otago Bioethics Centre,
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The identity of a human being is sometimes thought by philosophers to reduce to a combination of autobiographical memories and present psychological states. This is an inadequate view. There is a formative effect of history and discourse operating both on memory and on identity such that the mind is layered in ways that are susceptible to the care of the self. Taking seriously the conception of the unconscious that springs from the work of Jacques Lacan and the conception of ethics as care of the self (Foucault) I will examine the role of memory and narrative identity in transforming the self.

**S1** **THE TEMPORALITY OF THE SELF**

Chair: Dan Zahari (Denmark)

**Time and the self in Kierkegaard's philosophy**

Iben Damgaard
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"The heaviest burden laid upon a person (…) is in a certain sense time" Kierkegaard says in Works of Love. Time is experienced as a burden and as a problem for a human being as a self. Human existence is extended in time, we are subject to change; and our existence is thus characterized by contingency and fragility. Yet, time does not simply happen to us, time is something we use. Temporality is ethically defined, since we are responsible for what we have done to ourselves and the other person through time. Time thus confronts us with the problem of recognizing our past history. Kierkegaard exposes a complex dialectic between the self as an already given individual with a particular history and the self as possibility for being otherwise in the future. Possibility plays a fundamental but also ambiguous role in the understanding of the temporal dimensions of the self. Through

# ABSTRACTS

Kierkegaard's negative phenomenology we are led to see how anxiety and despair are crucial in understanding how a human being relates to time. A positive counterpart can be found in the phenomena of faith, hope and love that are ways of relating to time which give courage to handle and accept time. The psychopathological perspectives in Kierkegaard's account of the problem of temporality will be a main concern of the paper.

**History, fate and destiny**

Miles Clapham
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There is not in possibility anything more wonderful than what is, says Al Ghazali. This is the best of all possible worlds, states Leibnitz. The argument is important in Western philosophy leading to a questioning of logical necessity, and for the individual who must confront and deal with her own history, and move from inescapable fate to a destiny which is somehow taken on. Kierkegaard regards all that befalls him as just what is necessary for his soul's development. In contrast young people who suffer severe trauma, especially intra-familial sexual abuse, regard it as their just deserts because they are bad. More importantly they regard themselves as the cause of what happened. They brought it about, or acted in such a way as to make it happen. They see the abuse as a fate that they – almost – wanted. Their suicidal intent grows out of their perception that their self-inflicted hell is inevitable because invited. Their history is their beginning and their end. The therapeutic challenge is to move them to something approaching a Kierkegaardian eudaimonia. This is complicated because the young persons' hallucinations and flashbacks constantly reinforce their ontology. This paper explores the philosophy of fate and destiny, and the differences between them. What are the implications for psychiatry of the acceptance of terrible suffering, especially in young people, that is probably untreatable? Is there hope in a philosophical critique of psychiatric and therapeutic endeavours with these young people?

**Impermanence, self and suffering**

Clive Sherlock
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Consciousness is the product of physical, sensory and mental conditions, all of which keep changing. Consequently, consciousness and we continually change. All is in a state of flux. This is all we are, all we experience and all we know (Takakusu 1975). Our sense of continuity through time is an illusion. In reality everything changes. Not accepting this is the fundamental cause of fear, anger, aggression, depression and anxiety.
Our sense of security depends on belief in permanent states, which do not exist. Memory gives the impression of continuity – including continuation of ourselves – but this is based on false assumptions and invalid conclusions (Eccles 1973).
The realisation that our own existence depends on causal conditions leads to a psychology that is radically different from contemporary western psychology. It changes how we conceive ourselves, how we live our lives and how we deal with psychological problems (Sherlock 2003). Philosophical and clinical implications are discussed in connection with the experience of time. Suggestions are made for a new approach to psychology and therapeutic methods.

**The self and its personal history**

Arinobu Hori
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The self is always threatened by others with whom it lives, or by the community to whom it belongs to, or the nation in which it lives, or Nature, or Eternity. Sometimes the self is conquered and vanishes in the whole. The self functions just as a part of the structure.
In the moment when the self is about to be the self, we can see an amalgam of the self and the whole. The amalgam differentiates into the self, others, society and so on. To become the self it should win over others, and at that moment the self can easily fail. This process we can never experience directly, because the self which can make our experiences possible has not yet appeared. So the way the self became the self is not memorized as a story or written words, but is recorded as a procedure in the body (Körper) or substance (Leib) like physical movements. The record is established by repeating the processes and thus is renewed each time. Even after the self appears, the hidden record is always echoing.
The process is necessarily influenced by social moments. If the way the process happens fits into the social criteria, it continues smoothly. If not, it meets lots of resistance and the process may be deteriorated. In western countries, the value of individual is highly respected, so the self can be very powerful. In Asia, however, the situation is different. Such a difference alters the forms of the self and its functions.

**Time, narrative and the self**

Robert Kimball
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A study of distortions of time-perception within the framework of the narrative conception of the self and the ontology of events can help us better understand such psychiatric diagnoses as depression, mania, and schizophrenia.
Narrative has become a high-profile concept in disciplines as diverse as literary theory, psychology, philosophy, and social work. Consequently, the "narrative conception of the self" has come to be regarded as a primary form of self-representation. But narrative presupposes a conception of time different from the infinite series of discreet moments of chronological time and also from the "lived time" of phenomenological analysis and the time assumed by discussions of the synchronization of interpersonal time. Narrative rests on an ontology of finite but (chronologically) extended and internally structured events, which are the objects of time-perception. These events may be of various temporal "sizes" and can be embedded within each other (e.g., day, lecture, trip, life). In all events there are norms of self-location: knowing what time it is relative to the beginning, middle, or end of the event, e.g., knowing that it is early in the day, the play is approaching its climax, the trip is almost over. For events which include

intentional actions, there are also general social norms for the proper or prudent unfolding of the event, from eating a meal to plotting a career to living a life.
Depressed, manic, and schizophrenic patients suffer various failures of event-perception, event-construction, and self-location within events, as well as coordination among the times of different events and of chronological time.

## S2 THE SELF IN NEUROSCIENCE

Chair: Paul Hoff (Switzerland)

### The neural correlates of perceiving one's own movements

Dirk Leube, G. Knoblich, M. Erb, W. Grodd, M. Bartels, T. Kircher
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In order to effectively control our actions, we need to recognize whether certain events in the perceptual input are caused by ourselves or not. Without this facility survival would be impossible. Prior research has shown that the brain solves this "attribution" problem in different ways. When we carry out goal-directed actions, we have an intention to produce certain changes in the environment. Comparing the perceived changes to the intended changes is one mechanism by which the consequences of self-generated actions can be identified. Feed-forward mechanisms such as the efference copy mechanism that are important for movement control may also contribute to the sense of self.
In an fMRI experiment we investigated the neural circuits underlying these mechanisms. In the experiment, 18 healthy, right handed subjects opened and closed their right hand slowly and continuously (0.5 Hz). The movement was filmed with a MRI compatible video camera and projected online onto a screen, viewed by the subject. Short (40-200ms) or no temporal delay was introduced. In each trial, subjects decided whether there was a delay or not.
The findings support the assumption that the integration of a movement with its visual consequences may rely on a forward model mechanism. The activation of one of the main areas for movement perception, the superior temporal sulcus (STS), was positively correlated with the extent of the temporal delay between a self-generated movement and the corresponding visual feedback. Conversely, the activation of one of the main areas involved in motor control, the putamen, was negatively correlated with the extent of the temporal delay between a movement and its visual feedback. This is exactly the relationship one would expect between a motor area generating error signals that, in turn, modulate the activation of perceptual areas. The cerebellum provides information that is used to explicitly attribute events to one's own actions under conditions of uncertainty.
It has been hypothesised, that forward mechanisms are involved in pathological states such as delusions of control or passivity experiences in schizophrenia. Here the sensory consequences of self-produced movements may be not attenuated but misclassified as externally generated when the prediction of the forward model is corrupted.

### You can not excise my unsound organ - self constructions within the neuroscientific discourse

Sabine Heel*, Claudia Wendel**
* Humboldt-University, Berlin, Germany
** Fachhochschule Magdeburg-Stendal, Germany
e-mail: sabine.heel@web.de

The concept of a self is at stake in the models of neuroscience.
For academic reasons this theoretical indifference might be an interesting artefact to consider especially when one takes into account constructs such as 'executive functioning' or 'autobiographical memory'. However, since clinical and (psycho)therapeutical discourse is increasingly grounding its concepts in neuroscientific models, this very fragile status of a self raises several fundamental problems. Most prominent among these are the responsibility and credibility of self-accounts of brain-injured persons: Let a self – as in an ethical perspective of alterity – be the answering 'I" for the question "Who are you". And let this questioning of a self be a central and permanently repeated one in the discourse over the modern reflexive subject alluding to topics of self-control and self-exploration. Such a responding self persistently (re)creates an agent in the act of answering. However, what 'I' could be spoken out of a discourse that adheres to concepts of responsible agency so close to processes of the brain that an injury might cause its breakdown? Questions of self-constructions become matters of professionals judging the respon(si/da)bility. Even if we consider a self as a netting of discourses – and this means there is a multiplicity of ways of subjection (in the sense that philosopher Judith Butler uses this term) – the topoi of the neuroscientific discourse to (re)formulate self-references from within this discourse are highly problematic. And reconfiguring an answering and reflexive self is of course at the core of (psycho)therapy.
The main argumentations related to neuroscientific topoi and self-constructions are illustrated via exclusive case studies.

### Foundations and transitions of the self. Memory, self, consciousness and the concept of identity in contemporary neurosciences and philosophy: The works of G. M. Edelman and D. Henrich

Ernst Hische
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e-mail: ernst.hische@t-online.de

„The paradox that concerned (William) James - how momentary conscious states could be reconciled with various previous states, creating a stable sense of present unity or personal identity - is dissolved when one understands the dynamic nature of the functional integration imposed by reentry between perceptual and memorial systems" (Edelman 2000).
Between 1978 and 2000, G.M. Edelman (*1929) presented, together with Tononi, Reeke and Sporns, an empirical neuro-evolutionary conception for a dynamic interpretation of brain and mind processes. The ´theory of neuronal group selection` allows to introduce the terms 'memory' and 'self ' into neurosciences. Consciousness is

based on a special kind of memory which integrates present perception with experiences in terms of time. Consciousness is a form of 'remembered present'.
D. Henrich (*1927) is founder and leading figure of the ‚constellation research' -programme on philosophy of the German idealism (from Kant to Hegel). In numerous articles he developed a philosophy of subjectivity based on fundamentals of idealistic German philosophy and aims at a revitalisation of metaphysics. The structure of modern philosophy is based on self-relations of self-consciousness and self-preservation: The stoic principle of ‚syneidesis' is still up-to-date. We will present the basic lines of these two concepts and discuss some related aspects of brain and mind.

**Freedom of will in times of neurobiology**
Uwe Gonther, Klaus Brücher
Klinik Dr. Heines, Bremen
e-mail: k.bruecher@klinik-dr-heines.de

In 1985 B. Libet published his famous results concerning “free will” which became landmarks within the mind-brain-discussion. He showed the EEG-peak which is correlated to preparation of movements to occur 500 ms before the probands reported to have realized the first awareness of willing to move; another 300 ms later the motor-action occured (EMG). Thus Libet redefined “free will” as a veto-function answering to the automatic functioning of the brain. While Libet still claimed the importance of mental dimensions, some modern authors try to erase all remnants of dualistic philosophy (eliminative determinism).
Revisiting the original studies and their up-to-date remakes more closely, we are confronted with some unsolved problems:

1. Subjective vs. objective measurement of time, priming,contraction of time consciousness;
2. Different degrees of freedom, volition and chance shouldn't be mixed-up in experiments;
3. Philosophical pre-assumptions must be clarified.
   Freedom and determinism are polarities but not necessarily contradictions. They can be thought compatible. An understanding of freedom as being relative is better suitable for both experimental and philosophical approaches. Moreover, the impact on psychotherapy will be discussed. What is the relationship between “freedom” and illness or, on the other hand, “free will” and treatment?

**Neurophenomenology of panic disorder: Putting the brain, body and world together**
Paolo Cappellotto
Venice, Italy
e-mail: paoloc@shineline.it

Panic disorder is a serious, chronic and disabling disease as well as an experiential trauma capable to radically change the life of the person.
I try to reconcile neuro- and existential phenomenology with constructivism and self-organizing dynamic systems. The classical cognitive (AI) and connectionist approaches to disembodied input-output mapping are inadequate in approaching the complexity of biological cognition. The biological brain does not operate in terms of the common sense divisions between brain, body and world.
Neurophenomenology is an effort to connect recent developments in philosophy of mind and cognitive neuroscience with continental phenomenological approaches to embodiment. Embodied cognitive science replaces previous representationalist models of an isolated mind and the corollary inner/outer distinction by demonstrating the “mutual overlapping” of mind and world. I criticize the tacit assumption of representationalist theories of mind as they have come to inform current psychiatric research and thinking. Connected to this objectivist epistemology is a realist ontology: There is a true, pre-given reality, independent of any observer but knowable to us.
Collateral connections of neuronal nuclei and cerebral areas may be recruited during a panic attack, spanning from visceral and other somatic sensations to emotional perception and cognitive working-through. Why a patient affected with myocardial infarct or cerebral stroke does not develop the similar psychopathological consequences like the one affected with panic disorder? In my opinion, the phenomenological experience of profound anxiety to the patient seems to come from a deep and mysterious locus of the body that threatens to strike his nuclear self (Damasio, Edelman). All at once, it throws him into a precarious existence (Callieri), compelling him to review his personal constructs with anticipatory anxiety and avoidance behaviours (G. Kelly).

## S3 RECOLLECTION AND EXPRESSION I: TEMPORALITY AND THE EXPERIENCE OF TIME
Chair: Isolde Eckle, Martin Hinze (Germany)

In this symposium we want to ask how the temporality of man defines individual, intersubjective and cultural experiences. Fundamental issues of temporality will be discussed as well as questions of the other, the interpretation of ones own history, as well as psychopathologically altered time experience.

**The two layers of experiential recollection. Towards a psychopathology of time**
Christian Kupke
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The philosophy of time usually deals with a double concept of recollection: with the microstructural concept of experiential recollection and with the macrostructural concept of ontological recollection. As only the former is grounded in subjective experience, while the “subject” of the latter is questionable, psychopathology is mainly restricted to experiential recollection – in general: to experiential time – and, therefore, to the interrelation of what is frequently called subjective and objective time. But the difference between a micro- and macrostructural concept of time re-appears on the level of subjective time: In psychopathology we have to make a difference between two layers: an a-personal, microstructural time of cognition (“cognitive time”) – as the transcendental condition of any individual cognition – and a personal, macrostructural time of living (“biographical time”). The lecture illustrates this difference and tries to deal with it in the context of

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another difference: of cognitive and affective disorders. It is argued that Husserl's terms for the analysis of the intentionality of time – retention, protention and praesentation – are epistemological categories that first of all are relevant for the analysis of schizophrenic time-suffering, while melancholic and manic time-suffering do not necessarily imply any intentionality disorders.

**Über Möglichkeit und Unmöglichkeit einer phänomenologischen Appräsentation des Anderen. Ein 'Nachtgespräch' zwischen Derrida und Husserl**

On the possibility of a phenomenological appresentation of the other. A 'night conversation' between Husserl and Derrida (German paper)

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In seinem frühen Essay La voix et le phénomène aus dem Jahr 1967 zeigt Jacques Derrida anhand einer Lektüre von Husserls Logischen Untersuchungen II, inwiefern die gesamte Husserlsche Phänomenologie auf dem Ideal eines sich absolut selbst gegenwärtigen Bewusstseins aufbaut und doch zugleich dieser 'lebendigen Gegenwart' implizit immer wieder ein Moment der irreduziblen Nicht-Präsenz zur Seite stellen muss. Obwohl Derrida die aufgedeckte Spaltung ebenfalls im Verhältnis von ego und alter ego, das die fünfte Cartesianische Meditation als 'Appräsentation' beschreibt, wiederfindet, verteidigt er in seinem zeitgleich veröffentlichten Aufsatzband L'écriture et la différence die von Husserl angeführte Appräsentation des Anderen gegen die von Emanuel Lévinas vorgebrachte Kritik, die fünfte Cartesianische Meditation würde den Anderen vollständig in der Sphäre des transzendentalen ego auflösen.
In meinem Beitrag möchte ich die fünfte Cartesianische Meditation einer Re-Lektüre im Hinblick auf die besondere Erfahrungsart der Appräsentation unterziehen und versuchen zu zeigen, inwiefern die ambivalente Husserl-Kritik Derridas eine fundamentale Ambivalenz des Husserlschen Denkens selbst widerspiegelt. Die mit Hilfe Derridas gewonnene andere Perspektive auf das Verhältnis von ego und alter ego werde ich sodann mit einem Fragment aus Husserls Nachlass konfrontieren, das den eigentümlichen Titel Ein Nachtgespräch trägt.

Summary. In his early essay on Husserl, La voix et le phénomène from 1967, Jacques Derrida tries to show how the relation between ego and alter ego - which is described in the fifth Cartesian Meditation as 'appresentation' - is based on an ideal of absolute self-presence of the consciousness and at the same time is constantly disrupted by an implicit and necessary instant of irreducible non-presence. Astonishing enough in his simultaneous publication L'écriture et la différence Derrida seems to turn the other way and to defend Husserls' concept of appresentation against Emanuel Lévinas's critique that the fifth Cartesian Meditation reduces the other to a part of the transcendental ego.
I will try to show that Derrida's ambivalent attitude towards Husserl reflects a fundamental ambivalence embedded in the Husserlian thoughts themselves. Taking this into account I will consider the implications that arise between the alternative perspective in the relation between ego and the alter ego forwarded by Derrida and a fragment of Husserl's unpublished writings with the strange and uncanny title 'a night conversation' (Ein Nachtgespräch).

**The constitution of cognition in time – convergence of phenomenology and cognitive neuroscience**

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Human cognition is studied both by cognitive neuroscience and theoretical philosophy. We herewith present evidence for the convergence of the neuroscientific theory of cross-temporal contingencies as neurophysiological basis of human behavior implemented in the prefrontal cortex (Fuster) and the philosophical analysis of consciousness of time (Husserl). Both concepts converge insofar as they develop a tripartite concept of consciousness, that divides human cognition in at least three different temporal domains, that comprise the past, the present and the future. In Fuster's concept, this equals to working memory (past), interference control (present) and preparatory set (future). Husserl is defining the three parts as retention (past), the experience of "now" (present), protention (future), respectively. Notably, these two concepts converge onto a common concept of the constitution of consciousness in time from two completely different traditions, namely cognitive neuroscience and theoretical philosophy. This considerable convergence might stimulate inter- and transdisciplinary research in both fields.

**The "tacit" and the "normative, historical" dimension in schizophrenia**

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We cannot avoid tackling the "tacit" dimension when we approach schizophrenia although this dimension is largely ignored in the ordinary symptomatology. Such prominent phenomenological formulations as those by Minkowski, Blankenburg and Kimura have illuminated various implications of this dimension by pointing out the loss of vital contact with reality, the loss of natural self-evidence and the disturbance of "aida (between)". Recently the development of positive symptoms from the disturbance in the tacit dimension and also the possible neurological basis of this dimension have begun to be discussed.
The aim of this paper to disclose the "normative, historical" dimension, which, coupled with the tacit dimension, plays a definite role in the psychopathology of schizophrenia. Above all the clinical findings of patients in a residual stage are suggestive of the nature of this dimension. The lack of their self-confidence in an everyday simple action should not be regarded as the secondary psychological responses to the disease. It may represent the basic disturbance through which such symptoms as ambivalent indecisiveness and commenting hallucinations emerge. Blankenburg pointed out the historical aspect of this dimension through his appropriate remark that his

patient Anne Lau is experiencing things but this experience lacks the historical meaning ( the distinction between Erfahrung-Machen and Erfahren-Werden).
The "tacit" dimension, which makes it possible for us to enjoy naturalness in contact with others as well as naturalness in action in its temporal sense becomes possible only when the process of our entry into the institutionalized normative, historical dimension is concealed. Schizophrenia reveals that sometimes this process becomes overt.

**Schizophrenic impatience**

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Dominique Pringuey and colleagues have discerned an "impatience" involved in schizophrenic experience. They have described this impatience from the perspective of Bin Kimura's conception of the "ante festum." We would like to approach it through developing Husserl's account of inner time consciousness and applying it to schizophrenia. This will require that we extend Husserl's account to include the intersubjective constitution of time ("shared time"). We shall then show how the weakening of the automatic syntheses that occurs in schizophrenia render it difficult for the person suffering from it to "live in" the common time that others share. This experienced alienation from the automatic flow of lived time leads to the "impatience" in schizophrenic behavior that Pringuey et al depict.

## S4 MEMORY AND ITS ROLE IN MENTAL DISORDERS

Chair: Keith Ansell-Pearson (UK)

**Metaphors of memory**

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Memory remains a concept with a broad and loosely defined scope, despite having been the subject of interest of Western philosophy since early antiquity. In addition to its descriptive function, it possesses an axiological dimension as well. In the Bible, for instance, it is a duty but also a subject of prohibitions and commandments. Its meaning has changed from mythological through psychological and bio-technological to cultural. The evolution of the concept of memory can be traced by examining the metaphors used to describe it. In my presentation I will analyze the meaning of several such metaphors. Some of them, although originating in antiquity, are still used in modern discourse. Among them are the Platonic and Aristotelian metaphor of the imprint; Augustinian spatial metaphors such as palaces, nooks and crannies, or fields of memory; and finally, the Freudian "Wunderblock" (magic pad) metaphor, and the metaphor of memory as a spoonful of milk dissolved in a glass of water. These metaphors represent two ways of thinking about memory: as a passive phenomenon that retains and replays given contents without change; or as an active phenomenon that, with the aid of various – frequently unconscious – mechanisms and processes, alters the contents of the original experience. Lastly, I will touch on the issue of the modern process of exteriorization of memory, commonly described with the use of technological metaphors, such as tape or memory circuit.

**The emotional and phenomenal nature of autobiographical memories**

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In our paper we will first analyze how memories with emotional episodes at their narrative plot are more vivid in their phenomenal nature than memories without an emotional charge. Then we will discuss what we refer to as the double-nature of early childhood memories: that in contrast to the general faintness of early childhood memories, emotionally charged early memories are phenomenally vivid.
Our study is based on a semi-structured autobiographical memory interview. Subjects were 19-25 year old university students. All of them were asked to recollect eight memories from four different periods of their lives. The 416 recollected memories of the 52 subjects were then analyzed based on four parameters: I) specificity, II) phenomenal quality, III) emotional content, and IV) the age of the memory.
Our findings indicate:
That it is not the specificity of the memories that affects the phenomenal intensity of the memory. Rather, it is the affective intensity and the presence of an emotional episode that is a reliable predictor of the vividness of the memory.
Compared to more recent memories the phenomenal faintness of early memories is an observable event which is due to the schematic nature of these memories. However, those relatively few early childhood memories we can vividly recollect preserve their phenomenal strengths as a consequence of their strong emotional intensity.
Based on our further results, we briefly discuss the spatial perspectives of vivid memories, their conceptual and narrative richness, and we analyze the type of emotions found in these memories.

**Time related word categories and narrative chronological patterns in life story recalls of patients with autoimmune disease**

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First the logic of how time psychology arrived to text-based research is outlined, then dilemmas and controversies of trait psychology in the study of subjective time experience are treated. Two content analytical methods are described for the identification of hidden time-related patterns in lay reports. The study was based on in-depth autobiographical interviews with twenty patients with chronic illness.
The first method shows word categories identified in word frequency analyses, such as /1/ Anchoring type time markers (start, end, singular occurence, repetition, duration); /2/ Never type time markers; /3/ Eternal type time markers; /4/ Order of magnitude type time markers

(minute, hour, day, week, etc., and holidays).
The second method illustrates narrative chronological patterns found in spontaneous life story recalls. One hundred life story episodes were collected from the whole text, and were manually coded for the fine identification of their narrative chronology (which differs from calendar chronology). If the course of calendar chronology is depicted as a virtual line from the past to the future, then narrative chronology will disobserve both the direction and the steady pace of time in recalling the events of life. Narrative chronology, however, is certainly not chaotic. The narrative chronological patterns identified in the study were strikingly schematic and limited in number: /1/ linearly anchored episodes; /2/ time loop type episodes; /3/ episodes anchored to Nevertime/Eternal time/Uncertain time; /4/ inclusion type episodes, and /5/ non-anchored episodes.
The presentation will demonstrate examples of the above results, and will propose suggestions and ask questions as to their psychological correlates/relevance.

**Loss of memory as a threat to self-governance: Reflections on the case of H.M.**
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In this paper, I use a case of severe anterograde amnesia to shed light on the capacity for self-governance and to make certain methodological points about the relationship between philosophy and psychology.
A key insight in recent neurology is that cognitive psychological functions (consciousness, memory) are realized by multiple, interacting mechanisms. The same can be said of central "capacity concepts" in action theory, moral psychology, or philosophy of mind. For example, the capacity for planning both presupposes other capacities (self-monitoring, prioritizing, envisioning alternatives) and is itself a presupposition for other capacities (coordinating activities with others or modifying habitual behavior). By identifying empirical interdependencies, psychologists can correct and support claims about conceptual, philosophical interdependencies. I believe that the reverse is also true: by clarifying conceptual connections, especially with regard to capacities involving learning, rationality, and self-governance, philosophers can help clarify the empirical issues.
In this paper, I examine the role that declarative memory plays within a network of interdependent capacities constitutive of what I call "self-governance". I focus on the well-known case of the anterograde amnesic patient H.M. What is particularly interesting for our purposes is that H.M. retains procedural memory ("knowing how"), and this allows us to focus on whether declarative memory has special importance for self-governance. I argue that it does, because of how amnesia impairs the ability to track one's adherence to plans and intentions. At the same time, I show how significant aspects of self-governance can be retained even in cases of profound anterograde amnesia.

**Phenomenology and dementia. The memory of the lived body**
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In geriatric psychiatry, the biomedical and cognitive models prevent to consider the lives of dependent elderly patients in any terms other than those of weaknesses and deficiencies. My intention is to attempt to understand each patient for himself, as subjectivity. In researching authors active in the field of phenomenology for the most significant elements liable to help me outline the direction I take,

I intend to emphasize three themes:
1. The posture and mind setting of a research worker in phenomenology are basic essentials. One must be aware of the need of being on the same ground (Boden) as the person one intends to meet (Buytendijk 1952) and solicit.
2. Intelligible perception (Merleau-Ponty 1945) is about making oneself present, being sensitive to the other, providing him with favourable conditions and letting him express himself. According to von Weizsäcker and Buytendijk, subjectivity is perceived, seen from outside (Angeschaute Subjektivität) and not detected somewhere (in the being).
3. The body-proper (Leib) as opposed to a mere physical body (Körper) is the concept that forms the basis of the pre-objective meeting and the genesis of forms of existence.

The results focus on the description of behaviour patterns of patients – considered by the medical profession to be at an advanced stage of dementia – and on my own understanding of the patients' being-in-the-world (Zinder 2003). Attitude in self-presentation (Portmann 1996), "social posture", skills and habits appear as manifestations of the sedimented knowledge of the lived body.

## S5 PHILOSOPHICAL ASPECTS OF PSYCHOTHERAPY I
Chair: Hermann Lang (Germany)

**The past that does not go by – the telescoping of past and presence from a philosophical and psychopathological point of view**
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Throughout the 20th century, important philosophers have conceptionalised the interpenetration of past and presence using different theoretical backgrounds. Walter Benjamin and T.W. Adorno have outlined the unfulfilled demands originating in past experiences and in history that initiate a messianic hope for future compensations or realisations. M. Merleau-Ponty and P. Ricoeur dealt with the persisting actuality of the past that does not allow itself to become desactualized; they asked what the conditi-

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ons would be under which the past could be forget. Paul Ricoeur specially links the ability to forget to an attitude that is willing and able to pardon. The first part of the paper is devoted to these complementary approaches in that the one gives the past a right over the presence and the other gives the presence a right over the past. In the second part of the paper, these approaches are used for temporal analyses in psychopathology and psychotherapy. The guiding questions will be:
1. Can traumatic experiences be differentiated from conflictual or neurotic experience and from psychotic experience by a temporal analysis?
2. What are the adequate psychotherapeutic techniques either to help differentiate the past from the presence or to help to forget or even to allow unfulfilled seminal expectations to unfold themselves in the presence or the future?

**Temporality and motivation: A phenomenological approach to psychotherapy**
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In a recently-released book (Hersch 2003) I have developed an approach to psychotherapy founded on a set of ontological and epistemological stances derived from phenomenological philosophy. In this approach the intentionality and ontological relatedness of human experience is likened to a 'beam of light,' and human existence is seen as a 'projecting outwards' that happens not solely in space, but even moreso into the future, or through time. Thus, the approach has become known as the 'Beams-of-Light-through-Time' model.
Temporality occupies a central place in this model and a more 'futurally-based' theory of motivation is embraced by it. In that, people are seen less as being 'pushed' deterministically by 'forces' or 'drives' from their past and more as being enticed or 'pulled' forward towards their imaginative anticipations of their future possibilities. As such anticipations may be multiple even regarding any one of our given 'cares' (which include our wishes, fears, projects, etc.), the interactions among these will show human experience and human motivation to be quite multidimensional phenomena with a high degree of inherent complexity as well as some fluidity to them. Our temporality appears to lie at the heart of the complex meaning-network or 'field of cares-in-time' that makes up our experiential world, and any adequate theory of human motivation must take this into account.
In this paper I hope to provide a broad overview of this model while focusing on its theory of motivation.

**Temporal structures in psychoanalysis. Their consequences for our understanding of psychopathology**
André Michels
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Psychoanalysis understands the symptom as a creation, different from its nosographic category. As a temporal process it relates the actual version of the symptom to an ancient one, and the most recent to the remotest in time. The status of the latter is most questionable in psychoanalytic theory and practice.
As the "kernel of our being" (Kern unseres Wesens), as Freud says for it, the "remotest" is ineffable, inexpressible and irreducible. It cannot be recollected and therefore is accessible only by artificial means. Furthermore, it has never belonged to any historical epoch of life. The "remotest" can, more radically, be defined as beyond memory, as trans-historical, that is, as something that has never existed, but which traverses history and determines memory. We then come to the conclusion, the paradox of which I would like to address, that the most decisive factor in causing the symptom and determining subjective life has never existed, has even never been actual and thus never palpable. Is it Nothingness ?

**The reconstruction of time in psychotherapy with psychotic patients**
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In psychoanalytic psychotherapy with psychotic patients, a disturbance in time experience quite frequently turns out to be central to the psychotic experience as a whole. These patients experience disruptions of the flow of time that lead to a loss of temporal continuity. This loss of temporal structures leads to damage in thinking functions: Relations like causality, finality and others, which imply a temporal dimension, cannot be established any more.
Pieces of treatment histories will serve to demonstrate the reconstruction of temporal continuity by the patient in psychotherapy: At the beginning of the psychotherapy, the patient experiences being together with the therapist and being separated from her as two discrete conditions of existing which have no links. The periodical reappearance of being together which proves to be sufficiently satisfactory encourages the patient to remember and to envisage meetings with the therapist. The reliability of the alternation seems to stimulate a specific mental activity which creates connections allowing for transitions between the different conditions – in the sense of Winnicott´s transitional phenomena. Through this creative ego-activity temporal continuity is regained, providing the basis for structured thinking and – very important – for the perception of one's own personality in its continuity over time, thus generating a sense of identity.
This process of reconstructing time after psychosis is interesting enough in itself, but it may also shed some light on the development of an internal temporal dimension in early infancy.

**Human imagination – The image making faculty and clinical assessment**
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The current biochemical reductionist trend within psychiatry is of undeniable value. However, the author argues, it is of vital importance to emphasize within the profession the importance of assessing mental disturbances as they appear in the subjective experience of the patient in the world of his/her imagination. If not, modern psychiatry might run the risk of creating a generation of psychiatrists and mental care workers that are clinically impaired to utilize the clinical tools provided by human imagination at the cost of both patients and practitioners.
Human imagination will be defined as the image-making

faculty within the individual, and its clinical implications will be outlined by drawing on sources in medicine, philosophy, dynamic psychiatry and mystical theology. The method is phenomenological which means that human imagination is explored as a structure of experience presenting itself to consciousness. Its clinical function will be examined by using examples from clinical work and the history of psychological healing in Nordic countries. The author concludes that human imagination is a powerful alliance to the therapist – if and only if – s/he is trained and skilled enough to make use of it in clinical settings.

**P5 The complexity of health and the validity of diagnosis**

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As efforts are being launched to develop a new generation of international classification and diagnostic systems, such as ICD-11, the concept of diagnosis and its validity are receiving pointed attention. This includes an analysis of alternative notions of diagnosis, from a conventional classification of mental disorders to a full description of health status. The latter notion involves an appraisal of the complexity of mind and health from various perspectives. One refers to the domains to be assessed, from mental disturbances to a full panel of existing illnesses and health-related problems to a consideration of both ill and positive health aspects. Another refers to the descriptive tools to be employed, including standardized typologies and dimensional approaches as well as idiographic narratives. A third perspective is concerned with the evaluators involved, including clinicians, the consulting person (patient), and the family and significant others. Furthermore, one should consider if diagnosis is fundamentally a formulation or an interactive process.
The concept of diagnostic validity is also being re-examined. Competing notions include attempts at and results from "carving nature at its joints" to the fulfillment of the expected purposes of diagnosis for clinical care and public health actions.

**P6 The philosophy of descriptive psychopathology**

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Descriptive psychopathology (DP) is the language of psychiatry. It was first constructed during the 19th century. In addition to a technical lexicon, grammar and application rules, current DP enshrines the social representations and foundational assumptions reigning during the period of its construction. In a strong sense, DP constructs the object of psychiatry. This means that clinical practice and all psychiatric research depend on the capacity of DP to create objects which are ontologically stable, epistemologically accessible, and morally defensible. Little is known about the poietic functions of DP. The task of inquiring after the conceptual history, furniture and warrants of DP is called here the philosophy of DP.
After the justificatory work of the late 19th century, little can be found afterwards on the philosophy of DP. It is likely that such need was obscure by Freud's over-emphasis on hermeneutics and Jaspers's return to the classical notion of mimesis, i.e. of the view that descriptions can copy, follow or represent human behaviour, simpliciter.
Jaspers's views on DP have been used and abused ever since. They are present in the claim that phenomenological description of mental disorders is possible without the help of a theory of mind; or in the view that psychopathology is now complete and must be 'close' and replaced by the study of diseases; or in the view that DP should be supplanted by proxy variables linked to whatever research methodology happens to be in fashion (it used to be neuropathology and EEG, currently it is neuropsychology, neurogenetics and neuroimaging); etc., etc.
As against the above, this paper plans to offer: 1) a history of the philosophy of DP including a hypothesis to explain its neglect during the 20th century; 2) an account of the structure of DP and of the mechanisms of symptom-formation; and 3) an account of what a philosophy of DP should be like.
It will be concluded: that DP is, indeed, responsible for the construction of the object of psychiatry; that DP was a specific 19th century response to problems, social, political, scientific and epistemological, posed by the birth of a new concept of mental disorder and hence that it needs updating; that such updating task will need to be carried out periodically from which follows that remodelling and understanding of the concept of mental disorder is a Sisyphean task.

**P7 From Karl Jaspers to the biopsychosocial model: The historical development of the pluralistic method in psychiatry**

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This presentation expands on the central themes in my recent book, The Concepts of Psychiatry (2003). Karl Jaspers first introduced the pluralistic method to psychiatry, with an emphasis on the' use of the Erklären/Verstehen distinction in relation to psychopathology. His idea was that we used different methods for different phenomena (Erklären for biological aspects of brain function, Verstehen for understanding the meaning of intrapsychic processes for individuals). I tie this into later efforts in psychiatry to develop a principled methodological pluralism (the works of Leston Havens in Approaches to the Mind and Paul McHugh/Philip Slavney in the Perspectives of Psychiatry), in contrast to dogmatisms (biological reductionism, psychoanalytic orthodoxy) or a vague eclecticism (the biopsychosocial model).
The philosophical sources for methodological pluralism include Max Weber and others in the German tradition of historical and sociological theory. Another tradition consistent with pluralism is American pragmatism. I will discuss ideas from the works of William James and Charles Sanders Peirce in particular which are consistent with the basic view of methodological pluralism. I contrast Peirce's ideas on scientific method, in particular, with simplified versions of ideas derived from Karl Popper. I conclude by arguing that methodological pluralism, derived from Jaspers and informed by Peirce, remains the best approach to promote progress in practice, teaching, and research in psychiatry.

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**S6** **SELF AND IDENTITY**
Chair: Dieter Thomä (Switzerland)

**The rediscovery of the self**
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The criticism of idealism and its transcendental ego transformed previous philosophy of subjectivity into philosophy of experience. This new philosophy is not a substancialistic view of ontology, but a communicational one, which sees actual structures as wholes emerging from relational systems. This view superseded old dualisms and their problems, especially the subjectivism of consciousness; however, it brought about its own difficulties, like the disappearence of the self in early Heideggerian thought (Levinas). The elimination of the self is also seen in structuralism, but I think a psychopathology always requires that one's self be the owner of his body, his world and his life.
Idealism being left behind, the a priori subject is eradicated, but this is compatible with the subject's emergence from the consistent and persistent ownness of the relational process of life. The latter is an a posteriori subject, like that in Piaget's genetic psychology and epistemology. In philosophy and philosophical anthropology, this process has been described by Zubiri in four steps. First, the "me-level" (this affects me), which transforms the merely lived (leben) into aware life experience (erleben). Then, the "mine-level" (this is mine) and the "I-level" (I do it), which are both the condition of possibility of alienation. Last, the "myself-level" (I myself really do it), which involves the personal subject who becomes the actual owner of personal life by means of an appropriation (Gehlen, Habermas, Ricoeur). When this appropriative process is not fulfilled, psychopathological structures are produced by de-personalised disappropriation.

**Conceiving of oneself as oneself**
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Although our self-image is vague and unstable, we nevertheless conceive of ourselves as existing as one and the same 'thing' over time. In other words, we are sure of our existence as the self that has been and continues to be, and, at the same time, we are unsure about who we are. Isn't it surprising that we are not in utmost confusion about ourselves?
I believe that only an account of the self that argues for a pre-reflective sense of continued selfhood can provide an intelligible explanation for the fact that our awareness of the changeability of our self does not threaten our conception of ourselves as ourselves – the self that has been and continues to be.
But what period of time is covered by our pre-reflective sense of continued selfhood? I take it that that period is linked up to the time frames of events that we pre-reflectively perceive as actions. This leads to the argument that some acts of reflective self-awareness that imply unity and permanence of oneself qua self are not solely based on our pre-reflective sense of continued selfhood, but require conceptualisation and symbolisation of oneself as a self over time. In those acts, we may be confronted with our awareness of the changeability of our self. That is why, although we conceive of ourselves as the self that has been and continues to be, we nevertheless experience a tension in our overall self-conception: the tension between constancy and changeability.

**Quasi-memory: Problems and prospects**
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Neo-Lockean reductionists hold that personal identity can be analysed in terms of memory, because experiential memory is (wholly or partly) constitutive of personal identity. It is objected that such analysis is circular: memory presupposes personal identity because to remember something just is to remember something that happened to oneself. The solution to this accusation of circularity typically involves appeal to the notion of quasi-memory. Quasi-memory is like memory in that the remembered experience took place and the memory is appropriately causally dependent upon that experience, but the experiencing and the remembering subject are not necessarily the same person. If we replace our notion of memory with quasi-memory (rendering "ordinary", identity-involving memory a sub-class of the broader notion), memory is not identity-presupposing, and it is not circular to analyse personal identity in terms of it.
However, the proposal that one person could remember the experiences of another has been vehemently denounced as unacceptable on conceptual, phenomenological, and epistemological grounds. I argue that these attacks tend to succeed only in so far as they misconstrue the nature of the quasi-memory thesis, and/or because they are too limited in the hypothetical examples of quasi-memory that they consider. I show, for instance, how certain influential objections to quasi-memory do not apply to a stock example from the reductionist repertoire, namely the fission of a person. I also argue that conceptual and phenomenological considerations are largely irrelevant to the notion of quasi-memory qua the bare metaphysical possibility that the reductionist needs it to be. Nevertheless, I am sympathetic to aspects of the anti-quasi memory position, and I make some suggestions as to why the notion of quasi-memory is more limited than the reductionist supposes.

**From folk psychology to self consciousness**
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This paper expands upon Bruner's idea that narratives establish our folk psychological norms about what to expect from each other in everyday circumstances. I also defend the idea that narratives play a vital role in enabling others to 'negotiate' deviations from these norms when explaining their actions, either by filling in missing details or helping us to appreciate the wider background against which an action took place. In this way, where possible, narratives domesticate the seemingly eccentric, exotic or somehow extraordinary.
I then relate these proposals to the vexed issue of the role and extent that narratives might play in unifying our self-

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consciousness and its bearing on issues concerning personal identity. Against philosophers such as Taylor and MacIntyre, I suggest that the narratives, or better meta-narratives, that might plausibly help us to understand self-consciousness are not linear or unified. Nor is it plausible that the supposed unity of such narratives can be the basis for personal identity since it is only if we presuppose that the narrator remains the same over time that we can make sense of the kinds of shifts in interests, values and goals that make up an ordinary life. I support this by considering how things appear at the other end of the normal spectrum in those extreme cases in which 'self-consciousness' becomes too fragmented to support self-narratives of any coherent sort at all, looking at such as psychopathologies as multiple personality disorder and schizophrenia.

**Identity and interpersonality in cyberspace**

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The digital medialisation of human life is beginning to radically change the way we perceive and deal with phenomena of identity and interpersonality. This process offers chances for development and risks for disturbances, both individually and socially. For the development of identity and consciousness in the individual and society, two analogous hypotheses can be stated: As Identity constitutes itself psychologically in collaboration with the development of ever more complex relationships, consciousness anthropologically stems from an ever more complex state of medialisation. In Cyberspace all forms of media converge in one large medium, which not only integrates and assimilates all human projections, but also assumes a dynamic and active own way of life, influencing human life in return. Taking into account the coexistence of anonymity and interactivity within the internet, which facilitates multiplicity in self- and relationship-management, it is reasonable, that in this context disturbances of identity and interpersonality are to be expected. With the internet being the space of postmodern phenomenology, the transgression and multiplication of borders between the self and the other is facilitated, which, as an impulse of transformation, does not only question and challenge the existence of the individual but also of the human race in general.

## S7 THREATENED SELVES: DEPERSONALISATION AND OTHER CONDITIONS

Chair: Michael Musalek (Austria)

**Youth is revenge: Time and self-consciousness in depersonalization**

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The paper considers temporality in depersonalization by utilizing phenomenological psychopathology, a developmental approach, ideas of Husserl and Heidegger, and clinical data on 45 patients, including their essays "I yesterday, today and tomorrow". The consciousness of self bonds with nowness. The feeling of reality of self appears as an I-am-now feeling. Depersonalization as a disorder of self-consciousness relates to disturbances in nowness. A distortion of reality of self appears as a distortion of I-am-now feeling. Past self is experienced as no-longer-now and no-longer-real self. Future self – as not-yet-now and not-yet-real self. Nowness constitutes an identity continuum from the past to future, consolidating the reality of self through flux and reflux of the oscillations of momentary selves between never-the-same-self and ever-my-self. Adolescent identity crisis constructs a primary real-now-self conceptualization with the past of childhood's not-yet-self, the future of adulthood's reshaped-by-life-self, and the finale of the elderly's death-facing-self. Two tendencies of the development of time-self-consciousness are outlined. 1. Personalization: smooth transition childhood – puberty, welcoming of adulthood, concerns of the elderly, and fear of death. 2. Depersonalization: sensitive transition childhood – puberty, anxious expectations of adulthood, relief of elderly, and understanding of death. Personalization is driven by self-agency adjusting self to the outer world, depersonalization – by self-reflection, focusing on the inner world. Introspection of the past provokes guilt and loss of self, anticipation of the future – anxiety and questions concerning the meaning of self. The real-now-self remains a never-attained ideal, which gives to adulthood and old age that bitterness of the loser, grasped by Ibsenian "Youth is revenge."

**Linguistic aspects of depersonalization**

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In spite of a large number of studies, the "knot of depersonalization" mentioned by Mayer-Gross still remains unsolved. In his classical overview, two clinical features of depersonalization were indicated to be taken as starting-points for future investigation. Those were excessive difficulty of description by means of normal speech and relatively rare appearance in organic disorders.
Recently, phenomena designated traditionally as neurosis come to be investigated neurobiologically on the basis of advanced neurosciences. Depersonalization thus becomes inevitably a suitable object to challenge. Such a turn was surely expected and predicted by Mayer-Gross who regarded depersonalization as "a preformed functional response of the brain". However, its clinical characteristics as mentioned above have so far not been discussed sufficiently in the field of psychopathology or neurobiology. Therefore, we will take a closer look these clinical features of depersonalization.
The relatively rare appearance in organic disorders suggests a certain organic background hindering the occurrence of depersonalization. This clue may induce us to make an attempt to compare the psychopathology of depersonalization with that of organic disorders, just as Minkowski did. The aphasia is in a sense considered to be situated at a point where two subject-matters, namely language and organic disorders, are interlaced with each other. Accordingly, we suggest an approach to linguistic and temporal aspects of depersonalization by comparing it with the aphasia.

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**Psychopathology and anthropology investigate Cotard's syndrome: A case report**

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The authors investigate Cotard's Syndrome that, showing an overlap of persecutory and guilty features, represents perhaps the most puzzling condition in psychiatric nosography. In proposing a brief but exhaustive clinical and psychopathological profile of this syndrome, special attention is paid to identify the shifts between depressive and persecutory experiences, up to the menace of eternal damnation and demoniac possession.
A clinical record, considered as exemplary by the authors, leads us into the psychopathological and anthropological universe of a Cotard's delusion, where guilt and persecution seem to dovetail into both a structural and thematic unicum: the mythical figure of the Vampire. The identification with the Vampire, chosen by the patient as emblematic of her delusional experience, summarises the aspect of guilt and the aspect of persecution, and thus offers an exemplary anthropological metaphor.

**Autoscopy, double, doubles: A damage of the mirror image**

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The psychopathology of the double (from the German term Doppelgänger) is an intriguing matter. The subject has stimulated psychiatrists, psychoanalysts, philosophers and writers over years, but it has been mainly studied as a perceptive phenomenon. Although the double is frequently related to autoscopy, there is an important distinction between them. While autoscopy is the visual experience of seeing one's own image in external space, the Doppelgänger phenomenon means the subject's feeling of being followed or persecuted by a double who may look like him/her. Later on, a third connected trouble has been reported: the syndrome of doubles of the self, or syndrome of subjective doubles, which is characterized by the belief of having multiple doubles of one's own self.
The discussion's focus proposed here is to clarify the inner relationship among these phenomena. In fact, it appears that these related troubles are different degrees of a damage of the mirror image.

**Phenomenology of suicidal tendencies**

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A phenomenological analysis regarding the question „What is it like to be suicidal?" shows that an understanding of suicidal tendencies as a helpless feeling of despair remains one-sided. For the terrible suicidal consequence remains that a solace is seen in death, in the active extinction of life. The suicidal person oscillates indissolubly back and forth between two alternating contradictory states of self: the helpless desperate state, a state in which no solace in life can be found, the appeal for which was ineffective and disregarded. This unbearable affectivity to be endured in this life remains powerless, the affectivity resolute. The attempt to escape this intolerable permanent suffering refers to the other state of self: the mortal suicidal state in which solace is seen in the irreversible and permanent form of death, in the extinction of life itself, death, an effective sacrifice in search of assuagement. This powerful escape from oneself is a severance and an evasion of one's whole life. It refers though to the other state of self since death would entail the total destruction of life itself. The phenomenalization of suicidal tendencies gives rise to a contradictory entirety which is characteristic of a suicidal individual. It is distinguished by an „endless But" regarding rescue/destruction. This is constantly assumed in meaningful whispers from the respective other side, to unbalance then the entire state to denote the contrary in the ensuing alternating view point. The fundamental ligation of affectivity and power is fractionated and extended into two paradoxical states of self which cannot be disentangled in suicidal life.

## S8 CONTRIBUTIONS TO A PHENOMENOLOGY OF TEMPORALITY: BODY, WILL AND DREAMING

Chair: Ulrich Diehl, Thomas Fuchs (Germany)

**How temporal are dispositions?**

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Dispositions are fundamental not only in the science of life, but in philosophy, psychology and psychiatry as well. What they are, however, is far from clear. From an interdisciplinary point of view the concept of disposition offers a possibility to rearticulate the relevance of philosophy in biology, psychology and psychiatry without the burden of the much criticised associationist philosophical psychology of the 18th and 19th century.
A philosophical theory of dispositions is necessarily rooted in the aristotelian theory of hexei, but does not presuppose any vitalist teleology even if matters have often been conceived in that way. Neither does it imply any atomistic entities to be combined according to laws of association. Dispositions can be understood as the plurality of organisation. For the human individual this means that its capacities are dependent on a preorganized sphere of latent possibilities. In this sense dispositions transcend subjectivity.
Concerning the temporality of dispositions, there are different questions to be raised. It's obvious that many dispositions are acquired and therefore dependent on time. But there remains a question about the status of the disposition qua disposition: what has evolved in time must not necessarily itself be temporal. Another issue concerns the actuality itself. Presence or actuality has been understood as a dimension of time that in the last analysis refers to the atemporal or even eternal. Thirdly dispositions are mnemic structures. It's evident that memory is connected to past time, but the exact role of time in the mnemic process remains a philosophic problem.
The interaction between atemporal and temporal aspects of dispositonality is apt to suggest a nondualist philosophical psychology, that takes its distances not only from cartesianism but also from some later, it seems, only apparently anticartesian naturalististic views.

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**The memory of the body**

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The memory of the body encompasses all what we have learnt or get used to by repeated performance or experience, and what is now enacted by our body in an implicit, prereflective way. Whereas explicit or autobiographical remembering is directed back toward the past, the implicit memory of the body unconsciously re-enacts the past in the present; it is our ‚lived past'. Thus, body memory is the foundation for our being-at-home in the world as well as for our interaction with others. The paper describes the basic structure of body memory as well as some of its important manifestations: procedural and situational memory; intercorporal or relational memory; incorporative and, finally, traumatic memory.

**Some critical remarks on the language of the phenomenology of `Leib´**

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Based on Martin Heidegger`s and Edmund Husserl`s philosophy, in the middle of the 20th century a phenomenological-anthropological school of psychiatry developed. In Germany amongst others Erwin Straus and Ludwig Binswanger stood for this particular approach to psychological phenomena which emphasized the subjective experience, contrary to a more objectifying, natural sciences based approach of psychiatry. Today, there are few scientists defending phenomenological psychiatry, yet recently there have been several publications dealing with the so called `Leibphänomenologie´.
Derived from a philosophical perspective which points out the constitutive impact of language for creating reality, the lecture presents critical remarks on some aspects of the `Leibphänomenologie´ which is strongly influenced by the publications of Maurice Merleau-Ponty and Hermann Schmitz. Passages of two texts by Thomas Fuchs (University of Heidelberg),"Leib, Raum, Person" and "Psychopathologie von Leib und Raum", are discussed in detail. It will be demonstrated that a critical review of a language used by a scientific approach can be of benefit in clarifying the relation between this approach and its objects, and moreover possibly initiating new conceptual considerations.

**The temporality of the will. Time experience in failures of self-determination**

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In his philosophical book Das Handwerk der Freiheit. Über die Entdeckung des eigenen Willens (The art of freedom: On the discovery of one's own will, 2001), Peter Bieri has defended a compatibilist position with respect to the philosophical problem of freedom of the will and determination. He has given a conceptual analysis of the notions of action and will, and he has phenomenologically analyzed some common "pathologies of willing" or rather some failures of self-determination in persons which are either drifting, hypnotized, mentally enslaved, compulsive, without self-control, extorted or simply stubborn. These phenomenological analyses are very interesting and enlightening in themselves. More important for psychiatric and psychotherapist diagnosis and therapy, however, are some of his phenomenological claims about the changing qualities of the subjective time experience in some of these failures of self-determination, i.e. (1.) about the shallow time of the drifting person; (2.) about the alienated time of the mentally enslaved person; (3.) about the boring time of the nominal member or "trimmer"; (4.) about the postponed time of the compulsive person, and (5.) about the skipped time of the extorted person.
Bieri's claims about the quality of time experience will be presented, discussed and evaluated from a philosophical point of view. Psychiatrists and psychotherapists are invited to reflect on the diagnostic and therapeutic significance of Bieri's contributions.

**Time, dreams and biographical memory**

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Since Freud many psychologists claimed that dreams and the unconscious which is bringing them about are timeless or beyond time. Although it is true that dreams do not obey physical or social temporality, the phenomenology of dreaming shows that dreams have their own temporal structures. In order to conceive adequately of these temporal structures it is necessary to distinguish between the subjective time experience of the dreamer and the objective time structure of the dreaming process. In most cases it can be observed that the subjective temporality of the dream appears as an eminent and intensive presence, a suddenly sinking past and a mostly indefinite, but threatening future. The objective dreaming process, however, is determined by a mere successive and sequential temporality.
Moreover, the subjective temporality of the dream contains several dimensions of dreaming, such as the phantastic time, the dramatic time and the symbolic time. In these dimensions the biographical memory is appearing or disguising itself. These dimensions of dreaming refer to the existence of an coherent, trans-temporal and creative biographical memory. In this memory a selection of all past experience are contained in such a way that there is no actual past, but only am extended presence growing into an unknown future. Nevertheless the biographical memory is mostly disguised in the unconscious.
These complex temporal structures of dreaming will be exemplified by an exemplary dream in order to explain and understand its function, goal and meaning.

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**S9 PHILOSOPHICAL ASPECTS OF PSYCHOTHERAPY II**
Chair: Derek Bolton (UK)

**Dialectics as philosophy and psychotherapy**
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In this paper my aim is to compare dialectical behavioral psychotherapy with dialectical philosophy of the Finnish national movement of the 19th century (s.c. fennomania). The former has proved to be effective on individual level, the latter on the community or Gemeinschaft level (making difference between society and community, or Gesellschaft - Gemeinschaft). They both have as central problem the finding of the dialectical process of identity and the dialectic as a philosophy of (human cultural) development. Does dialectical philosophy have as such a therapeutic effect?
Marsha Linehan has developed the dialectical behavioral therapy on the basis of dialectical philosophy. This dialectical therapy is applied especially to borderline or emotionally unstable personality disorders. This includes also post-traumatic stress disorder (PTSD), as Kåver and Nilsonne indicate. Dialectical philosophy is used to overcome the black-white or either-or thinking in these disorders. Linehan refers to the dialectical philosophy of Hegel ('philosophy of spirit') and to the 'dialectical materialism' of Marx and Engels.
As a Hegelian philosopher, J. V. Snellman dealt with Gemeinschaft level problems of identity and with the dialectical tension of national vs. international. His dialectical philosophy was not only effective on the community level; it also had therapeutic effects (of overcoming alienation) in understanding the relation of national and international, as well as a person's situation in this relation. He developed a dialectical philosophy, especially the philosophy of the so-called subjective spirit.

**Who writes the history of the psychotherapeutic encounter? Patient memoirs and the ethics of psychotherapy**
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Frequently, the goal of psychotherapy is described as listening accurately to the patient. However, in describing and recalling psychotherapy, the stories that therapists and patients tell about the therapeutic process often differ considerably. Therapists' accounts of therapies usually describe therapy as a process in which their responsibility consists in being consistently professional and correctly applying their specific therapeutic theory. In contrast, patients' memoirs often highlight the equality and common humanity of therapist and patient.
In the light of such differences, the absence of the patient's perspective in the ethics of psychotherapy seems particularly worrying. Discussions in professional therapeutic ethics convey the impression that the identification of ethical problems requires a highly specific professional competence and is the responsibility of the therapist alone. In contrast, patient memoirs illustrate the way in which the therapist's specialist professional role may lead them to ignore the patients' ethical observations. Patients frequently report that their perceptions of the therapeutic relationship in terms of ordinary human conflicts and emotional dynamics were reframed in theoretical terms as expression of their psychological problems and thereby effectively deauthorised. Paradoxically, it may be precisely the therapists' serious commitment to their professional ethical responsibilities that leads them to write an incomplete and possibly inaccurate ethical history of the therapeutic encounter.

**Self, meaning, and emotion. A conceptual revision of the "Zeitgeist" of postmodern psychotherapies**
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In postmodern age, there has been a gradual process of abandoning nearly all the defining characteristics of modern psychology, leaving behind the faith in an objectively cognisable universe, and also the quest to establish a "real" human science that reflects reality exactly as it is through an objectively verifiable method. Many of the conceptual topics of modern theories have been evolving from being universally and unequivocally understood towards being characterised by diverse and sometimes opposing points of view. Such is the case of self, meaning, and emotion.
The paper will consist of a review and critical investigation of the following concepts:
- concepts of the self from two opposing perspectives, on one hand the fragmentary self, and on the other the unitary self;
- the "locus of meaning", which refers to whether the meanings that we give to our experience should be considered from the internal perspective of the person, or from a perspective external to them, centred more on a relational level; and
- the understanding of the emotions as being experienced more on a subjective-intersubjective level, or on the other hand as a social product, belonging to a purely relational level.
These concepts will be discussed and reflected on, with particular attention to their potential influence and implications for the understanding of mental illness and for the forms of psychotherapy that can be developed with them.

**Logos in psychotherapy: The phenomena of encounter and hope in the psychotherapeutic relationships**
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Within the study of Encounter and Hope as phenomena in the range of human nature, psychotherapeutic relationships represent a privileged point of view. Both Encounter and Hope are foundational for the growth and development of the therapeutics relationships.
The Encounter with the patient has multiple meanings, enhanced by the presence of the Other and their interrelationship. Hope, as a steady and unfinished shelter and renewal, gives firmness to the present moment of the therapeutic relationship, and opening to its possible destinies.

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**Glückliche Augenblicke in der Psychotherapie**
Auspicious occasions in psychotherapy
(German paper)
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Glückliche Augenblicke sind befreiende Augenblicke. Befreiend etwa von aktueller Not oder alter Last, und für neue Möglichkeiten. Wer wünschte sich nicht solche Augenblicke auch in der Psychotherapie? Dagegen wird gerne eingewendet, dass Glück und günstige Augenblicke so brüchig und unberechenbar sind, dass man sich nicht auf sie verlassen, nicht auf sie warten könne, sondern "handeln" müsse. Gewissenhaftes Handeln "lohnte" sich jedenfalls. Andererseits könnte ein günstiger Zeitpunkt und das zu diesem winkende Glück auch verpasst werden, wenn wir nicht auf beide achteten. - So stellen sich die Fragen:

1. was wir in unserem Zusammenhang überhaupt als "Glück" bezeichnen wollen,
2. was Patient und Therapeut dazu beitragen können,
3. was sie sich schenken, bzw. "ereignen" lassen müssen.

Wir können einen plötzlichen Einfall und einen gelungenen "Entwurf" als "glücklichen Augenblick" verstehen und wahrnehmen. Solch ein "Ereignis" wäre dann aber nicht nur ein subjektives Gefühl und beschränkte sich nicht auf einen Moment, sondern reichte als Augen- Blick von heute in die Zukunft und spannte zugleich den Bogen zurück in die persönliche Geschichte, die mit ihren Bedeutsamkeiten wieder anwesend sein und so , neu verstanden, bewältigt werden könnte. Hierbei würde Ge-wohntes hinterfragt, Verlorengegangenes wiedergewonnen, Neues entdeckt werden können. Solch ein "Ereignis" ermöglichte sowohl Aufbruch wie Versöhnung. Es beflügelte eine Psychotherapie und wäre für ihren Verlauf konstitutiv.

Summary. Auspicious occasions are moments of liberation. They may liberate from present woes and past sorrows, but also for new possibilities. Who wouldn't wish for such instants in psychotherapy as well?
Against this, it might be objected that luck and lucky instants are something so fragile and incalculable that there is just no counting on or waiting for them; one must rather "act", for conscientious action always "pays." On the other hand, the auspicious point in time, and the lucky chance that it presents, may elude us altogether if we are not attentive to them. Thus, the following questions arise:

1. What is meant by "auspicious" in the present context?
2. What contributions can patient and therapist make to it?
3. What can they do to allow such occasions to befall" them?

We may regard a sudden insight or brilliant "scheme" as "an auspicious occasion", deciding to capitalise on it. Such an event is then not just a subjective feeling, confined to the moment. It reaches, in the twinkling of an eye, from today into the future, while extending back into the past and making one's personal history present again, so that, understanding its significance afresh, one may come to terms with it. In this process, what had become a habit may be called into question, what has been lost may be regained, and something new may be discovered for the first time. Such an "event" makes a fresh start as well as reconciliation possible. It gives wings to psychotherapy and becomes an element in its process.

**S10 NAZI EUTHANASIA – HISTORICAL RESEARCH AND ITS SIGNIFICANCE TO PSYCHIATRY AND SOCIETY**
Chair: Gerrit Hohendorf (Germany)

**Introduction: A new research project on the victims of Nazi Euthanasia**
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In 1990, a collection of previously unknown documents from the Nazi era was found in Berlin. They had been preserved in the central archives of the Ministry of State Security (MfS), the secret service of the former German Democratic Republic (GDR). Nearly 30.000 patient files found here proved to be the records of patients murdered in the 1940/41 "T4-action". More than 70.000 patients of psychiatric asylums were killed by gas in this first campaign of extermination under National Socialism. The symposium will present a research project concerned with the rediscovered files. The aim is to offer a systematic analysis of a sample of 3.000 records in an effort to contribute to a wider public perception of these forgotten victims. The analysis will also include an examination of the criteria stipulated by the Nazi psychiatrists to select patients for extermination. In this way, the process of decision-making, the criteria used, and the motives that led to the killings should become more transparent.

**Patient records stored in the Federal Archives Berlin: Representative or biased sample of the victims of Nazi Euthanasia ("T4-action")?**
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The paper discusses the puzzling question of the representativeness of the 30.000 patient records found in Berlin. As we know from testimonies after the war, the greater part of the patient files have been destroyed in 1944, but we do not know the criteria used for preserving the smaller part. Comparing the sample of the 30.000 files with a statistical survey of the "disinfection figures" compiled in 1942 ("Hartheim Statistik"), it may be shown to which extent the patient records stored in the Federal Archives in Berlin may be considered as representative for all victims of the "T4-action".

**Underage victims of the national socialist "T4" Euthanasia programme**
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The paper focuses on the relationship between the centrally organized murder of institutionalized patients and the so-called "children euthanasia programme". It is shown that about five percent of the victims of the "T4-action" were children and minors. In these cases, the criterion of "Bildungsfähigkeit" (capacity to be educated) played an important role in the process of selection to death. Beside statistical data, a typical biography of a

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child is presented in order to illustrate the individual aspects of the annihilated life.

**Behaviour and the death selection process during national socialist "Euthanasia": First results of a statistical analysis**

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The capacity of productive working performance seems to have been one of the most important criteria which were used to decide about the patient's life or death in the "T4-action". Moreover, race, incurability and heredity of the disease as well as criminal offences can be regarded as "official" selection criteria. Nevertheless, other assessments of the patients seem to have been equally relevant for the selection process. Referring to the statistical data of the sample of the examined files, it can be shown that the classification of desirable or undesirable behaviour by the patients' institutions themselves had a relevant impact on the selection. The comparison with files of patients who survived the selection supports the assumption that disturbing behaviour increased the risk to be put to death. From a gender perspective it can also be shown that women were more often described in a negative way.

**Victims of the Nazi "T4" programme in the Prinzhorn Collection**

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The Prinzhorn Collection consists of more than 5000 artistic works by psychiatric patients from all over Europe, drawings, paintings, sculptures and textiles created between 1880 and 1920. It is named after the art historian and psychotherapist Hans Prinzhorn (1886-1933) who put the collection together when he was assistant doctor at the Psychiatric University Clinic of Heidelberg between 1919 and 1921. He also published a book about it in 1922, the "Artistry of the Mentally Ill".
As far as is known today, at least 20 of the ca. 250 men and women represented in the collection later became victims of the so called "Euthanasia" programme of the Nazis. Some of them are already quite well known through Prinzhorn's book or other publications, while the work of others has hardly ever been shown. Based on the results of the research group of medical and art historians, the lecture introduces some of these personalities, gives insights into their lives and interprets their artistic works. Hightened awareness of the terrible fate of these institutionalised men and women is reached in presence of these pieces of art which were seen as worthless by the Nazis, as worthless as the lives that created them.

**W1 WORKSHOP**

**Phenomenological and anthropological psychiatry in the 21st century**

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Multiple trends during the past quarter century were unkind to phenomenological and anthropological perspectives on psychiatry. Advances in psychopharmacology and neurobiology, social and community psychiatry, psychiatric nosology [DSM and ICD], the financing of psychiatric services – all in their own ways seemed to undermine the validity and usefulness of approaches from contributors such as Jaspers, Minkowski, Straus, Von Gebsattel, Tatosian, and many others. Nowadays, for several reasons, this situation is once again reversed: 1. A call from modern fields as disparate as neurobiology, cognitive neuroscience, and computer sciences for more fine grained phenomenological assessments of human experience. 2. A growing movement within phenomenology to "naturalize" it. 3. Renewed broad-based interest in philosophical biology and philosophical anthropology. 4. The rise of psychiatric consumer movements. 5. Within psychiatry, a growing sense that it is short-sighted, antihumanistic and even antiscientific to devalue phenomenological and anthropological perspectives.
This course is a contemporary assessment of phenomenological and anthropological psychiatry with a look towards the future. Psychiatric perspectives as well as materials from sources outside of psychiatry [e.g., Husserl, Jonas and Varela] will be presented in three parts: 1. Review of classical phenomenological and anthropological psychiatric perspectives. 2. Present-day world psychiatric vistas [Including German, French, Italian, Spanish, Japanese, South American, Dutch, Eastern European, USA]. 3. Future trends: A. Partnering with our patients. B. The unexpected growing interdependence of phenomenological/ anthropological psychiatry and psychiatric neurobiology.

**P8 The curious time of memory**

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My paper will focus on two key related questions concerning the 'time of memory':
1) What is the relation between past and present? Is it merely a difference in degree or is it possible to locate a difference in kind between them? If we can do the latter what will this reveal to us about memory and its mode of time?
2) What is the status of the past? By this I intend to ask the following questions: is it merely psychological or ontological? Is the past memory (and all that it is) or is memory of the past? In other words, how real is the past?

I shall pursue these philosophical questions about memory largely by focusing on Bergson's neglected masterwork of 1896, Matter and Memory, which is novel for making the distinction between habit memory and independent recollection (or between procedural and episodic memory as the distinction is made today), but which also makes some strikingly bold claims that have to be carefully worked through and critically negotiated. These include the claim that because memories are enveloped in duration they are devoid of spatial location and so cannot be said to be contained in the brain; and that to picture or to imagine is not to remember.

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Although my focus will be on opening up these questions for reflection through an engagement with Bergson, I shall also endeavour to stage an encounter with Freud's psychoanalytic work on memory and more recent work in the neurosciences. My overriding aim, however, is to attempt to secure some genuine clarity and precision with regard to how we think the time of memory as it bears on the question of the relation between past and present and the ontological status of the two.

**P9 Time and memory in Freud and Heidegger: An unlikely congruence**

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Freud and Heidegger are generally thought to share little common intellectual ground. Around the theme of time and memory, however, they may complement one another more that is immediately apparent. This audience will be familiar with Heidegger's analysis of time, in which he treats clock time or world time, the endless succession of "nows" first described by Aristotle, as a secondary phenomenon, dependent on an originary human experience of temporality as the interrelated phenomena – ecstasies – of present, past, and future. For Heidegger man is a historical being, and human memory and history always involve a connection to the present and future. Now what does this analysis have to do with Freud? A cursory glance reveals two notions of time in Freud's thought, neither of them related to Heidegger's analysis. First, there is the temporality of human development, a psychological variation of clock time. The individual passes through a series of developmental, psychosexual stages and grows older. Second, there is the time of the unconscious, the explosion of clock time in primary process thinking. Further inspection of Freud's thought, however, reveals a more complex treatment of human temporality that I will approach through two concepts central to his thought: Nachträglichkeit ('deferred action' in English) and the repetition compulsion. Nachträglichkeit is a complex phenomenon that involves the delayed effect of an emotional or traumatic experience until a later date when the individual has reached a degree of maturity that allows the experience to have its full impact. The repetition compulsion is the tendency of individuals to repeat painful symptomatic behaviors. These two phenomena involve a reworking of human temporality and memory that deeply complicate a straightforward, linear notion of developmental stages and suggest a recursive notion of human temporality that approaches Heidegger's analysis. I will explore the two Freudian concepts to engage Freud and Heidegger in a dialogue in which each thinker can be used to illuminate the other.

**P10 Social memory**

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Memory is usually related to the remembering individual. But what is it what the individual remembers, and what constitutes the means and contents of his acts of remembering? The paper discusses autobiographical memory as a distributed memory system, the constitutive role of external memory sources for the individual's maintenance of identity, and critically ponders the over-individualizing presuppositions of current concepts of memory.

**S11 RECOLLECTION AND EXPRESSION II: IDENTITÄT UND ZEITLICHKEIT/IDENTITY AND LIVED TEMPORALITY**

(German language symposium)
Chair: Christian Kupke, Martin Heinze (Germany)

In diesem Symposium wollen wir der Frage nachgehen, wie sich die Konstitution des Selbst in der gelebten Zeit darstellt. Dabei werden Theorien zur Identitätsbildung, zur biographischen Erfahrung von Zeit und zum zeitlichen Ausdruck zur Diskussion gestellt.
In this symposium we want to ask how the constitution of the self can be seen in the realm of lived time. Theories of the development of identity, of biographical experience of time and of temporal expression will be discussed.

**Erinnerung und Interpretation**

Memory and interpretation (German paper)

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Das Verhältnis von Erinnerung und Interpretation ist nach beiden Seiten zu lesen. Auf der einen Seite ist Erinnerung nicht nur eine Form des Zeitbewusstseins, der Vergegenwärtigung des Vergangenen, sondern eine Weise des Umgehens mit Sinn. Sie vollzieht sich im Modus des Verstehens, Interpretierens, Entwerfens und Dekonstruierens von Sinn. Erinnerungsarbeit hat mit den Möglichkeiten und Grenzen des Verstehens zu tun und wird darin zu einem Paradigma der Interpretation. Zu klären ist, wieweit umgekehrt Verstehen und Selbstverständigung ihrerseits auf Erinnerung verweisen und Erinnerung beinhalten (etwa nach dem Modell der platonischen Anamnesis oder der dekonstruktiven Urschrift).
Summary. The relation between memory and interpretation can be read in both directions. On the one hand, memory is not only a form of time consciousness, of the re-presentation of the past, but a way of dealing with meaning. It proceeds by understanding, interpreting, creating and deconstructing meaning. Recollection deals with the possibilities and the limits of understanding and can be seen as a paradigm of interpretation. On the other hand, the question is to what extent understanding and self-understanding refer to and include memory (as for instance in Platonic anamnesis or in deconstructive archi-writing).

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**Innere Zeit als ethisch-ästhetisches Verhältnis – phänomenologische Überlegungen zur musikalischen Improvisation.**
Internal Time as an ethical and aesthetical relationship. A phenomenological approach towards musical improvisation (German paper)
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Schon der Zeitbegriff der aristotelischen Metaphysik, der als Grundlage unserer abendländischen Wissenschaft und so auch der allgemeinen Psychopathologie in allen ihren Schulrichtungen gilt, basiert ausschließlich auf einem äußeren Zeitbegriff. Daseinsbestimmung, das Sein der Identität, verlangt aber nach einem inneren Zeitbegriff.
Kann man dazu überhaupt innerhalb eines strukturalistischen oder dynamischen Konzeptes kommen oder brauchen wir ein Konzept, das einen Gedächtnisbegriff jenseits von Erinnerung, Narrativität und Historizität entwirft? Die Praxis der Musiktherapie entfaltet sich im Rahmen der musikalischen Improvisation. Musikalische Improvisation operiert mit der Hörbarkeit im Verhältnis zum inneren Hören, welches eine ethisch-ästhetische Dimension voraussetzt. Der Vortrag beschäftigt sich mit dem Spannungsfeld von innerem Hören und Hörerwartung und dessen Regeln und Ordnungen, bei denen Parallelen zum Verhältnis zwischen Moralischen und Ethischen sowie zwischen Gefälligen und Ästhetischen und somit zu Grundformen der Zeitlichkeit gezogen werden können.

Summary. – It is argued that, in contrast to the Aristotelian and scientific concept of time, the practice of music therapy and musical improvisation is in need of an internal concept of time. For musical improvisation has to do with audibility in reference to an internal realisation of music in an ethical and aesthetical dimension. The lecture deals with the tension of this internal realisation and the anticipation of music, and it tries to illustrate those regularities that show some parallels to the relation of morality and ethics on the one hand and to the relation of what is pleasing and what is aesthetical on the other.

**Der einsame Toaster – Zur Semiotik der Identität und der Identitätsstörung**
The lonely toaster: The semiotics of self and personality-disorder (German paper)
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Semiotische Ansätze sind in der Psychologie vor allem dort von Interesse, wo Erfahrungsprozesse aufgrund einer bestimmten Aktivität des Subjekts eine zunehmend präzise signifikative Gestalt annehmen und dadurch kommunizierbar werden. Dies gilt auch für den Vorgang der Entstehung eines Identitätsgefühls, das in seinem Ergebnis für das Subjekt beinhaltet, trotz aller Verschiedenheit und Andersheit es selbst zu bleiben. Zeichen dienen hier, um innere Kontinuität herzustellen.
Als Ausgangspunkt des Vortrags werden Beispiele von Identitätszeichen untersucht, wie sie, wie beiläufig, in der alltäglichen Kommunikation auftauchen. Derartige Selbst-Zeichen sind in der Regel nicht gezielte Versuche, „sich auf den Begriff zu bringen", sondern ephemere Produkte spontaner Identifizierungen, die nichtsdestotrotz eine nachhaltige und „festhaltende" Wirkung entfalten (man hält sich in diesen Zeichen fest).
Auf der Grundlage dieser Beispiele wird die Bedeutung von Zeichenprozessen für die Bildung von Identitäten analysiert. Identität wird als der leere Kern eines Systems semiotischer Hüllen vorgestellt, die sich im Laufe der Lebensgeschichte um das Individuum herumorganisieren und deren Stabilität und Sicherheit davon abhängt, inwieweit es gelingt, trotz multipler Bezüge eine eindeutige Selbst-Referenz zu konstruieren, ohne dabei eine prinzipielle Offenheit aufzugeben. Ebenso erhellend wie die Frage nach der Entstehung von Identitäten ist die Frage nach ihrer Invalidierung und Auflösung im Kontext psychischer Störungen. In diesem Zusammenhang wird untersucht, wie semiotische Vorstellungen unser Verständnis bestimmter Erlebnisweisen wie „Bedeutungsverlust" oder „innere Leere" bereichern können.

Summary. The semiotic approach is of importance in all domains of psychology, in which experience develops to a more and more concise, significant gestalt in the course of time, up to the point that it can be communicated in some way. This broad view is applied to the study of the emerging sense of identity in the individual. Identity is not conceived as the knowledge or the theory of a person of who he/she is, rather as the continuous process of self-interpretation via signs. Several examples of such signs of identity are presented ('the lonely toaster'). It is proposed that identity signs are mostly non-intended and ephemeral by nature (like Freudian slips), products of spontaneous identifications. Nevertheless these signs allow an experience of continuity.
One consequence of this approach is that identity cannot directly be communicated. I.e. people cannot say (reveal) who they are (except for some personality traits), but they can give us their signs. They don't have a privileged access to their identity. Furthermore, understanding of another person is neither arbitrary nor absolute (like in constructivism or psychoanalysis); it is possible, but necessarily imperfect and open-ended.
On the basis of the presented examples the paper analyses the relevance of sign processes for the formation and development of identities. Identity is conceived as a system of semiotic layers with an empty nucleus (onion-model). The stability and security (the success) of the individual model depends on the extent to which the person is able to construct an unequivocal self-reference facing multiple sign-references and changing contexts, without giving up the general openness of the system. Furthermore, the paper tries to explain several subjective experiences, which frequently occur in the course of personality disorders (feelings like 'emptiness' and 'loss of meaning'), in the context of the semiotic framework.

**Leiden an der vergangenen Zukunft**
Suffering from the past future (German paper)
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Entgegen der vorherrschenden Verwendung substantivierender, »spatiomorpher Metaphern« in der Beschreibung psychotherapeutischer Gespräche, versucht der Autor, den Blick auf die Intentionalitätsmodi der Erfahrung zu lenken. Wahrnehmen, Vergegenwärtigen, Erinnern und Phantasieren sind weniger Vorgänge »im« psychischen

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Apparat, sondern Vollzugsformen des Selbst- und Weltbezuges. Speziell geht es aber um die unbewusste Verkennung von Erinnerung und Phantasie, von Wirklichkeit und Möglichkeit, die bei bestimmten Patienten dazu führt, im Vergangenen noch die Erfüllung einer möglichen Zukunft zu intendieren. Diese Menschen leiden an der Unabänderlichkeit der »verlorenen Kindheit«, dem Vergangenheitscharakter des damals Zukünftigen, was ihnen gegenwärtige Zukunft verschließt. – Der Sinn dieser leibphänomenologischen Analyse besteht weniger in der Aufstellung einer neuen Theorie oder Therapie als in dem ethisch begründeten Versuch, dem Gegenüber in ihrer/seiner Erfahrung annäherungsweise »gerecht« zu werden.

Summary. Against the prevailing use of spatial metaphors in the description of psychotherapeutic dialogues, the author focuses his view on the manners of intentionality. Perception, realization, remembering and fantasy are less procedures inside the psychological apparatus, but executive forms of self- and world-awareness. Particularly this concerns some patients who unconsciously misjudge memory and fantasy, reality and possibility. They believe there may be a horizon of future in the past. These humans suffer from the unalterability of the "lost childhood", the past character of the former future, which locks the present future for them. The sense of this body-phenomenological analysis consists less in a new theory or therapy than in an ethical attempt to describe the other's experience in a »justified« manner.

**Zukunft als das Andere**
Future as the other (German presentation)
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Time contains the Other or the Strange. Only few philosophers have been aware of this fact though. Besides Kierkegaard and Lévinas, the Japanese philosopher Kitaro Nishida has been one of these few. My paper will try to elucidate the inherent problem of future as the other and by that to explore the theoretical connection to psychopathology, especially to the research in schizophrenia.

## S12 TEMPORALITY, HERMENEUTICS AND PSYCHOPATHOLOGY

Chair: Rom Harré (UK)

**Time, the body and psychopathology. The case of posttraumatic stress disorder**
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Phenomenological and empirical approaches to the phenomenon of time seem to diverge so much that any attempt to gain a more integrated view seems to be futile. Phenomenological approaches highlight the lived experience of time. They concentrate on the perception of time (time as duration) and its underlying anthropological and ontological dimensions; i.e., a person's relationship toward timed events, the so-called life historical ('lebensgeschichtliche') time. By doing so, phenomenology seems to abstract from the numerical, physical and biological aspects of time and the embodied nature of time experience and the timing of experiences and activities as a capacity which is to be acquired in early infancy.
Empirical approaches of time, on the other hand, seem to ignore the relationship a person entertains with respect to his or her past, present and future. There is no such thing as time. Time is embodied in the speed of decay of radioactive elements, the movement of physical (celestial) objects, and the fluctuation of the hormonal balances (like the biological clock), and so on. So, time is either in the things or it is in one's mind.
Existential phenomenological accounts have tried to overcome this Cartesian split in the conception of time by indicating that there is a primordial sphere of 'being-in-the-world' and of self-relatedness which precedes the split between subjective and objective accounts of time. However, they have failed to account for the embodied nature of this primordial sphere. In this presentation I will try to develop a conceptual framework which gives a more refined impression of the embodied nature of this primordial sphere. Fundamental to this framework is the idea of a modal coherence and diversity of human functions and a notion of self-relatedness which is not dependent on factual consciousness of self-relatedness. Self-relatedness precedes consciousness. Posttraumatic stress disorder will be my paradigm case.

**The sense of memory. Paul Ricoeur's hermeneutics and its relevance to psychopathology**
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Paul Ricoeur's hermeneutics, as a theory of interpretation, cannot be dissociated from a phenomenology of memory. The search for sense (as meaning) develops according to multiple temporal rhythms that are taken up and bound together by a second temporality, that of philosophical reflection.
Anthropological phenomena, whether stemming from temporal or historical syntheses, whether assessed or not according to the quite relative duality of the normal and the pathological, need both an explanatory and comprehensive approach that should not be dogmatic and that may highlight the narrow relationship existing between the theories of action, of memory and of meaning. That is how hermeneutics combines, in a dialectical relation, complementary levels of analysis: epistemological and critical on the one hand, and ontological and phenomenological on the other. Psychopathology is directly involved in these reflective dimensions insofar as its object is a phenomenal subject. It is part of human experience and disappears as an object to express the various ways of existing. Clinic and therapeutics will be more particularly put in perspective through the tension between two poles, the pathos and the praxis, and between two figures of the existing, the suffering man and the capable man. Hermeneutics thus integrates a pragmatics of meaning. The acts partaking in a dialogical memory, and the complex relationship between identity, selfhood and alterity (Oneself as Another), are also a dynamic processes towards the restoration of the link, a temporal and narrative reinterpretation which is open ad infinitum.

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**Narration and temporality. Towards an ethics of memory**
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When Piera Aulagnier defines man as an "apprenti-historien", as a historian who looks for proofs, she is not describing a cognitive activity but a way of being that characterizes human existence. Nevertheless, sometimes this quest fails. In those "dark nights" of the soul, in those extreme moments, "the question 'who am I' doesn't refer to the nullity but to the nudity itself of the question" (Ricoeur). Freud refers to the "out of time": Zeitlos. They are the traumas as "non conclusive events" (Figueredo) which prevent a rebuilding of the meaning. That is why they become kind of "unhappened", and they are probable more radically "out of time".
How to pick up and bring together those pieces of the "past experience" irrecoverable by memory? Such acts like those of irrational violence, as torture and terrorism. Conventional narratives, those beautiful and soothing stories in which the meaning has been carefully knitted, don't reach explicit human temporality. Which are the conditions and means needed so that the 'untimely' might in part be accepted? To avoid an unbearable succession of events, we tell a story and search for meaning, not to forgive and forget, but to obtain the "privilege to judge", states Hanna Arendt. In this sense, these stories go from individual life to the ethical and cultural patrimony of people. Nevertheless, for an ethics of history to be possible, we must recognize that "also the executioners and not only the victims concern us, as representation of our common human condition" (Muguerza) .

**Language as a witness of personal history**
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Language is in a close companionship with the feeling of duration phenomenologically, instead of time as an abstraction of feeling, following H. Bergson and E. Husserl, in order to become conscious that the personal history is installed by memorising the difference, between the personality felt existence, and a time-related history, following K. Jaspers and H.-G. Gadamer. Existence is dependent from an interpersonal knowledge, as to achieve facts of memories, as presumably historical. Language inherits the interpersonal opportunity to investigate, in how far time as a duration entails a personal involvement, which witnesses that the living of one's own life means a living in one's own language, being practised in the community with others, who are accustomed to a comparable structure of language intentionally. Though language is defined by its 'linguistic relativity', following E. Sapir and B.L. Whorf, the commonly used language offers more, than a merely linguistical precision as a narrow frame. The abundance of imaginations, being beared in language, provokes the asking of hitherto unknown questions, in order to obtain hitherto unknown answers, following D. Wyss, to discerne possibly the personal history as an error of psychopathological estimations, which ought to be treated psychotherapeutically.

**The restaurative function of biographical memory in a poem by Catullus**
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Although ancient poets did not have any formal framework for understanding the significant role that biographical memory can play in restoring the psychological equilibrium of an individual after suffering a traumatic event, by intuition and introspection they were able to gain astonishing insight into the importance of memory for the healing of psychological trauma. An extraordinary example for this can be found in the so-called Allius Elegy (carm. 68) by Catullus. In this poem he elaborates on how the loss of his brother, who died far from his home in distant Troy, totally destroyed his life as a poet and lover. Through writing the poem, he attempts to come to terms with this traumatic experience. Prompted by a letter from his friend Allius, Catull is caused to recall pleasant biographical experiences from earlier days and eventually comes to realize that one's boundless claim to happiness can in fact be the most fundamental obstacle to its realization. In contrast, the mere memory of past happiness, being independent of current conditions and restrictions, can result in a much richer and more satisfying state of being, especially through the act of creating poetry.

## S13 INTERSUBJECTIVITY AND THEORY OF MIND: FROM PSYCHOPATHOLOGY TO NEUROIMAGING
Chair: Silvio Scarone (Italy)

**Psychopathology and theory of mind**
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Theory of Mind (ToM) has been described as the ability to understand the behaviour and intentions of others in terms of their mental states. People with a theory of mind are capable of interpreting behaviour based on the other person's intentions and beliefs (Frith, 1994). Symptoms such as delusions of reference and auditory hallucinations occur as a result of the inability to represent the beliefs, thoughts and intentions of others and would therefore be related to ToM deficits. The relationship among symptoms, thought disorder, IQ and other clinical variables are complex and not yet defined. A review of the literature on ToM in schizophrenia will be presented together with our data on ToM on schizophrenic patients have been related to insight assessment.

**Theory of mind and perspective taking in Schizophrenia**
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The reconstruction of psychopathological symptoms as neuropsychological core disturbances is a prominent research strategy in schizophrenia research. It allows the characterization of candidate brain regions that are pathophysiologically relevant. At least two cognitive mechanisms are assumed to be crucial for the development of

schizophrenia: first, disturbances of the so-called theory of mind (TOM) ability which allows us to predict and explain other peoples behavior and, second, disturbances of self-consciousness that allows to represent ones own mental or bodily states as ones own mental or bodily states and that comprises essential constituents such as the experiences of ownership, body-centered spatial perspectivity, and long term unity of beliefs and attitudes. We present different experimental approaches that operationalize the specific difference of first-person-perspective, centered upon one´s own body, as opposed to the third-person-perspective. These capacities can be mapped to the brain employing functional imaging methods, such as functional magnetic resonance imaging. It can be shown that the medial anterior prefrontal cortex in addition to medial parietal and posterior temporal regions are candidate brain regions that are crucial for the ability to take different perspectives. Studies on schizophrenic patients and prodromal patients in an early stage of the disease show aberrant brain activations. This research strategy allows to study the pathophysiology of schizophrenia that is motivated by its psychopathology and which is based on a cognitive model of the disease. The special relevance of these aspects for prodromal states will be outlined. The conceptual reconstruction of psychopathological symptoms as neuropsychological core disturbances is an important research strategy.

**Dissociality : The phenomenological approach to social dysfunction in schizophrenia**

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In this report, we will discuss the argument of social dysfunction within the schizophrenic condition, considering it as an alteration of the so-called social competence.
Social dysfunction phenomena may be defined as disturbances in the discharge of social functions, and more generally as “an altered participation to social life”. On the other hand, we define social competence as the ability to build and maintain one's own social dimension, meaning the ability to participate and function in an adequate manner. The phenomenological approach considers social dysfunction in schizophrenia a disruption of Common Sense experience as the cornerstone of social life. Schizophrenia cancels the social character of human experience; the individual fluctuates in an idios kosmos (private world), far from the common intersubjective horizon. The following questions arise:
Is it a problem of semantic drifting, i.e. a de-construction of the common symbolic register of meanings?
Is it a problem of emotional drifting, i.e. a lack of participation in the social world, in the "ever-moving wave that engulfs us and without which we could not live"?
Is it a problem of ontological incompleteness, i.e. the fragility of the tacit dimension of self-coherence that is at the base both of subjectivity and intersubjectivity?
Is it the effect of an irrepressible ethic option to distance oneself from common sense and to take an eccentric stand in the face of the phenomenon of existence?
These are four possible answers as to the meaning organizer of autism, each of which affords a perspective from which to observe normal psychic activity and its psychopathological distortions: the cognitive categorization process, the social ‘syntonization’ process, the process of setting up the self, and the establishment of values.

**Disorders of thinking as disorders of relating: Philosophical reflections on schizophrenia**

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Two prominent aspects of the schizophrenic condition are disorders of thought and disturbances of interpersonal relating. And intuitively, one senses, there is some relation between these. Falling out of the social world seems intimately connected to the falling apart of thought.
Cognitive psychology has offered one way of understanding this relation. Psychologists such as Chris Frith and Richard Bentall have suggested that schizophrenic speakers have a deficit in their 'theory of mind' - that is, in their grasp of the likely knowledge and understanding of their listeners. Because of this deficit, such speakers fail to tailor the expressions of what in themselves are perhaps perfectly intelligible thoughts to the understanding of their interlocutors. Interpersonal difficulties therefore give rise to the appearance and the diagnosis of thought disorder, although thought itself may be left intact.
In this paper I argue that the interpersonal conditions of successful communication are in fact intrinsic to the structure of thoughts themselves, and, therefore, that the cognitive psychological project, which depends on construing them as extrinsic, fails. Underlying the failure of the cognitive theorisation are, I suggest, two conceptual aberrations: i) an overly entitative, and ii) an overly 'private', conception of thought.
By taking seriously the idea that the cognitive conditions for the capacity to communicate are not extrinsic to the conditions of intelligible thought itself we can, I suggest, better unpack the intuition that autistic dissociality is a fundamental component of the very real disturbances of thought and understanding met with in schizophrenia.

## S14 MEMORY AND THE UNCONSCIOUS

Chair: Harald Welzer (Germany)

**The subject and the oblivion of the sources. The Freudian and Nietzschean accounts of amnesia**

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In this paper I analyse Freud’s and Nietzsche’s accounts of amnesia. They both identify the processes of memorising and forgetting with the subjectivity itself. Influenced by them, the postmodern concepts of subjectivity, as I state, are focused on „oblivion of the sources”, that is inaccessibility of some heterogeneous factors of our identity. Thus neither the Cartesian cogito nor the Kantian transcendental ego can be adequate models of subjectivity.
Inquiring the phenomenon of infantile amnesia - the repression of the earliest memories that determine psychic life - Freud links it with genealogy of myths and culture. He emphasises the role of myths in reestablishing the balance within the psyche on the narrative level. I analyse two aspects of that phenomenon: the “screen memory” (die Deckerinerung) and „deferred action” (die

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Nachtraeglichkeit). As the psyche is bearing the burden of melancholy preserving the whole past within, never letting the traces of memory vanish, I treat forgetting in the libidinal economy of the psyche, in the perception and in „the work of mourning".
In the Nietzschean perspective, on the contrary, the oblivion of the sources implies lack of determination. It opens up the subject for the narratives. As it let us leave behind the burden of the past, forgetting is rehabilitated as the active power increasing vitality of the subject.
By employing this focus Freud and Nietzsche lessen the objectification which the inaccessible in us has received and restore the multilevel subjectivity based on the interpretation of the unconscious. Their accounts reflect a deep concern for the condition of the subject, of culture and history that ought to be founded on the balance between memory and forgetting.

**Lies, fictions and unconscious fantasies in the process of recollection**

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Personal memories and their narrative representations can be distorted by lies, fictions and unconscious fantasies. In 1897, Freud noted that a 'marker of reality' does not exist in the unconscious. In the face of his dynamic theory of memory as recollection where the present has an impact on how the past is represented, it is doubtful whether it makes sense to maintain a robust notion of truth in recollection (e.g. Lang 1996; Kettner 1998/99). Freud himself talks about 'fictions' and 'unconscious fantasies' whereas lying plays a major role in the Munchhausen Symptom and in hysteria. In modern psychoanalysis, it is the concept of narcisstic lying (Kohut) according to which the individual tries to construct a coherent past.
During the last decades, there has been rising interest in fictionalization and faked autobiographies not only in the theory of psychoanalysis, but also in philosophy, literary theory, cultural studies and pragma-linguistics. This paper attempts to clarify the psychological concepts that are necessary in order to make sense of these phenomena. Considering some concrete examples from faked autobiographies and therapy dialogues, I will ask whether distortions of memory happen in an intentional, deliberate way or otherwise unconsciously and unintentionally. Are there any addressees of the narrative (analyst, listener, reader), or do we rather deal here with cases of self-deception? Are there any interactive 'rules of the game' or 'markers of unreality' – even bodily ones – that can give the hearer a chance to tell right from wrong? These key-questions can help to create a framework for understanding acts of lying, fictionalization and 'unconscious fantasizing' as such acts are subject to research in different disciplines and contexts.

**Artificial memory in Freud's psychoanalysis**

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There has been a vast tradition of artificial memory. We now treat it as rather dead, but its techniques and methods are still alive in the trends which structure our culture. Moreover, we may proceed in this tradition inasmuch as we are rethinking our attitudes to recollections.
Freud's method may be described as the drawing of a mnemonic map of the unconscious. However, although he describes it in a symbolic way, Freud understands the unconscious as a universal natural source. Analysing the history of artificial memory, we should rather conclude that memory is always an artefact. Unconscious affects do not constitute our memory; on the contrary, the changes which we produce in our memory determine the nature of our emotional experience. Memory is always burdened by metaphysical constituents (?), and the work of recollection is the work of personal transformation into those forms which are not performed but demand to be performed (??). The poetical nature of memory allows us to discuss the psychoanalytical discourse in phenomenological terms.

**Time out of mind: Memory and loss in mental illness**

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In this paper, the author examines the ramifications of the concept of an atemporal unconscious, particularly in its application to the Freudian account of melancholia, by examining the role of memory as part of the therapeutic process.
According to Freud, melancholia is a response to the loss of a loved object. The ego symbolically incorporates the lost object, facilitating a preservation of the relationship beyond the object's loss. Since this process occurs in the unconscious, the ego is not aware that the incorporation has taken place. This lack of awareness, or forgetfulness, is what makes melancholia both a pathological, as well as an obdurate, condition.
The author examines the difficulty for this account of melancholia, in its invocation of an atemporal unconscious, posed by Freud's separation between conscious experience and memory. If the unconscious is atemporal, it is unclear in what sense a process of incorporation of the lost object could occur. It is also unclear, due to the fact that this depiction of memory only allows for the remembrance of events which are temporal in character, and the incorporation of the lost object is not, whether the patient could remember and recognize this occurrence, and through that recognition begin to break free from their condition. The author argues from this that any recourse to the notion of an atemporal unconscious problematizes both concepts of loss, and conceptions of therapy.

**Trauma and splitting in psychoanalysis: Can we access a non-represented memory?**

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This paper intends to point out the echoes of Sándor Ferenczi's ideas about the trauma theory. His conception, which stresses the destructive role of traumatic experiences on psychological organization, is known to have produced many effects both on theoretical and clinical psychoanalytical thinking. In our point of view, splitting and repression can be understood as two different processes

through which an individual deals with what the human experience might contain of incompatible or unbearable. The most radical and primitive way to manage the destructive trauma experience is splitting, which consists of a mechanism that prevents an evolution towards a more advanced psychological and symbolic operation: repression. In the present work, we intend to discuss the nature of splitting and the specific psychopathologies related to it. Therefore, a concept such as defensive splitting gives us an opportunity to think about borderline personality disorders, exploring areas which are not represented by the psychism. We understand that these areas stand for a kind of memory that was not or could not be historically represented and, for this reason, cannot be accessed through verbal language. This discussion leads to questions such as: What does this splitting mechanism create? Are there any means to recover an interrupted symbolic process, during the psychoanalytical treatment?
To develop the discussion above, we will present two heirs of Ferenczi's psychoanalytical thinking: Michael Balint and Donald Winnicott, whose ideas about the source of psychic suffering are connected to the notion of splitting as a defense against a faulty environment.

**S15 CREATIVITY AND PSYCHOTHERAPY**
Chair: James Phillips (USA)

**The musical self. A phenomenological approach to music and emotion**
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The temporal aspect is crucial for the communication of feelings. In this paper the word the word "online" is used to denote synchronization with the environmental events (entrainment) and also for the association to Bergson´s line of time. The theoretical base for this phenomenological approach is the discourse of Merleau-Ponty, Eleonor and James Gibson, Ulrich Neisser, Thomas Fuchs, Colwyn Trevarthen, Marc Jeannerod, Ross Buck and Daniel Stern. In this paper, the question: "Why are we affected emotionally by music?" will be discussed from the phenomenological perspective on perception. Aspects of perception such as gestalt, temporality, movement, imagination, and (latent) imitation go together in music. Temporality makes us perceive variable information as movements. The gestalts help us imagine what to expect. And imagination is the root of imitating – to imagine the other in my own body. What we imitate are the movements (articulations). These connections come together beautifully in a statement of Alfred Schütz: "Although separated by hundreds of years, the latter (the listener) participates with quasi-simultaneity in the former´s (the composer's) stream of consciousness, by performing with him step by step the ongoing articulation of his musical thought. The beholder, thus, is united with the composer by a time dimension common to both."

**Tempo as mood**
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The paper examines two basic phenomena in the field of temporal dynamics: tempo and – with respect to the links between tempo and rhythmical structures – rhythm, taking into account contributions from the perspective of musicology and music therapy. The primary concern is to discuss the potential relevance of a phenomenologically grounded concept of tempo with regard to the understanding of subjectivity and, especially, intersubjectivity.
The link to the topic intersubjectivity is introduced by referring to the concept of "tuning-in", developed by Alfred Schütz in the context of his studies in phenomenology of music and its production. As Schütz pays special attention to topics like synchronisation and simultaneity, "tuning-in" might seem to involve (and be limited to) an orientation towards a 'full presence' with backgrounds in Schütz' reception of Bergson's and Husserl's works on time and time consciousness.
At this point, Schütz' analysis will be confronted with the work of the musicologist Curt Sachs, a contemporary of his. In his book "Rhythm and Tempo. A Study in Music History" (1953), after criticising the belief that "the throbbing heart has provided a physiological basis of musical tempo", Curt Sachs argues that the phenomenon "tempo", as far as the psychological dimension is concerned, primarily has to be understood in the sense of a "mood".
The theoretical perspectives of this understanding of tempo will be explored by (1) referring to the concept of being-with (Mitsein) as developed in the context of Erwin Straus' aesthesiology, with focus on Straus' concept of movement and his thesis, that "distance (Ferne) is the spatio-temporal form of sensing", and (2) analysing references to tempo in studies on music therapy.

**Forms and structures in pictures as a projection of an inner knowledge**
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The aesthetic expressions – for instance in drawings and paintings – can project an inner view of psychic and cultural experiences. As unconsciously made pictures they can manifest a presentation of an elementary approach towards reality in forms and structures. In so far the drawings made by the so called schizophrenic artist Adolf Wölfli refer to a kind of pictorial language which he has developed during his stay in the psychiatric hospital Waldau in Switzerland for about 30 years until his death in 1930. Like an aesthetic transformation of his own biography, the pictures show a kind of deconstruction of his real life. In his aesthetic work, Wölfli refers to cultural as well as to psychodynamic aspects of his well-being. A relationship to folklore and archaic influences may be reco-

gnized. As Walther Morgenthaler mentioned, Wölfli worked in a kinaesthetic way without making any sketches beforehand. Referring to those aspects of Wölfli's drawings I will discuss unconscious elements as a reflection of memory.

**Aesthetic judgment and psychopathology**

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This paper describes the nature of aesthetic judgments, with a particular focus on the theory of aesthetics set out by Kant in the Critique of Judgement. Kant argued that aesthetic judgement has its own unique form and justifications. The paper begins by describing the nature of aesthetic judgement. This involves a particular combination of emotion, cognition, ethics and meaning. It is proposed that judgements of self often take this form and that aesthetic judgements are prevalent in the psychotherapeutic discourse. This will by illustrated by examples of patients undergoing therapy.
This has major implications for the type of dialogue that is required in therapy. In particular, aesthetic judgements will not be amenable to the rational-empirical discourse of traditional cognitive therapy. Instead, what is required is a dialogue which shares many of the characteristics of art criticism.
The paper concludes that it is by aesthetic judgement that we experience and comprehend ourselves. This approach delineates the common ground between art and psychotherapy and explains the importance of art in helping us to understand ourselves.

**A "creative attitude" to psychotherapy**

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Making a link between science and the humanities, the author demonstrates that creative play is a fundamental aspect of the human experience of reality. Hermeneutic and aesthetic experiences during the psychotherapeutic encounter are essential for comprehensively understanding our patients.
Through modern hermeneutics, the truth claims of aesthetic shaping of experiences can be established in epistemological terms. The basic principles of hermeneutics – historicity, language and communicative experience – find their therapeutic counterparts in memory, narrative shaping and transference-countertransference.
Psychotherapeutic treatment is demonstrated to be simultaneously sciences and arts.
Aesthetic experience is shown to constitute a specific and unique form of access to the patient's reality. Hermeneutic-aesthetic experience and creativity do not only aid recovery from 'bad psychological states'; they are also indispensable for the entire understanding of internal and external reality. A 'creative therapeutic attitude' may serve as a basis for the application of different psychotherapeutic techniques.
Literature:
Holm-Hadulla, R.M. (2004) The Art of counselling and psychotherapy. London, New York: Karnac Books

## S16 HISTORY AND PSYCHIATRY

Chair: German Berrios (UK)

**How enlightened was Thomas Bakewell, madhouse manager of Springvale, North Staffordshire, England 1808-1840?**

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Thomas Bakewell learnt his trade from his grandfather and uncle. He opened his own asylum, Springvale, in Staffordshire, in 1808 which he ran on moral therapy lines. Although not medically qualified he wrote extensively on the causes, treatment and prevention of insanity. His experiences of cases admitted to Springvale are well documented in a submission to the 1815 Parliamentary Select Committee and the Springvale Register. His treatments are described in his book, The Domestic Guide in cases of Insanity, and his son's MD dissertation.
This paper describes Bakewell's approach to treatment, drawing on the case studies he submitted to the Select Committee. This approach incorporated 'moral therapy' but did not entirely dispense with remedies which were common pre-Enlightenment. Many of Bakewell's views on aetiology and treatment, may be traced back to the Rationalist Philosophers such as Descartes who challenged a Medieval scholasticism. But his mechanistic approach and 'Cartesian' dualism which divided body and soul, did not appeal to English philosophers such as Bacon, who emphasized the importance of observation and careful records of natural phenomena to develop theory. Hobbes continued the Rationalist tradition supporting a materialist view of man's cognitive functioning Meanwhile, Humoralism was being challenged by advances in anatomy and physiology. Locke's notion of man, a tabula rasa, heralded a change in epistemology, endorsing the importance of environmental experiences. This influenced physicians such as Crichton and Arnold, contemporaries of Thomas Bakewell, allowing for therapeutic optimism, where the asylum could be seen as a place of curing minds.
Thomas Bakewell's clinical practice will be discussed in the light of the interaction of 17th & 18th century philosophical ideas, and advances in the scientific basis of medicine. Continuities between past and present, clinically as well as in terms of his experiences of ethical dilemmas and stigma will be explored.

**Official psychiatric morbidity and the incidence of schizophrenia 1881-1994**

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Aim: We assess claims that the documented rise in official conceptions of psychiatric morbidity during the 19th and 20th centuries was associated with an increase in the incidence of schizophrenia.
Method: Cross-sectional comparison of the incidence of schizophrenia and documented psychiatric morbidity in one urban, industrialised society at 3 points over 114 years. The incidence of schizophrenia was taken from

# ABSTRACTS

new data 1881-1902 and 2 pre-existing datasets, 1978-1980 (Cooper et. al.) and 1992-1994 (Brewin et. al.). For 1881-1902, 34 cases of schizophrenia were obtained through retrospective diagnosis of a 14.5% sample of 1st admissions to Nottingham Asylum (n=330). Inter-rater reliability and leakage analysis were performed. The administrative incidence for all 3 studies was directly standardised against 1991 census data. The study was powered to detect a greater than 0.435/10,000 change from the 0.87/10,000 incidence of schizophrenia in Nottingham quoted by Brewin et.al. (1997). Local statistics on total psychiatric morbidity were taken from the asylum superintendent's register and a recent national survey incorporating Nottingham (ONS).
Results: Official local and national rates of total psychiatric morbidity increased exponentially. There was no significant change in the incidence of schizophrenia over the 114-year period 1881-1994.
Conclusions: The rise in official conceptions of psychiatric morbidity 1881-1994 is neither explained by nor associated with a rise in the core syndrome of schizophrenia. An expansion at the peripheries of medicine during this period, incorporating areas of life such as deliberate self harm, provides an alternative explanation for the rise in official psychiatric morbidity.

**The history of psychiatric trauma concepts in Germany – a discontinuous journey**

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The history of psychiatric concepts of trauma in Germany looks back at 115 years. It began with the publication of the notion of 'traumatic neurosis' by Oppenheim in 1889, and saw an intensive debate about the nature of mental sequelae of traumatic events up until 1916. A change of compensation legislation in 1926 marked a different societal attitude to mental problems following traumatic experience and to the patients concerned. After world war II the issue had been widely ignored, and the belated recognition of enduring mental disorders in Holocaust survivors was regarded as an exemption from the rule that external events should not lead to persistent psychiatric disorders. From the 1990s onwards, the American concepts of Posttraumatic Stress Disorder (PTSD) was imported and dominated a quickly developing interest in the field.
The paper reports findings (out of a project funded by the DFG) on the consistencies and discontinuities of the psychiatric concepts of trauma in Germany. Particular emphasis will be put on the concepts used by psychiatrists in the two world wars and on the slow re-discovery of trauma-concepts during the second half of the 20th century. The concepts will be briefly discussed in the context of the increasing criticism of the current diagnostic category of PTSD, and reasons for the striking historical discontinuities will be considered.

**Der Wandel in den Vorstellungen von Seelenstörung und Seelenkrankheit in der ersten Hälfte des 19. Jahrhunderts**

Alterations of concepts on mental disorder and mental disease during the first half of the 19th century (German paper)
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Im Zeitalter der Aufklärung stand der Begriff der Seele für das Erleben und Empfinden des Menschen. Abgelöst vom transzendenten Bezug ging es um die individuellen seelischen Erfahrungen und um die Darstellung gerade auch der seelischen Gefährdungen. Ziel war es, die Voraussetzungen zu schaffen für die neue Wissenschaft der Erfahrungsseelenkunde. Vor diesem Hintergrund soll die weitere Entwicklung der Seelenvorstellung und der Psychiatrie in der ersten Hälfte des 19. Jahrhunderts dargestellt werden. An Heinroth und Friedreich, als zwei herausragenden Vertretern, wird der Wandel in den Annahmen über die Seelenstörungen exemplifiziert. Die Ausführungen beziehen sich dabei eng auf die Schriften beider Exponenten und die Erörterung ist insofern als philosophisch zu bezeichnen als die Texte als Texte ernst genommen und im Sinne einer kritischen Hermeneutik gelesen werden sollen.
In seinem „Lehrbuch der Störungen des Seelenlebens oder der Seelenstörungen und ihrer Behandlung" von 1818 wendet sich Heinroth zwar expressis verbis gegen den Substanzendualismus von Descartes, versucht immer wieder die Ganzheit und Unteilbarkeit des Individuums zu betonen, verbleibt aber bei allem Ringen mit dem Leib-Seele-Verhältnis doch dem Dualismus verhaftet mit einer deutlich wertenden Bevorzugung der Seele. Der für ihn grundlegende Gedanke ist die Entwicklung zum vollkommenen Bewusstsein. Aus der Störung dieser Entwicklung leitet er die Seelenstörungen ab.
J.B. Friedreich setzt sich in seiner Monographie von 1836 „Historisch-kritische Darstellung der Theorien über das Wesen und den Sitz der psychischen Krankheiten" sehr kritisch mit Heinroth auseinander. In Abgrenzung von Heinroth entwickelt Friedreich seine Auffassung über die Seele und Seelenstörungen. Für ihn ist die Seele nichts Selbständiges. Sie ist für ihn die durch das Gehirn wirkende Lebenskraft. Deshalb kann auch nur das Gehirn und nicht die Seele erkranken. Mit dieser Kontroverse ist ein Punkt erreicht, von dem aus es nur noch ein kleiner Schritt ist zu den dann im weiteren Verlauf des 19. Jahrhunderts beherrschend werdenden Auffassungen von W. Griesinger.

Summary. During the Enlightenment, the term "mind" played a central role for experience and feeling in human life. Pivotal to this view, and separated from a transcendental relation, was the focus on individual mental experiences and illustration of critical and hence potentially harmful aspects of those experiences. One crucial goal was to set prerequisites for a science on "empiric psychology" ("Erfahrungsseelenkunde"). In the light of this background, we present developments on the idea of mind and psychiatry during the first half of the 19th century. We exemplify the change of ideas on mental dysfunctions with two outstanding exponents, namely Heinroth and Friedreich. Our report centres on the work of those subjects, and we will discuss their publications from a philosophical point of

view, also with a special focus on critical hermeneutics.
Heinroth opposed the dualism of substance described by Descartes in his book called: "Lehrbuch der Störungen des Seelenerlebens oder der Seelenstörungen und ihrer Behandlung" (1818). Despite his attempt to stress the importance of the holistic and indivisible quality of the individual, Heinroth insisted on the importance of dualism with emphasis on mind, given his preoccupation of mind and body. Heinroth's fundamental thought centers on the development of a complete consciousness. According to this view development of dysfunctional consciousness results in dysfunction of mind.
J.B. Friedreich critically discussed Heinroth's work in his monograph "Historisch-kritische Darstellung der Theorien über das Wissen und den Sitz der psychischen Krankheiten" (1836), and he developed a different notion on mind and mind dysfunctions: Mind is not autonomic, but represents a vitality caused by the brain. Therefore, Friedreich suggested that illness could affect the brain, but not the mind.
With respect to this controversy, a subtle step has to be taken to the dominating ideas of W. Griesinger during the ongoing 19th century.

**Autobiographien und Selbstzeugnisse des Wahnsinns in der Geschichte der Psychiatrie**
Autobiographies and 1st-person-accounts of madness in the history of psychiatry (German paper)
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Autobiographische Schriften und Selbstzeugnisse dokumentieren die gelebte Zeit des Wahnsinns so direkt wie keine andere Quellenart. Obwohl gute Selbstschilderungen selten sind, gab es sie in allen Epochen der europäischen Geschichte von der Antike bis in die Gegenwart. Auch berühmte Autoren berichteten über delirante oder wahnhafte Selbsterfahrungen, z.B. Claudius Galen, Torquato Tasso, Jean-Jacques Rousseau und August Strindberg. Seit dem 17. Jahrhundert wurden solche Texte im Zusammenhang mit der Entstehung einer bürgerlichen Öffentlichkeit häufiger. Ich verdeutliche die Tradition dieser Kultur des Schreibens über den Wahnsinn mit einigen englischen, französischen und deutschen Dokumenten aus dem 18. und 19. Jahrhundert in einer kulturhistorischen Perspektive. Anschließend beschreibe ich die Bewältigungsfunktion des Schreibens, die Identitätsstrategien der Autoren, und deren Verhältnis zur zeitgenössischen Medizin und Psychiatrie.

Summary. Autobiographic documents and 1st-person-accounts are documenting the lived time of madness as directly as no other kind of source. Although good self-descriptions are very rare, they existed in all epochs of the European history from the ancient world to the present. Also famous authors reported about delirious or delusional self-experiences, e.g. Claudius Galen, Torquato Tasso, Jean-Jacques Rousseau and August Strindberg. Since the 17th century such texts be-came more frequent in connection with the rise of a civil public. I clarify the tradition of this culture of writing about madness with some English, French and German documents of the 18th and 19th century in the perspective of cultural history. Subsequently I describe the coping-function of the writing, the identity-strategies of the authors and their relation to medicine and psychiatry of their time.

## S17 THEORETICAL PROBLEMS OF PSYCHIATRY I: ILLNESS CONCEPTS

Chair: Juan Mezzich (USA)

**"Natural disease entities" – chances and limitations of a main theoretical framework in psychiatry**
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To view mental disorders as "natural disease entities" is one of the major theoretical concepts in psychiatry at least since the 19th century. Emil Kraepelin even chose this term as basis of his general approach to psychiatry as a clinical science. The rapid accumulation of knowledge about brain processes and their correlation with mental phenomena in the last decades ("biological psychiatry", "neuroscience") in connection with the need of valid and reliable psychiatric diagnoses led to a renewed interest in basic questions of nosology. This is represented especially by the so-called "neo-Kraepelinian" authors. This paper will discuss historical origins and recent applications of the concept of "natural disease entities". The limitations of this approach, e.g. "reification", are much less known than its chances, e.g. compatibility with empirical neuroscience.

**What kinds of histories are compatible with a mental disorder being a natural kind?**
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Much psychiatric research proceeds on the assumption that types of mental disorder are natural kinds. The similarities and differences between types of mental disease are assumed to be not only objective but also of great significance to psychiatric theory. This is why psychiatric research generally examines groups of patients with the same diagnosis; these patients are assumed to be naturally similar in some fundamental way. It is supposed that fundamentally different pathological processes underlie different disorders, and that different disorders can best be treated in different ways.
In recent years, however, the claim that types of mental disorder are natural kinds has come under criticism from some historians of medicine. Various studies have aimed at showing how disease entities have been constructed via the interaction of various technologies, institutions, and social interests. To take an example, in The Harmony of Illusions (1995) Allan Young claims to show how Post-Traumatic Stress Disorder arose out of the interaction of lobbying by Vietnam veterans and the various tests and treatment programmes which arose for diagnosing and treating the disorder. Young and the authors of other such case-studies argue that as a disease entity has been artificially manufactured it cannot be a natural kind.
In this paper I examine the apparent tension between mental disorders being real and being constructed, and examine what kinds of histories are compatible with a mental disorder being a natural kind.

# ABSTRACTS

**The misinterpretation of Popperian philosophy by British Psychiatry**
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Aims: To give a brief historical overview of the reception into British psychiatry of the philosophical ideas of Karl Popper.
Background Review: The "evidence-based" turn in contemporary British psychiatry has Popperian falsificationism as a foundation stone of, for example, the primacy of the randomised controlled trial. Psychiatrists rarely appreciate that Popper made a distinction between the physical and social sciences, and claimed different methods should be employed in the two fields. They also tend to equate science with meaningfulness, as in Logical Positivism. The conflicts between Popper, Wittgenstein, and the Logical Positivists have recently been portrayed in the UK bestseller Wittgenstein's Poker.
Method: Examination of British psychiatric textbooks, and original papers and reviews concerning scientific method and philosophy of science published in the British Journal of Psychiatry, since 1945.
Results: Popper's social/physical science distinction has been replaced by a combination of logical positivism (with verifiability replaced by falsifiability) and phenomenology/existentialism. In the "pragmatic" British setting this is seen as validating two types of knowledge, but Popper asserted that positivism and phenomenology are closely related, and both logically invalid as based on induction.
Conclusions: Popper exerts his influence in ways he would not have approved of. This is in keeping with a little-known biographical fact: his suspicion of psychiatry. We might better understand his contemporary relevance for psychiatry by considering where Popperian philosophy fits in the analytic/continental dichotomy.

**Time and incommensurability: Changes in science and in psychiatric diagnosis**
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I set out from the hermeneutic aspects of Kuhn's philosophy of science and some results of recent empirical psychological research, which lend independent support to Kuhn's notions. Both of these approaches present the nature of classification and the use of concepts appearing in scientific or everyday practice
in a manner sharply diverging from the traditional theory – as well as from Wittgenstein.
I will propose as one possible background to deviations in human conduct, e.g. schizophrenia, a protracted situation in which the individual changes, as time passes, her or his classification of social, emotional and perceptual domains into similarity and dissimilarity classes in a manner incompatible or even incommensurable with that adopted by the environment – and tries to survive by monitoring her or his surroundings and inner life using this particular classification. I claim this situation to be the core of the patient´s learning process towards a turbulence of her or his mind.
While an individual divides her or his experienced everyday reality (whatever 'reality' means here) into kinds, so do analogically the disciplines of psychology and psychiatry when counting this or that individual into the similarity class of schizophrenia, of some other mental illness or of some other specified deviation from the accepted standard of the larger group. And these classifications of a domain of science – be that domain constructed or real – change, too. Are those classifications modelled by psychology or psychiatry approaching, during a long period of time, the final classification or not? Is there a "natural" classification towards which therapy should educate the patient? These major problems are opened up and discussed.

## S18 TEMPORALITY OF MOOD AND EMOTIONS I
Chair: Arnaldo Ballerini (Italy)

**The concept of anticipation and its importance for an understanding of depressive phenomena**
Otto Doerr-Zegers
Santiago de Chile

The concept of anticipation was introduced in psychiatry by Jean Sutter (1956, 1983) and represents a good example of the usefulness that a concept derived from the phenomenological intuition of human temporality can have in clinical practice. The backgrounds to this concept can be found in modern philosophy (Bergson, Heidegger and Sartre) and also in the German neurophysiology of the thirties (von Weizsäcker and von Auersperg). The 19th-century German poet Heinrich von Kleist also produced a masterly description of this phenomenon. The links between the concept of anticipation and both von Gebsattel's Werdenshemmung (inhibition of becoming) and Tellenbach's 'remanence' are of great interest. As a contribution to the study of the way in which anticipation is altered in depressive illness, a new definition of this illness is proposed by this author. This starts from the verification of specific changes affecting three basic functions of human being: being at ease or feeling inside one's own body (Befindlichkeit), the connection with the environment (Bleuler's "centrifugal functions") and the fundamental biological rhythms. The way in which anticipation appears modified in each of these phenomena and their corresponding symptoms are thoroughly analysed.

**Temporality and spatiality in melancholia**
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Since a long time, deviations of time experience and temporalisation as well as of space experience and spatialisation are topics of a phenomenological-anthropological and an empirical chronopathology of melancholia. A pilot study is presented which administered a questionnaire to 20 melancholic patients to investigate different dimensions of their time experience.
Our identity-theoretical approach makes it possible to understand in a new way not only the deviations of experienced time (duration, perspective, etc. of time), but also the deviations of lived time in melancholic patients. Moreover, it also applies to the disturbances of experien-

ced and lived space as they are expressed in melancholic inhibition, mood alteration, delusion, and modalities of interaction.

**Lived-time and melancholic suffering**
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Human beings inescapably, dynamically and dialectically attend to and live in a world that is meaningful for them. Mediated through bodily activity human beings pay attention to salient features of their environment. The attention one gives or is forced to give to the salient features of one's environment help define and terminate individual experiences. In short, human experience is temporal.
Certain types of psychopathological experiences have as one of their structural aspects the experience of restructured temporality. Temporality as a modality of personal experience can become disrupted in episodes of melancholia and this has been observed clinically (Fuchs 2001), experimentally (Lewis 1967; also, Wyrick & Wyrick 1977) and phenomenologically: Depressed individuals are significantly more likely to feel that time is passing more slowly than in control subjects (Kitamura & Kumar 1982). The general argument is that one of the universal microstructures of experience, namely, lived-time offers a particular perspective relevant to certain types of psychopathological experiences.
Temporality, within this phenomenological context, can be characterised as an aspect of human experience, which gives rise to, via bodily activity, the sense of 'time' passing. In short, this is our sense of lived-time. Lived-time is connected with the experience of the embodied human subject as being driven and directed towards the world in terms of bodily potentiality and capability. The dialectical relationship between the embodied human subject and the world results in a sense of lived-time (personal time), a lived-time that is intimately synchronised with environmental change and with the time of others (intersubjective time). Some experiences of acute suffering, and in particular acute melancholic suffering, can dramatically alter the temporal microstructure of experience to the extent that personal lived-time becomes disordered. Normally, past and future withdraw on their own according with their nature of 'not being'. The future is characterised as openness to change and movement. The absence of this openness is the closing of the future because without this openness the future appears static and deterministic. When the future is experienced as static then one no longer has the possibility of 'things getting better' nor does one have any possibility of relinquishing or escaping from the past because a static future does not allow openness to change and movement. In short, both past and future become static. With the presence of melancholic suffering and the absence of temporal movement a sense of hopelessness may arise within the individual because suffering without temporal movement becomes from the sufferer's perspective eternal suffering.

**Modes of stabilization in major mood disorders: A phenomenological-psychoanalytical approach**
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Phenomenological research, originally inspired by E. Husserl's "Lessons on the Phenomenology of Internal Time-Consciousness" (1906), has been extremely helpful in determining the specific inner experiences in patients with severe mood disorders. The contributions of R. Hönigswald, L. Binswanger, E. Strauss, V. von Gebsattel and their re-elaboration by E. Minkowski before 1940 have been continued by the major breakthroughs of the Heidelberg school up till now - and here the contributors are too numerous to be mentioned personally. There has also been a constant collaboration of the phenomenological movement with psychoanalysts, starting with Imre Hermann in the 1920ies.
Although this research has been presented in different ways, there is some agreement that it has focused both on the specific experience of time in manic-depressive disorders (especially Strauss, Gebsattel, Minkowski) and on the experience of "being", especially through various modes of compensation and "hyper-identifications". As major mood disorders frequently exhibit rather long free intervals and high-functioning levels of life realization, the problem of relapse has been a major concern, resulting in substantial research on the mechanisms that lead to decompensation - and continuous compensation - in these individuals. We will discuss three main theories attempting to shed light on this issue, together with three typical cases.

## S19 SCHIZOPHRENIA, DELUSIONS AND THE SELF I
Chair: Michael Schwartz (USA)

**How to get through the schizophrenic whirl? Etiological representations and the issue of identity**
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In this paper we explore the question of identity in schizophrenia and the role of etiological representations in self-constitution.
In clinical practice, when we meet patients with schizophrenia, we often talk with them about the origins and the causes of their disease. The etiology is discussed in psycho-educational groups but also in consultation. Patients' point of view about the origin of their illness may vary during the course of the treatment. Theses views may be close to the common attitude or far from any socially accepted explanation. Exchanging representations is a common attitude in most encounters but it seems particularly important in schizophrenia as it is a way for patients to deal with the crucial issue of identity.
Using Paul Ricœur's analysis, we show that etiological representations are metaphorical utterances which can enable everyone to rebuild the plot of his own history.

# ABSTRACTS

Considering their central position in the creation of the plot, the etiological representations allow to reopen the constitution of narrative identity, and thus, the harmonious articulation between the two poles: sameness and ipseity. From advent, psychosis becomes an event and so part of personal history.

**Rethinking E. Bleuler's concept of ambivalence in schizophrenia as a primordial phenomenon of scission and integration of the psyche**

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In phenomenological psychopathology, the fundamental disorder of schizophrenia is regarded as an essentially preverbal or pre-predicative problem, with intentionality and common sense taken into consideration. Their relation to language has been suggested, however, without being discussed directly. Rethinking E. Bleuler's concept of ambivalence brings the relation of intentionality and common sense to the semantic world into the foreground. The phenomenon of ambivalence occurs between intentional consciousness and the semantic world, where some phases of the subject-language relation appear, i.e. perception, judgment, and selection in the practical context. It is the moment of splitting and then integration of the subject within the world as well as of the world within the subject. From such a viewpoint, structures of existential conflicts and dynamics of symptom changes were extracted from the ambivalence of young people with schizophrenia, with the following results: 1) the form of the symptoms can be reduced to a dichotomy of good and bad; 2) there is a moment of inversion between these two opposite indicators, and 3) the negative side is predominant through the repetition, with differences, of the symptoms. These features seem to reflect the paradoxical problem that arises when the subject constructs the sense of the world and exists inside the world, and emphasize the overflow of aggression in schizophrenia.
In this presentation, an epistemological concept of intrinsic ambivalence of intentionality and a meta-psychological concept of the life and death instincts are introduced. This research into ambivalence addresses the development of splitting and disintegration from the fundamental disorder of schizophrenia in respect to these two concepts.

**The concept of reality/possibility and actuality/virtuality in the psychopathology of delusions**

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By applying the concept of reality/possibility and actuality/virtuality proposed by Kimura (2003) and Deleuze (1966) to the psychopathology of delusions, our phenomenological understanding of the development of delusions in various mental disorders may be enhanced. Stories with delusional content are developed by means of a "plot," which, according to Ricoeur ("Narrative Time" 1980/81), means "the intelligible whole that governs a succession of events in any story." The "plot" has a "connecting function between an event or events and the story," and thus "makes events into a story." In the development of delusions, the "plot" serves as a configuring act on the level of "virtuality" (Kimura/Deleuze/Bergson) and generates delusional contents as pseudo-"reality" for the patient. The contents of the delusions are "real" for him, and are "fictitiously commensurable" as a story (Schmidt-Degenhard 1994).
The delusional "reality" develops from the background of psychotic "virtuality", which corresponds to an "almost motionless constellation of potentialities" (Ricoeur), by means of the plot. This movement from the "virtuality" to the "reality" of formed delusions may be called "actualization". The "virtuality" is the "memory" and the "duration" (Bergson), stands on the way of the actualization, and is inseparable from the movement of the "actualization" (Deleuze). In order to understand the formation of delusions, we should not be bound by the "reality" of the delusional content, but should put it into brackets (i.e. perform phenomenological epoché) and try to trace its "plot" back to the suffering "virtuality" of the patient that must have generated the delusional "reality." From these points of view, paranoid and schizophrenic delusions will be discussed in terms of their different relations to the delusional "reality." Moreover, depressive delusions will be discussed from a similar point of view.

**Truth, reality and delusion. A contribution to the understanding of delusion through Zubiri's philosophy**

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The problems of extension and intension are typical topics when studying delusions. We locate the basis of these problems in some uncritically assumed ideas: The first one is the introduction of the concept of cause in psychiatry (that happened when psychiatry became a medical science), the second one is the notion of subject in classical philosophy (the relation between man and reality, i.e.: how do we know things). We think that the equivocal use of the meaning of delusion can be clarified and better understood if we pay attention to new concepts of subjectivity and truth.
The Spanish philosopher Zubiri (1898-1983) seeks to radically re-establish the basis for human knowledge as the principal step in his restructuring of philosophy. Zubiri rejects the traditional notion of sensible intelligence founded on an opposition between sensing and intelligence, replacing it by a fully integrated conception, sentient intelligence. He also rejects the idea of reality as a "zone of things", usually conceived as "out there" beyond the mind, and replaces it by a more general one, that of formality: "Reality is not the content of some impression, it is how the content is delivered to us." Finally, Zubiri rejects the classical notion of truth (which involves some agreement between thoughts and things) as the fundamental meaning of truth.
We have applied Zubiri's ideas to psychiatry in order to expand our comprehension of delusion. There is not a well-defined reality which corresponds to delusion. If we talk more thoroughly about delusion, the concept soon becomes an inconclusive and useless one. Through the

notion of delusion, only a part of the distorted relations between man and reality can be understood (i.e.: we use the term as a metaphor). An overview of the different kinds of delusional phenomena corresponding to the different modalities of knowledge according to Zubiri is given.

**S20 TEMPORALITY AND TIME CONSCIOUSNESS**
Chair: Osborne Wiggins (USA)

**How does a tree perceive time? The developmental logic of time**
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The presentation will show that the conventional perception of time is not a natural law, but depends - ontogenetically and phylogenetically - on a development. According to empirical data (J. Piaget, L. Kohlberg, J. Gilligan, J. Loevinger, A. Maslow, ect) and systematic researches (Commorashwami, J.Taylor, K. Wilber etc.) we can distinguish between three general stages or levels. This tripartide schema can be applied to different psychological variables like emotions, motives, cognitions, spiritual development, sensorimotor performance, consciousness, and also for the development of time perception.
On a pre-conventional level, we perceive time basically as a cyclical process. This is true for infants as well as for tribal organizations. On a conventional level, time is mainly perceived as a linear and causal trend. This refers mainly to our average consciousness and our scientific practices. But this is not the end of a possible development; there is a third possible step. On a post-conventional level, time is perceived as a process of synchronicity. Here a third mode of perception - apart from being cyclical and linear - can be detected. The distinction between the three steps and the three forms of time perception can be relevant with regard to clinical questions.
The presentation tries to figure out some main characteristics of a development in a general sense and then applies these figures to the development of time perception. In this context some historical and clinical findings are mentioned. Finally the above mentioned considerations are discussed in a broader psychological and psychopathological framework.

**Being-in-time. Features of a theory**
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In order to explain Being-in-Time, the author suggests that an axiomatic structure is required. In the paper features of such an axiomatic structure are given. Postulating that the object is the set of interdependent differences, a structure is presented that explains both the Ding-an-sich and Being-in-Time. The suggestion is that just as physical objects exist in numbers, experiencing subjects exist in time. The discussion is concluded with a suggestion that mathematical objects relate to physical objects in the same way that biological organisms relate to experiencing subjects.

**The embodied time**
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In this presentation I will explore some central aspects of the work of Husserl devoted to intersubjectivity, with emphasis on his analysis of the role that affection plays in the constitution of ipseity and alterity, and by the same way in the shaping of the "lived-time". I will try to combine some of his proposals with recent findings in the field of the development of "affective styles" which can be found in the early interactions between infants and caregivers.
In my opinion, this exploration deals with a particular and significant difficulty that emerges between the first person perspective and the third person perspective in the analysis of experience, that is, that we can not have any kind of "report" of the subject during the preverbal stages of his existence. Usually, the subject whom Husserl is talking about has completed a large series of developmental phases, including the acquisition of language, which lead to his consciousness, his "natural attitude", his "I can" and his "way-of-life". Even if the "genetic turn" and the "intersubjective turn" made by Husserl can be interpreted as ways to find answers to some of the limitations of a "static" mode of exploration, it is possible to extend the scope of phenomenological findings to a "constructive phenomenology" program (Sheets-Johnstone) which will include an exploration of the early stages of the infant. If we take into account the available findings about the development of infants and their earliest patterns of interaction with the world, it will be possible to delineate a "naturalistic constraint" (Roy et al.) for the findings of such a "constructive phenomenology". Finally, it can be proposed that the primary kinetic and kinesthetic patterns of infants are highly interrelated to "affective valences" (Varela and Depraz) and an embodied temporal dynamics, which can be seen as elements of the "affective style" mentioned above, which is in turn a concept of psychopathological interest.

**Why Husserl's 'retention' is not a kind of memory and some implications of this for protention**
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This paper presents and discusses some conceptual, phenomenological and neuropsychological arguments pertaining to the issue whether the phenomenon which Husserl names "retention" is a kind of memory, or if it is rather a kind of retroactive perception.
Different possible ways – phenomenological and epistemological as well as neurophysiological – of drawing the line between memory and perception are first considered. A recent phenomenological argument by Dainton against Husserl's view of retention is presented and analyzed. In this context, the problem whether subjective time is discrete or continuous is also discussed. Evidence from psychological research and neural network theory is then brought to bear on the issue of memory vs. perception. My conclusion is that retention is a direct perception of a temporally extended and mainly past event, i.e., it is a kind of perception of the past. In the context of this thesis, Bergson's idea that we "spatialize" time is given a new interpretation.

A structurally similar argument is then presented for the case of protention. It is argued that a human being often apprehends her own action plans in a phenomenologically direct act, which is a direct perception of the future in all respects except that it is not caused by the future event which is its object.
Finally, the possible implications of the presented views for the concept of 'passive synthesis' are discussed.

## S21 "ITENTIONALITY" REVISITED – THE IMPACT OF NEUROPSYCHOLOGY

Chair: Christoph Mundt, Thomas Fuchs (Germany)

Philosophical concepts of intentionality starting with Ch. v. Ehrenfels, continued by F. v. Brentano, E. Husserl and further up by J. Searle and D. Dennett, have been used repeatedly to characterize the complex process of the individual's constituting intersubjective reality (cf. e.g. D. Dennett on the interaction of intentional systems). For psychopathologists the concept proved to be a useful tool for reducing the multiplicity of clinical phenomena in variegated psychotic states with regard to one - perhaps the - core dysfunction: to provide and to continue to adjust shared meaning of language, action and emotion. This reduction serves to improve and deepen the understanding of pathogenesis and consequences of the at first glance confusing diversity of psychotic symptoms, and it helps conceptualizing psychotherapy.
The symposium revisits the concept vis à vis the progress of neuropsychology for understanding details of performing intentionality like working memory, focussing, novelty detection and habituation, priming and executive control. The symposium firstly sets the stage by screening the relevant clinical phenomena of disturbed intersubjectivity which need an appropriate conceptual framing for clinical management and the patients' self-perception. Then a phenomenological analysis of disturbances and dissolutions of the intentional arc of perception and action in schizophrenia will be presented. The 3rd presentation will elucidate the neuro-network functions which contribute to acts of setting and perceiving meaning. The task of the last presentation will be to integrate the new empirical knowledge into a clinically suitable concept of intentionality which integrates therapeutically interesting neuropsychological micro-functions and yet continues to serve as a tool for keeping focus in patient-therapist dialogue by reducing the plethora of information from experimental findings.

### Intentionality – psychopathological and clinical impact of a philosophical concept

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In schizophrenia, the disturbance of the patient's subjective and intersubjective experience represents an important psychopathological feature. Depending on the methodical background, clinical psychiatry may provide different approaches to these phenomena. In contrast to the dualistic analysis which refers to malfunctions of mind and body, concepts based on clinical psychopathology rather redefine personal identity in psychotic conditions. Besides striking disturbances of self-awareness and intersubjectivity, intentionality is discussed as one of the most important clinical-phenomenological features. After reviewing the philosophical term of intentionality as introduced by Brentano in 1874, the application of this concept to psychopathology during the last decades will be discussed. It will especially be considered if transcendental philosophy can be understood as an adequate framework to understand the patient's disturbed mine-ness of experience, or capacity to differentiate between 'me' and 'not-me', and his experience of fragmented identity.
In general, therapeutic concerns focus on the patient's potential to develop or reconstruct subjectivity. However, according to Mundt, there are specific situations which arise when impaired intentionality is considered. On the one hand, schizophrenic patients very often get symptomatic in situations that require a certain degree of self-explication, especially if there is no precise orientation what they have to relate to. In this case, therapy supports the patient in his search for a stable sense of reality. On the other hand, patients will be quite easily alienated by intensive social contact, a fact that has to be considered especially in relapse prevention.

### The temporal structure of intentionality and its disorders in schizophrenia

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Working memory, attention and executive control functions are central areas of neuropsychological research in schizophrenia. It is striking that these concepts refer to the basic temporal structure of mental life as an integration of past, present and future. From a phenomenological point of view, they may be paralleled to the structure of inner time consciousness as analyzed by Husserl, consisting of a retentional, presentational and protentional function. These synthetic functions, operating at the most basic layer of consciousness, are capable of integrating the sequence of single moments into an "intentional arc", enabling us to direct ourselves towards objects and goals in an meaningful way.
On this background, basic symptoms of schizophrenia such as formal thought disorder, loss of automatic performances and disturbances of self awareness may be conceived as caused by a weakening and dissolution of the intentional arc. A failure of the continuous intertwining of succeeding moments, and especially of the protentional function leads to a loss of the tacit or operative intentionality that carries the acts of perceiving, thinking and acting. The loss of tacit, implicit functions undermines the

common-sensical understanding of reality and has to be compensated by the deliberate, hyperreflexive reconstruction of everyday performances. Phenomenological analyses may thus establish a link between experimental research on single mental dysfunctions on the one hand, and the higher level of the patient's experience of being in the world on the other.

**Intentionality as a link between the neuropsychology and the symptoms of schizophrenia**

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Cognitive deficits, especially prefrontal-executive functions, are an important feature of schizophrenia. However, their relationship to other clinical dimensions of the illness has remained elusive. We want to suggest that a phenomenological exploration of schizophrenic symptoms might provide us with a framework for understanding the role of cognitive deficits. Here, we want to focus on the experimental data as well as the conceptual difficulties regarding disturbances of prefrontal-executive functions in schizophrenia.
The "positive" symptoms of schizophrenia can in part be interpreted as a disorder of basic intentional processes. This will be discussed in the light of recent findings on prefrontal functions relating to working memory and the temporal organization of behavior. Some of the "negative" symptoms, on the other hand, can be viewed as insufficient compensatory attempts for these disorders of more fundamental intentional processes. These compensatory strategies are thought to rely on the higher-order executive functions of the prefrontal cortex, which are also disturbed in schizophrenia. Thus, the concept of "intentionality" might help us to relate different aspects of prefrontal dysfunction to specific schizophrenic symptom clusters instead of more general categories like "positive" or "negative" symptoms.

**Vulnerability, intentionality and the syndrome shift of schizophrenia**

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The neuropsychological equivalents of the phenomenological concept of intentionality are represented by an array of mental micro-functions whose networks are located in the frontal and prefrontal cortex, man's most recent evolutionary acquisition enabling planning and intentionality. These structures contain networks for attention, coordination such as multimodal information processing or inhibition and spreading activation of the semantic network. It has been shown that the symptoms of full blown psychosis emerge from disturbances of these micro-dysfunctions and that they are more pervasive in long term course than the clinical macro-symptoms such as hallucinations, delusion, or formal thought disorder. The integration of neuropsychological micro-dysfunctions into the phenomenological concept of intentionality opens the following perspectives which will be discussed in the presentation:
Complementing our therapeutic attention to conditions protective for the patient with our attention to developmental tasks as elaborating coherent striving, identity, secondary relationships, conceives the patient less as suffering from deficiencies than as striving for meaning and structure under difficult conditions.
Hence the concept of vulnerability, appropriate for chronic recidivism, has to be brought in balance with the concept of intentionality with its developmental task orientation needed in early recognition and treatment settings: Intentionality training in the social space beside defensive protection toward overstimulation, future directedness instead of preserving vita minor conditions.
Patients' awareness of their neuropsychological mental micro-symptoms and their paramount importance for the manifestations of handicaps destigmatizes the syndrome and the patient. Therapeutic splitting between self and low-capacity working memory is possible; between self and "false believes" in delusion is not. This has consequences for patients' self-confidence and their demands towards therapists. Insight improves, responsibility and partnership with therapists grows.
Neuropsychological micro-symptoms and "positive" macro-symptoms suggest a two layer disease model with to the ego instrumental primary symptoms the patient is not responsible for and secondary symptoms either to be prevented by therapy or avoidable by insight.
It is even conceivable that a syndrome shift may occur with increasing prevalence of micro-symptoms to the disadvantage of full blown psychoses, similar to the syndrome shift in hysteria decades ago with disappearance of arc de cercle but increase of somatization due to better public information and lay comprehension of the syndrome.

## S22 ADDICTION

Chair: Martin Bürgy (Germany)

**A phenomenological approach to alcoholism**

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Alcohol addiction studies recommend priorities for treatment intervention focusing on the social setting and relationships of the patients, reaching their active participation to a motivational and long term group treatment, underlying the specific therapeutic effect of community services and word exchanges. Biopsychosocial determination of alcohol abuse and dependence could be primary based on components of interpersonal relationships and social network. On a social background, alcohol drinking is one of the most famous supports for achievement of the feast, a founding marker of present time. Taking an existential point of view, the feast appears as the heart of mankind because it actualizes a primary "us", the core of the "Mitsein", a plural state which indicates the beginning and founding of the Self from the others, an "us". Doing the feast, we regularly have to reach our Self from the "us" while avoiding two main dangers, i.e. drunkenness, a manic raising in the dizziness of upright verticality which is copied in the pride of withdrawal, and addiction, an opposite vertical surrender to alcohol and falling down in the alcoholic relapse. Treatment programs of alcohol addicts need to integrate the necessity to reach the existential basic trust from the support of collectivity toward the appropriation of the community as "usness".

# ABSTRACTS

**Addiction: Being-in-the-world wrongly**
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Being-in-the-world, as in the sense of having a subjective or intentional relation to the world requires an integrated mental state. Such mental states do not appear reducible to non-intentional or causal factors. Hence the requirement of scientific discourse for reducibility makes it appear impossible to scientifically describe intentionality in non-intentional terms. Using addiction as a model, I argue that a recent neuroscience dynamic core hypothesis can explain intentional relations to the world. The dynamic core hypothesized by Edelman and Tononi and supported by the work of Nørretranders, Freeman, and Damasio is a deterministic neuronal functional unit of high complexity associated with reentry phenomena and allows an emergent explanation of being-in-the-world similar to that proposed by Merleau-Ponty. The concept of reciprocal dispositional partners for mutual manifestation as a replacement for causality proposed by C. B. Martin provides a means of conceptualizing an individuals' being-in-the-world in relation to the reciprocal partner or environment. In the addict, maladaptive actions are suggested to be a consequence of pathology at the level of the dynamic core, which is dependent on structure, development, learning, and past history or memory (sedimentation) manifesting at a specific space-time interface with a dispositional partner. The addict exemplifies a dysfunctional mental process at the level of the dynamic core where the disposition for healthy intentionality may not necessarily emerge because of maladaptive value-based access to repositories of various memories, which result in negatively valued actions.

## S23 MEMORY AND CULTURE

Chair: Martin Bürgy (Germany)

**Sacred topography and cultural memory. Their relevance for religious identity in India**
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The concept of "cultural memory" (Assmann) was first developed in a context of early literate cultures such as those that developed centuries ago in Mesopotamia, Egypt, Israel and Greece. This concept of cultural memory can also be applied to Hindu culture in India. In this context, however, cultural memory does not become manifest in a literate culture as much as becoming apparent in a tradition of sacred places and religious spaces. It is these which determine the collective memory and religious identity in Hindu culture. Even today, there are thousands of sacred sites in India, each one with its own mythological history. These holy places relate to one another in multiple ways, and seem connected to one another by a network of routes along which multitudes of pilgrims travel incessantly. Taken together, the sacred sites represent a frame of reference that is constitutive for the religious identity of Hindus and their cultural memory. These holy places can be considered points of contact between the sacred and the profane: it is here that the heavens and the earth touch. In geographic terms, the spatial extent of these sacred sites is large: they are spread fairly evenly across the Indian Subcontinent and in some cases are thousands of miles apart. At these sites, the profane world is connected to the myths and stories that are said to have occurred there. Thus, the sacred sites constitute a religious topography of fundamental importance to religious identity and cultural memory in India.

**"Is there a life before death?" Historic memory, psychology and psychiatry in Northern Ireland**
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After thirty years of armed conflict, the peace process in recent years has not changed the social and political situation in Northern Ireland, which remains in many ways a deeply divided society. The members of two main communities are commonly categorized (and identify themselves) as Catholics / Irish / Nationalists / Republicans or Protestants / British / Unionists / Loyalists, with all the consequences of being so. Schools are for 96 % separated, and mixed marriages are still very rare.
The aim of this paper - which is the fruit of empirical research, dialogue with local people, and personal study – is to explore the connections between historic memories and the psychological processes of the Northern Irish conflict, as well as the impact of the latter on men, women and children, in terms of their well-being and psychological health. In fact, recent work in this area has shown that aggressive behaviour, depression, anxiety, alcoholism, marital conflict and additional stress brought about by political violence, are the effects of the so called Northern Ireland "troubles". I will also consider the visual means through which historic memories – and the psychological division that they involve – are emotionally re-created and perpetuated through flags, banners, painted kerbstones, and political wall murals, in which history is selected in order to be used as an instrument to influence the emotional sphere of viewer, stimulating feelings, ideas, and actions.

## P11 Changes in the philosophical assumptions of psychotherapy: Psychoanalysis and cognitive-behavioral therapy

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There is a meta-problem for the psychotherapies, a philosophical problem, namely the problem of mental causation. If mental states are not causal then the task of psychotherapy will be to dwell in their meaning, their existential or other significance for the person – but this will be nothing to do with the causation of behaviour. This is apparently a problematic basis for psychotherapy, insofar as it seems to offer to make a difference. Freud recognised that intervention in mental processes could effect change, i.e. could be causal, and that this could be so only if mental processes were somehow realised in brain processes. But how this would be so, what the architecture and functional characteristics of the brain would have to be like for it to be so, were questions that Freud reco-

gnised could not be answered in the then present state of cognitive neuroscience, and he left his 'Project' unfinished. Psychoanalysis then continued in this ambiguous space, championing meaning in the explanation of behaviour while at the same time being necessarily isolated from the not yet cognitive brain and behavioural sciences. The position has been transformed by the 'cognitive revolution' in the brain and behavioural sciences since the 1960s, and the implications for psychotherapy are visible most clearly in the development of the new cognitive behaviour therapies. They unambiguously affirm mental causation, and have been from the start closely linked to scientific methodology, including in evaluation of therapeutic effectiveness. This profound revolution in psychotherapy can be illustrated in relation to a number of conditions such depression, obsessive-compulsion, and schizophrenia.

## S24 THEORETICAL PROBLEMS OF PSYCHIATRY II: DIAGNOSIS

Chair: Nancy Potter (USA)

### Neo-Fregean philosophy for examining personal relations in DSM-IV / ICD-10 personality disorders

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This paper shows how the philosophy derived from the philosopher and mathematician Gottlob Frege can serve to uncover personal relations as they present in the DSM-IV / ICD-10 Personality Disorders. DSM-IV and ICD-10 describe personality disorders mostly according to the typical characteristics of the individual people with these disorders, rather than according to the typical relations of these people. Considering that personality disorders mainly present, and are necessarily conceptualised, within personal relationships, DSM-IV and ICD-10 descriptions could be improved by describing more appropriately the typical relations that pertain in these disorders.
Neo-Fregean semantic theory is a rich resource amongst others for analysing the typical relations that present in the respective personality disorders. It takes sentences as the expressions of relations and of the positions that a person occupies in a relation. Applying this theory in an empirical study could entail a sentence-by-sentence analysis of the kinds of relations (and the patients' relational positions) that are predominant in the speech content of people having the respective personality disorders. That would amount to analytic profiles drawn up from the subjective experiences of these people. A conceptual study could examine similarly the predominant kinds of relations by an analysis of the descriptive sentences that describe the relations of these people. Following these methods, this paper presents preliminary findings on the predominant kinds of relations that pertain in each of the personality disorders. Once profiles of the predominant relations of the respective personality disorders would be established, neo-Fregean semantics could also be used diagnostically. That is, the speech content of a particular patient could be analysed for diagnostic purposes. That could strengthen the validity and reliability of a clinical diagnosis of a personality disorder, for such diagnosis has been shown to be difficult and often to be unreliable.

### When the patient does not answer: Cultural taboos in doctor - patient relationship

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In this paper, the discussion of the doctor-patient-relationship in psych-iatric context is focused on problems related to cultural diffe-rences in this inte-raction. The discussion can be reduced to two main arguments: Psychiatry is a cultural constructi-on created in Western industriali-zed parts of the world, and the standards of normality in psychiatry are accordingly grounded in western standards.
During the past ten years there have been critical discussi-ons on values and other cultural issues in psychiatry in connection to the renewal of the diag-nostic systems DSM and ICD. In psychiat-ry, it has been argued, underdiagnosis, overdiagnosis or misdiag-nosis have been a threat in cases where the patient's cultural back-ground differs from that of the psychi-atrist. Normal va-riations in behaviour have in some cases been judged as pathologi-cal in those instances where the assessing psychiatrist doesn't know well enough the basic features of the patient's culture. The most dramatic exam-ples can be found among the so-called culture-bound or culture-specific syn-dromes, originally known in colonial medicine as "exotic psychoses" at the turn of 20th centu-ry. Today, pa-tients' social behaviour is sometimes assessed as pathological and diagnosed as Depen-dent or Immature Per-sonali-ty Disorder when their background is in such ethnic groups where tight kinship ties and respec-tive obliga-tions are foste-red. In psychiatric interviews, the importance of shared language bet-ween the psychiatrist and his/her patient is crucial. Howe-ver, in all cultures there are norms controlling the topics which must be avoided. If these regulating norms are not shared in doctor-patient communication, a rapport is diffi-cult to obtain. The existence of a cultural taboo may be expressed nonverbally, with gestures or with other bodily move-ments, or verbally with metapho-res. To interpret correctly patient's speech and behaviour, some cultural know-ledge is demanded.

### "Postpsychiatry": Taking philosophy seriously?

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Clinical psychiatry at the beginning of the 21st century appears to reflect a dialectical tension between the "modernist" framework of its medical inheritance, with an emphasis on biological technology on one side, and a growing loss of confidence in scientific approaches to resolve human problems and restore the psychic integrity of the mentally ill on the other. The British psychiatrists Bracken and Thomas have recently argued that the consequences of the Cartesian, modernist focus on mental illness was uncritically acclaimed by 20th century psychiatry and created an internal, technical explanation for madness, which ultimately led to the great projects of exclusion that have inextricably linked psychiatry to coercion and social control. One might think that in the post-institutionalisation days with various forms of community psychiatric care, this situation would have changed for good. However, there is some evidence that there may be

more subtle forms of power trickling into the fabric of society. This is reflected in the recent work of sociologist Nicholas Rose on risk-thinking and risk-management in mental health care, and the proliferation of prescribed psychoactive drugs through society. The talk retraces the philosophical rationales of these ideas where they converge in an attempt to move beyond the conflict between psychiatry and anti-psychiatry, and outlines some of the possible consequences for clinicians and patients, if we take philosophy more seriously in the future.

## S25 TEMPORALITY OF MOOD AND EMOTIONS II

Chair: James Morley (USA)

### Time in depression and mania: Running fast or running slow? A computer based, controlled study of 93 depressed, manic and control subjects

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Objective: Numerous studies on the time sense of depressed patients have revealed inconsistent results due to considerable methodological shortcomings. Manic patients have been almost neglected.
Method: Thirty-two patients with a major depressive episode, 30 patients with a manic episode (DSM-IV, Mini-International Neuropsychiatric Interview-confirmed), and 31 healthy controls were included in this study. The subjective time experience was assessed by a visual analog scale (VAS), the objectively measurable time judgment abilities were measured by the Chronotest, a computer program developed for this study, consisting of time estimation and time production tasks. A long time estimation task was performed by presenting a movie report. Each participant completed the Trail Making Test A.
Results: Whereas controls reported an balanced subjective time experience in the VAS, manic patients stated an enhanced, and depressive patients a slowed experience of time flow ($p < 0.001$). In the time judgment (time estimation and time production) tasks, however, both depressed and manic patients showed time over-estimation for the longer time spans: manic patients differed statistically significantly from the controls in both types of tasks ($p < 0.001$), depressed patients only in the time production task ($p = 0.008$). For the manic group, a correlation between the extent of retardation (Trail Making Test) and time estimation was found.
Conclusion: This is the largest study on time sense in manic patients. The study confirmed results of a divergent alteration of the subjective time experience in depressive and in manic patients but revealed an uniform time over-estimation by both patient groups in time judgment tasks.

### Assessment of mood changes in daily life - a trans-cultural comparison study in Brazil and Germany based on eletronic diaries

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Psychological assessment of subjective states – ranging from mood to clinical symptoms – is most frequently based on traditional data acquisition strategies by questionnaires and interviews. Such methods normally yield retrospective information, which can-not illustrate the dynamics of psychological changes in daily life. Furthermore, it is unknown exactly how subjects aggregate and weight their experiences. Even if they are asked for information several times a day, the reports are often done from memory, which can not be ascertained without the time-control functions of a pocket-computer.
The importance of actual ratings has been shown by empirical studies which reported the (non-)reliability of retrospective data. As a main result we found in several studies a systematic retrospection effect: retrospectively reported moods were more negative than averages of actual ratings given in the course of the day. In the present project, we had the opportunity for a parallel study in a different cultural context in Brazil to prove the specificity of the effect.
Altogether 101 university students from different faculties in both countries participated for two consecutive days. The results demonstrate on one hand some differences referring to the daily life course of mood and attention in Brazil and Germany, but on the other hand the same finding of a negative shift in retrospective ratings was replicated. The satisfactory levels of reliability and validity of the data, a generally positive acceptance and compliance by the participants are important issues for a broader use of the methodology in different fields of psychological research and applications.

### The phenomenology and temporality of anxiety and boredom

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In growing numbers in the Western world people are diagnosed as suffering from anxiety disorders and depressive disorders. To better understand this increase and what to do about it we need to carry out, not only empirical, but also conceptual investigations.
In this paper I will try to flesh out a phenomenology of anxiety and boredom based on the reading of two central works of Martin Heidegger: Sein und Zeit (1927) and the lecture course Grundbegriffe der Metaphysik (1929-30). Moods (Stimmungen) play an important role in Heidegger's philosophy as the basic source and possibility of thinking and action. Especially important are the basic moods (Grundstimmungen), which form the way to authentic, philosophical thinking. The basic moods of Sein und Zeit and Grundbegriffe der Metaphysik are anxiety and boredom, respectively, in which Heidegger sees peculiar forms of understanding which face the radical limits of everyday life and get to the very ground of humane existence.

# ABSTRACTS

In the paper I will not only try to reconstruct Heidegger's phenomenology of anxiety and boredom, but also make an attempt to map out the differences between existential and pathological moods. In which sense do the existential anxiety and boredom, which Heidegger assigns central places in a philosophical life, differ from anxiety and boredom, which have turned into pathologies rather than sources of authenticity? I will try to show that a phenomenological analysis of the temporality and intersubjectivity involved in different forms of anxiety and boredom could provide us with important clues in understanding these differences.

**Thinking together past and present after 9/11: Time, fear, and a monster named Leviathan**
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Contemporary political analyses of post-9/11 U.S. political culture rarely fail to invoke fear. Sometimes fear functions as an explanation of political submissiveness and confusion. Sometimes it figures as an identity-making claim. Michael Moore's recent film, "Bowling for Columbine," for example, implies that a culture of fear fundamentally sets America apart from its neighbors. Conversely, fear of America is addressed by Ziauddin Sardar and Merryl Wyn Davie in their book entitled Why do people hate America? The abundance of fear-based claims suggests that fear has become both an abbreviated and all-encompassing umbrella term for a range of experiences and effects that remain largely unexamined. By attending to the temporal dimensions of fear, my paper suggests how the emerging language of fear can be disciplined and translated back into political concerns regarding specific experiences, objects, and effects.
I turn first to Hobbes, the preeminent political theorist of fear, in order to find a definition of fear, its genesis, and its specifically political effects. The standard account of Leviathan identifies fear of violent death as the passion that is the spring of political order. I argue that this reading neglects critical differences in the nature and effect of fear in the pre-political and post-contract worlds described by Hobbes. I find not one but three temporally, and therefore politically, distinct kinds of fear in Leviathan.

## S26 SCHIZOPHRENIA, DELUSIONS AND THE SELF II

Chair: Grant Gillett (New Zealand)

**The subjective dimension of a psychopathological phenomenon: Hearing voices**
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Based on therapeutic workshops with schizophrenic patients who shared the experience of hearing voices, the theoretical reflection of this presentation begins with Jaspers's definition of phenomenology – the part of his psychopathology that has the task to "present intuitively the psychic states really experienced by the patients" – as also with the assumption that psychic phenomena cannot be objectified in the same way as physical ones, since they depend fundamentally on their expression in language. The aim of this presentation is to discuss the limits and possibilities of first-person methodologies through the analysis of reports from people who had the experience of auditory verbal hallucinations. Phenomenology is emphasized as relevant to the study of the hallucinatory event, and the comprehension of these reports of hearing voices as a privileged way of access to a methodological discussion of the study of mental phenomena. The point is not to confuse the immediate character of subjective phenomena with their necessarily mediated way of constitution and assessment. The subjective is open to intersubjective validation. For this discussion, the phenomenological method is contrasted to the pragmatic perspective of Sellars and Rorty which works with the distinction between knowledge by acquaintance and conceptual knowledge.

**Temporality and the "Interrogatory Attitude": A phenomenological analysis**
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The phenomenon of questioning is a basic mode of human experience. In curiosity and doubt we adjust our perception of reality to integrate our actions with the world. Because a question fulfills itself in the answer that awaits it, it shares with the perceptual act a structural incompleteness: both phenomena (questioning, perception) are anticipatory. That is, both make a claim, from the present, on the future. There exists, however, a pathological questioning in which the future-orientation is profoundly disrupted. For Eugene Minkowski, one manifestation of schizophrenia is a ceaseless questioning that lacks the lived significance of anticipation. This "interrogative attitude" reflects the patient's inability to project himself into a future that transcends his autistic communication with external appearances. What is this fundamental relation between questioning and temporality, which the schizophrenic individual pathologically illuminates? To move beyond the psychiatric perspective we can turn to the phenomenologist Merleau-Ponty. Influenced by Minkowski, he uses an analogous concept of "interrogation" to examine pathological varieties of subjectivity. The schizophrenic is caught in an impossible project: to deny his situated being. Subjectivity is the experience of one's presence in the world. This presence is embodied and localized. Consequently, perspective is a structural correlate of our being-in-the-world. For Merleau-Ponty, the fusion of the schizophrenic's ego with its sensory environment is a total collapse of the world-setting. Since temporal experience is inherently perspectival, the schizophrenic has no hold on time. He must forever renew his questioning. There is no anticipation of the future, only the evanescence of the present.

**Constitutive self-centric constellations in schizotropism**
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Abnormal experiences of self-centrality (SC), which have

been characterized by the original descriptions of Conrad and Grivois in their paradigmatic incipiency, can occur both in an overt, true delusional mode and in a preliminary and elusive, subapophanic configuration. The latter offers an elective psychopathological insight in a not-yet psychotic transforma-tion of the structure of ex-periencing, which holds promise for both early diagnosis and heuristic purposes. Indeed, such disturbance of spatial experience seems to occur intermittently also in non-initial phases of schizophrenia and correlates to the magnitude of schizotypal traits (particularly the interpersonal-negative dimension) in 1st degree unaffected relatives of schizophrenic subjects.
This suggests that besides its structural-generative involvement in the self-experienced transformation during the psychotic onset and delusional thematization, a constitutive fragility of the Überstiegsfähigkeit (i.e. ability to transcend) might contribute to the schizotaxic disorders of intersubjectivity and may be subtended by a disproportionate spatialization of the Dasein. Indeed, the vague and unstable feeling of self-centrality transitorily eclipses the subjective dynamic oscillation between allocentric and autocentric experiential coordinates, whereas the phenomena in the field of experience acquire a pregnant significance which is strictly self-referential. Such semantic reorganization of the peripersonal space presents itself on the background of a special (initially novel and egodystonic) form of syncopal temporality, which announces a prethematic metastability of the experiential field close to Pringuey's notion of "existential impatience". This study is a preliminary, phenomenologically oriented attempt to explore the peculiar situative background constellations that inform the intertwining of lived space and time in self-centrality.

**The temporal relationship between self-experience and voluntary action: Implications for passivity phenomena**
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Any attempt to elucidate the mechanism of passivity phenomena requires an integrative philosophical-neurobiological approach. The model proposed here adopts some fundamental positions that have long been advocated by philosophers and have now found support from functional neuroanatomy. Firstly, we experience our actions not from the standpoint of the executive but through the perception of its effects. Secondly, the 'self' is not the agent of voluntary behaviour. Thirdly, basic self-experience in relation to voluntary action has both pre- and post-action components. Fourthly, behaviour is energised and integrated by basic drives. Fifthly, the sense of agency, being a post-action aspect of self-experience - in contrast to the sense of volition, is related to drive reduction associated with voluntary action. The model thus proposes that passivity phenomena are actions that are induced by the perception of salient events but that are not conducive to the overall motivational state. It has been suggested that, following the perception of salient events, competition arises between automatic response tendencies in premotor areas. The prefrontal cortex, representing drives and strivings for goals, appears to play an important role in determining which of the activated response dispositions is to be selected and actualised in behaviour. Selection of voluntary action may be uncoupled from drives or strivings for goals as a result of lowering of the threshold for action selection – as is suggested to be the case in schizophrenic passivity – or due to disconnection from prefrontal regions subserving motivational states – as may be the case in the alien limb syndrome.

## S27 LOOKING FOR A SCHIZOPHRENIC ENDOPHENOTYPE: THEORETICAL AND EMPIRICAL ISSUES

Chair: Giovanni Stanghellini, Massimo Ballerini (Italy)

The symposium's first purpose is to establish a bridge between empirical research in schizophrenia and its epistemological groundings. Research on endophenotype – an intermediate level of biological activity between genomics and what is clinically evident (phenotype) – is a good angle to view the bridge between biological and psychological perspective on schizophrenia. The overall assumption guiding the symposium is that empirical research in schizophrenia has to establish its point of departure from this theoretical (psychological and epistemological) level: Schizophrenia is regarded as a peculiar state of the functioning of the mind.

**Schizophrenia spectrum disorders: How many endophenotypes and clinical pictures?**
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The paper starts from the preclinical and prodromic phases of schizophrenic disorder and suggests that to look carefully for the characteristics of mental functioning of subjects being in these phases is the only methodologically correct way to characterise the essentials of the 'core' cognitive problem of schizophrenia. This approach implies a dimensional rather than categorical conceptualisation of mental disorders in general, and of psychotic states in particular; this aspect will also be discussed. The peculiar psychopathological characteristics of some 'normal ' mental states will be illustrated with the aid of the description of some classical psychopathologists.
Finally, two ongoing studies will be presented concerning their methodology and preliminary results that seem to substantiate the hypotheses mentioned above. The aim of the first study is to characterise the cognitive state of the first degree relatives of the schizophrenic subjects who are treated in our community outpatient services. The second is a neurocognitive study that characterises the mental functioning in a group of paranoid schizophrenic subjects by evaluation of their dream reports and of their imaginative capacities.

**Cognitive dysfunction as endophenotype in schizophrenia**
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An endophenotype is a characteristic that requires special tools, test and instruments for detection, a measurable component unseen by the unaided eye along the pathway

between disease (exophenotype) and genotype. This has emerged as an important concept in the study of a complex neuropsychiatric disorder such as schizophrenia. Neurocognitive endophenotypes, as provided by attention, memory and information processing evaluations can be useful for establishing a biological underpinning for diagnosis and classification; a net outcome would be improved understanding of the neurobiology and genetics of psychopathology.
Identification of valid endophenotypes of schizophrenia could better refine methods for detecting liability to the illness and reduce the heterogeneity observed in clinically expressed cases. Such a clarifying role of endophenotypes may serve to orient the neurobiological research on schizophrenia.
Identification of neurocognitive endophenotypes could open the pathway toward an intervention, putatively as early as possible. The possibility that the neurocognitive deficits could be modified by psychological remediation with effects not exclusively confined to the cognitive domain has been nowadays accepted, and numerous studies demonstrate that these interventions are effective and durable with a positive impact on social and working abilities, symptomatology and self-esteem.

**Self-experienced vulnerability in 1st degree relatives of schizophrenics**
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Studying experiential anomalies in 1st degree unaffected relatives of schizophrenic subjects has relevant implications for the characterization of plausible experiential phenotypes that might orient the identification of candidate endophenotypic correlates and therefore support etiopathogenic research. Indeed neuropsychological and neurophysiological explanatory approaches to the detection of the vulnerability to schizophrenia might benefit from a heuristic integration with contemporary phenomenologically-inspired psychopathology, which has addressed the topicality of anomalous subjective experiences as core component of schizophrenia spectrum disorders.
Basic symptoms model, attempting an operationalization of elusive qualitative modifications of self-experience, offers an empirical and epistemologically inspiring background to elucidate in a unifying account both the experiential and the neurobiological side of schizotropic vulnerability. Furthermore, such paradigm provides a potentially enriching complement to the reborn attention to the construct of schizotaxia.

**Pharmacogenomics, pharmacogenetics and the therapy of psychiatric diseases**
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Most of the time pharmacogenetics and pharmacogenomics are used as synonymous and, at this point in history, this is acceptable although not totally correct. The aim of the two disciplines is to offer a personalized (drug) treatment, yielding less or none unwanted or side effect, together with an enhanced therapeutic result. Nevertheless, there are "side effects" to pharmacogenomics and pharmacogenetics. They can be applied to diagnosis, disease susceptibility profile etc, and the ethical aspects of such applications do not need to be illustrated. Another "side effect" is that tailored drugs/therapies will be directed to much fewer subjects than now and therefore the market for each drug/therapy will be very much reduced, concomitantly with production costs that will probably rise.
Pharmacogenetics, when applied to psychiatric diseases can be directed toward two main fields: drug metabolism and/or drug targets (receptors, enzymes, transporters). Concerning pharmacogenetics in drug metabolism, studies have been conducted mostly on classic antipsychotic drugs, antidepressants or mood stabilizers. The main aim has been to account for reduced effect or increased side effects. The enzymes more studied have been those of the P450 cytocrome family (CYP) and within these attention focused on CYP 2D6 and in second instance on CYP 1A2 and CYP 3A4.
The most studied within drug targets have been dopamine and serotonin receptors and transporters, evidencing allelic variants probably associated with clinical outcome and adverse events such as movement disorders. Deficient metabolizing enzymes have been associated to drug accumulation and toxic events or poor therapeutic effect. Overall, however, data are seldom consistent and need further replications. Finally, pharmacogenetics could also suggest new targets for therapy.

## S28 WHAT IS A HUMAN BEING?
Chair: Salman Raschid (UK)

**Language and the human**
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There are two kinds of intelligibility: the kind that is used in the natural sciences which seeks to explain the phenomena of nature by causal induction, and theories and the kind we find in the 'logical space of reasons'.
Both of these kinds of intelligibility are dependent on language; language is the condition of all learning. There could be no neurophysiology or cognitive psychology without language but of course we could not use language without a properly functioning human brain.
Psychiatry is central concerned with this dilemma but in the modern era fudges it. So it either tries to reduce everything down to disorders in brain functioning, forgetting that we need language to describe the brain and its functions; or it tries to reduce our understanding of mental disorder to the science of psychology-psychoanalysis or cognitive psychology – forgetting their dependence on 'the space of reasons' and the brain.
The relevance of this will be discussed.

**Merleau-Ponty's view of human beings**
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Merleau-Ponty presents a distinctive view of the nature of human beings within the phenomenological tradition. The aim of this paper is to give an outline account of that view,

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and to indicate its general value for psychiatry.
At the heart of the view is the contention that human being is "being-in-the-world", and Merleau-Ponty's interpretation of the latter expression is described. It follows from the contention that human beings are essentially embodied subjects, in such a way that their embodiment and their subjectivity cannot be ultimately separated. The nature of human subjectivity is affected by the fact that it is embodied, and the nature of the human body is affected by the fact that embodiment is the expression of subjectivity. Merleau-Ponty could be taken as offering a biological view of human beings, but one that involves a non-mechanistic view of biology.
The nature of the human mind, and so of mental disorder, follows from this. Mental disorder could be described from this point of view as a disordered way of being-in-the-world, that is, as one which impedes normal social activity and above all communication.

**The human being as 'person' and as 'organism'**
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(1) The basic composition. A human being is made up of mind and body – in fact two minds and two bodies: corresponding to the distinction between person and organism. In other words, each of the two components of the mind-body unit expresses itself, or functions, in two ways/at two levels – those of person and organism. Schematically, there is a personal-mind and a personal-body (composite person); similarly there is an organismal-mind and an organismal-body (composite body).
Examples of this twofold structure may be found in (a) the hand in reflex action (biology) versus the hand in a hand shake (social psychology; anthropology; psychodynamic theory etc.); (b) for the organismal mind, consider animals (e.g. dogs to chimpanzees) and their response to loud sounds. The psyche is structured – from organism to person; e.g., unconscious phantasy (Melanie Klein's 'internal objects'). This is analogous/parallel to Merleau-Ponty's "The Structure of Behaviour".
(2) The special position of the brain. Consider the statement – 'The brain is the basis of behaviour'. What does it mean? The crucial issue here is that of causation or causal efficacy – which can only be properly invoked with reference to the organismal-mind and the organismal-body.
(3) Transcendence; freedom and creativity. We become fully human by transcending our organismal (biological) nature. This is a 'mystery' in Gabriel Marcel's sense. This basic step sets the stage for freedom and creativity. In this way natural science has been overtaken: It is crucial to see that both the personal mind and the personal body are completely refractory to a natural scientific analysis.
(4) What analysis is now relevant? Consider the role/scope of pseudo-science, scientism and kindred notions. Consider the contrasting examples of 'evolutionary psychology' and Heidegger's analysis of the human being (under the rubric of Dasein).

**Image as an essential structuring element of today's subject**
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This work wants to show how the image produces in ourselves the vision of reality and also of the world. My intention, based on Merleau´s Ponty work on perception, is to understand "image" as everything that concerns a human being. Thus it is not only the photographic image, it also about sounds, words, tactile sensations, hearing or taste.
What I understand as an image is all that humans, through their consciousness, conceive as reality: our world, i.e. our vision of the world. Reality is full of images, and they configure our own identity. For this I want to propose the concept of imaging (imaginar) and to image (imagear) as two different types of our perception. The question is how these processes intervene in the process of conception of the world.
This paper tries to establish a new connection between what we know as perception, and what we know about us. "The world that I have created is the real world", this is the basic thesis to discuss. It is inside a group of structures, among them intersubjectivity, social referents, "habitus" that we understand our position in life. It is from the how we establish our position in front of the images that results our view of the world and of ourselves. Image, that is reality itself.

**W2 WORKSHOP**
**Philosophical practice and the present moment**
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The workshop is an exercise in practical philosophy. All participants should be willing to follow some guided mental exercises and to discuss their experiences with others.
The schools established by Stoic and Epicurean philosophers used many practical exercises in order to influence perception and behaviour as well as thinking. A series of demonstrations will examine how such ancient philosophical exercises could influence the sense of time.
First, quotations from Stoic and Epicurean writers will illustrate the value each tradition placed upon living in the present, rather than the past or the future, and their differing rationales for this. Despite strongly contrasting cosmologies and methods of enquiry, the traditions arrived at surprisingly similar views on how time should be accommodated in daily life.
Then some exercises that were used to assist a change in personal awareness of time will be introduced, to give participants an opportunity to observe their effects for themselves. These will include techniques for delimiting the present, for cultivating a universal perspective, and for relaxing into the present. In discussion, historical concepts of the positive psychological qualities these exercises were intended to promote will be explained and compared with participants' actual experience.
A final discussion will consider the relevance of these techniques to contemporary views within psychotherapy and psychology on how attention to the "present moment" affects psychological wellbeing. Notes and a reading list will be provided.

# ABSTRACTS

**P12** **The problem with too much anger: A philosophical approach to understanding anger and aggression in borderline personality disordered patients**

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BPD patients are considered to have an excessive amount of anger and aggression; indeed, many of the emotional experiences of a BPD patient are communicated in what may be an aggressive manner. Because aggression and excessive anger are disapproved of, and because the person experiencing intense anger typically finds the intensity frightening, extreme anger and aggression can lead to splitting and, perhaps, self-injurious or violent behavior. Therefore, it is crucial to understand not only the causes of intense anger but how to identify anger or aggression that is excessive. With a better understanding of this symptom of BPD, clinicians will be in a better position to interact with a patient's anger and aggression in ways that are morally, as well as therapeutically, responsive. To unpack meanings of aggression and anger, I draw upon a combination of biological theories of aggression, philosophical views on anger, and cultural norms about anger.

**Empathy, language and historicity - philosophical underpinnings**

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In empirical therapy research the notion of 'empathy' plays a central role as a basic factor of the therapist's attitude. It has been introduced and emphasized in psychotherapy especially by Carl R. Rogers' client-centered-therapy. By using the concept of 'precise sympathetic understanding', Rogers explicitly refers to existential and dialogical philosophy. There is no doubt that phenomenology, hermeneutics and existential philosophy have provided the essential framework for the concept of empathy. So, for instance, to Husserl the notion of 'empathy' seemed to be essentially important to achieve an understanding of the Other. In the sense of Scheler, Heidegger and Buber's philosophy of encounter, the concept of empathy could be misleading if it presupposes the idea of a monadic subject trying to bridge the gap to another equally monadic subject. These authors argue that the Other is already present by virtue of the fundamental structure of human existence as one's being with others. From that point of view, empathy is not considered as an instinctive or merely intuitive capacity, but as a phenomenon which includes man's insertion into a universal community of language. This means also that time, memory and historicity of the human being could only be understood if placed within the horizon of this transcendental condition. Philosophical and psychiatric hermeneutics can show the way here.

**Delusions – a frozen reality**

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We all live in a world of allegories and metaphors. As cosmopoets we all create our world of symbols and images. One of the major metaphors in psychiatry are its diagnostic categories, definitions of mental disorders resulting in classification systems and complex scientific explanations with all their meanings for patients and therapies. In this way delusions, as a result of our cosmopoetic work, represent such allegories in a double meaning: The delusional ideas and their meanings are not only creations of the patients, but also those of the therapists. Giving a natural phenomenon "professional meaning" by our diagnostic procedures (definitions, descriptions of psychopathological phenomena, diagnostic attributions, etc.), diagnoses take meanings which go far beyond the primary meaning of pure psychopathological definitions. It is the intention of this contribution to go into the matter whether the image of freezing - or better: of being frozen - fits more with the world of ideas and perceptions of deluded patients then current metaphors as for example the view that delusions as "false beliefs" represent the embodiment of a meaningless and senseless existence ("Sinnentleertheit des Daseins" = "Wahnsinn"). As the various meanings of delusions may also act as maintaining factors in the pathogenesis of delusions and therefore provide the diagnostic basis of effective treatment planning, considerations on metaphors and allegories in delusional research are not only of theoretical psychopathological interest but also of utmost practical importance.

**S29** **SELF, IDENTITY AND PSYCHOSIS**
Chair: Nassir Ghaemi (USA)

**Time, personal identity and psychiatric disorder**

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Standard philosophical accounts of personal identity, especially in the empiricist and analytic tradition, assimilate the identity of a person to that of an object, with an unchanging essence, but changing non-essential properties. But this account neither does justice to our ordinary intuitions about persons nor provides an adequate concept for the purposes of psychiatry. The aim of this paper is to argue for a different account of personal identity which is claimed to meet both these deficiencies.
It is argued that a "person", in the everyday sense, is "one of us" – a being to whom we can relate in certain ways because he or she is like ourselves in relevant respects. "Persons" thus does not refer to a species of beings, with a specific essence: Someone is identified as a person to the extent that we can relate to him/her in these ways,

and as "the same person" as someone who existed in the past to the extent that there is a continuity in our relation to him/her. But this continuity does not depend on an unchanging essence: rather, it is sustained by an intelligible development, in which the present "builds on" the past. "Mental" disorder can be conceptualized in these terms as a disturbance in personal identity, a discontinuity in development which makes adult relations to other persons difficult or impossible.

**Less than one. On narrative identity and psychosis**
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Ulysses contracts in psychiatry aim to ensure treatment in cases of pathology, which are characterised by alternating periods of mental health and severe disorder. While being potentially important in psychiatry, such directives need a theory of persons that is capable of explaining how, in cases of radical changes, a person can be designated on non-arbitrary grounds as the real, authentic one. The aim of this paper is to unravel the authentication problem of psychiatric patients who become episodically severely disordered. The starting point is the 'narrative self-constitution view' of Marya Schechtman. It is argued that such a narrative theory of persons implies an understanding of authenticity that can withstand the puzzle case. Interviews with patients and psychiatrists further demonstrate that authenticity proves to be decisive for coping with recurring psychosis. Even so, there seems to be no ground for automatically identifying disorder with non-authenticity.

**Memory, nodernity and urban psychosis. The spectacular aesthetics of madness**
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In this paper I will review two radical critics of modernity, Walter Benjamin and Guy Debord, in order to reflect on the predicament of many of my patients in central London, dispossessed not only materially but also of the autonomy to assert their own memory of themselves over the dominant narratives of madness.
In The Society of the Spectacle Guy Debord wrote, "everything that was directly lived moves away into representation" describing the alienation of people from their own experiences, organised and commodified into aestheticised spectacles by capitalism. In a culture which saturates us with imagery, the capacity to retain even the illusion of a stable, integrated self image or social identity is bombarded and fragile. History and memory are somehow separated and, viewed retrospectively, personal narratives can appear, as to Benjamin's Angel of History, like a pile of debris, lacking the detail and sequential structure of time. This debris, a kind of anti-aesthetic, is at times all that may stand out as intelligible in a life story containing abuse, trauma or psychosis.

**Autobiographical memory and psychotic identity**
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As German literature scholars know well, Hölderlin, at a certain point in the course of his schizophrenia, denied his personal identity and indeed became furious if someone called him Hölderlin. He signed his late poems - which are distinguished on the one hand by an ecstatic feeling of harmonious immersion in nature and on the other by a gravely schizophrenic stereotype - with the name "Scardanelli" or even "Buonarroti".
For some time now, psychiatry has paid attention to the insane transformation of personal identity, a transformation which, in my opinion, occurs in at least two versions. One can be traced to the sphere of paranoia: many examples of false descendants of Napoleon, false descendants of the Czar, etc., appear in the chronicles and sometimes even if the courts of their time. The other version falls into the area of schizophrenia. The psychopathological differences between the two types of negation of identity are clear. Moreover, the first, which cannot really be called a true loss of identity, resembles the plot of certain nineteenth-century novels, the second is more similar to science fiction or even some of the philosophical paradoxes of identity.
In the state of "perplexity" at the onset of schizophrenia, there appears almost regularly a more or less evident doubt about personal identity, even independently of a delusional invention of a different life history. The question "Who am I?" cannot find an answer in the Cartesian clarity of "cogito ergo sum", or in the very obviousness of the question. The different surfaces of the construction of human identity, both subjective and intersubjective, entail in any case the union between persistence and change. But in order for the memory of changes, both internal and external, to be integrated into a realistic shift in identity, even a radical one, as in the case of great religious conversions, it is necessary for changes to be felt as one's own changes, and that a subject exists that perceives them as belonging, pertaining to the "Ego": The evanescence of this function may be a root of the schizophrenic identity crisis.

## S30 BORDER CROSSINGS: THEORIZING BORDERLINE PERSONALITY DISORDER

Chair: Peter Schönknecht (Germany)

**Borderline personality disorder: What is it? Is it?**
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There is ample reason to question the validity of Borderline Personality Disorder as a discrete psychiatric disorder. The use of polythetic diagnostic criteria in DSM-IV allows for a great diversity of clinical presentations. Comorbidity with both other personality disorders and symptom-based Axis I disorders is quite high. Evidence of a common genetic basis is minimal. If BPD is in fact not a

discrete entity but rather a reified hodgepodge of assorted symptoms and behaviors, we are left to wonder why the diagnostic entity has been constructed. What purpose or function does it serve at this time in the psychiatric field? In this presentation I will suggest two directions in which to pursue these questions. In the first place BPD is the last refuge of the old psychiatry*that psychiatry in which disorders had their origins in patients' troubled pasts and the treatment of choice was talking psychotherapy. For psychodynamic psychotherapists longing for a time before their role was usurped by bio-psychiatry and psychopharmacology, BPD is the answer to their prayers. There are now three published, manualized treatments for the condition. In the second place BPD manages to house under one rubric several of the more troublesome issues of contemporary life: identity, gender, intimate relationships, and emotional control. Each of these merits philosophical reflection as much as clinical diagnosis and will be discussed accordingly in this presentation.

**Cultural norms and borderline identities**
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Mental disorders engender identity "troubles" more numerous and diverse than is suggested by the two named identity disorders in traditional classification (Dissociative Identity Disorder, and Gender Identity Disorder). Thus, for example, the dearth of a stable identity and the shifting, varied and apparently impermanent self concept of borderline personality disorder is portrayed as a central symptom of that condition. In a culture populated by more solid and enduring identities, the borderline's shifting and elusive identity will likely be a liability. Whether it is also rightly seen as a deficit, however, is the question raised in this paper. I will explore and evaluate the cultural norms which deem such flimsy identity a deficit, and not merely (as it might be) a liability.

**Why BPD patients evoke negative responses and what is at stake**
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Patients diagnosed with BPD have a reputation for being particularly difficult to work with in treatment; in fact, the most frequent countertransference experience reported by clinicians is that of hate (Gunderson 2001). We might ask, what is it about BPD patients that makes treatment so rocky? Or to put it differently, what is it about the therapeutic relationship between clinician and BPD patient that makes clinicians respond negatively to BPD patients? After giving an overview of answers to those questions, I will present another consideration: studies have found that clinicians tend to impute the ability to have self-control to BPD patients in comparison with other diagnoses and, hence, blame them for their behavior. This perspective is both theoretically confused and therapeutically troubling. I argue that the combination of conceptual confusion and evaluative assumptions contribute to clinicians' negative attitudes.

First, the recurring „mad or bad" question that surfaces in legal contexts is a relatively unexamined issue regarding patients diagnosed with BPD. While the science of personality disorders suggests that those who exhibit them are mentally ill, the clinical reality reflects an assumption that the behaviors of those with BPD are blameworthy. This inconsistency amounts to thinking of BPD patients as "willfully mad," a notion that commonsensical, scientific, and philosophical understandings of the will and of mental illness would seem to rule out. Next, I identify some of the values that underlie negative responses to BPD patients, such as the psychological and moral value of autonomy versus dependency and neediness, and gendered norms for anger and entitlement. Values that inform attitudes and assessments may turn out to be appropriate or misguided and so must be carefully examined. This is especially the case when norms and values influence clinicians' responses and, thus, the therapeutic relationship. I argue that blaming, negative, and rejecting attitudes in clinicians impede their ability to be empathetic. Empathy will be briefly defined so as to clarify its importance to treatment.

## S31 MILD COGNITIVE IMPAIRMENT

Chair: Julian Hughes (UK)

This symposium will consider the notion of mild cognitive impairment (MCI), which is rapidly becoming a diagnosis used to pick out a pre-dementia state. The philosophical issues raised by this development will be considered in the symposium by means of critiques of the notion of MCI from a variety of perspectives. Social psychologists would raise questions about the effects of people being "positioned" as suffering from memory problems. Sociologists are concerned about the historical and social development of the notion of dementia. Ethicists will be concerned about the possibility that, once MCI is accepted as a diagnosis, it will become incumbent on people to accept interventions, i.e. to accept the sick role, however they feel and however they manage to deal with the world. Part of the problem with the "diagnosis" is that only a proportion of people with it, albeit a significant proportion, will definitely go on to develop full-blown dementia. MCI, therefore, raises conceptual issues, not least of which is the prickly problem about the difference between normal and abnormal ageing.

**Memory and dementia: Art and science**
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This paper, which has its roots in a SciArt project entitled "Memory and Forgetting", will consider what it is that clinicians dealing with people with dementia might learn from the Arts. In part, this will involve some consideration of the empirical or observational work of various art forms in connection with therapy. However, it will move on to consider how both art and clinical practice can benefit from interaction and this will focus on the terms "context" and "concept". Context often determines how a work of art is to be understood. Similarly, context is important for judgements about memory. The concept of memory, which can obviously be explained in a number of scientific ways, is also understandable in a public way

that has relevance to art, but which should also shed light on our understanding of dementia. Having focused on the terms "context" and "concept", the paper will end by considering the notions of "content" and "concern". Again, thought about these concepts, both of which bring into play broad philosophical issues, sheds light on both art and clinical practice in the field of dementia care and should encourage what has been called the new culture of dementia care.

**Reflections on the history of mild cognitive impairment**

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Mild cognitive impairment is a hot topic in psychiatry because of its hypothesised link with Alzheimer's Disease and other forms of dementia. Like many diagnostic categories seen through a social science lens the label mild cognitive impairment is a social construction. The idea of MCI is not a new one in psychiatry and over the years a number of different labels have been applied. These often reflect the theoretical, political and social context of the time. This paper reflects on the changing language used to describe cognitive ageing and the impact that different labels to describe MCI have had on the person with the label and their significant family members.

**Kinds of cognitive impairment: Ethical considerations of a natural and pragmatic kind**

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The challenging divide between normal and pathological changes associated with ageing-related modifications in cognitive performance is reflected in the evolution of nosological concepts used to define the sub-clinical alterations in cognitive symptoms. That different kinds of dementias may have precedents in alternative kinds of early or mild cognitive impairments (MCI) supports targeting people earlier for study of these sub-clinical symptoms. Since heterogeneous disorders can be expected to have multiple patterns of cognitive and behavioural changes, useful conceptual taxonomies should accommodate causal, practical, fuzzy and discrete explanations. Yet clinical research remains focused on forms of MCI which lead to Alzheimer's disease using wash-out screenings, repeatedly trialing similar compounds, and other methods. Identifying research subjects earlier also targets a potential pharmaceutical market of a quarter to a half of the population over 65. Among baseball umpires, there are three prevailing philosophies: "I call 'em as I see 'em; I call 'em as they is, and They ain't nothing till I make the call". Not forgetting that the person experiencing cognitive decline in its early stages is aware and sensitive to their surroundings, to a linked sociodegeneration with neurodegeneration, this paper examines how classifying people changes both the classifier and the subject of classification and suggests how and why new causal knowledge is "gained" or "jettisoned". Additionally, reading evidence from epidemiology, neurology and clinical studies through science studies and bioethics lenses, we explore a pluralistic model of cognitive impairment taxonomies where biological/pathological processes respond and interrelate with a problematised normal healthy state.

**The positioning of the self with mild cognitive impairment**

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The seeming birth of mild cognitive impairment (MCI) as a category of brain-based behavioral problems has the potential to lead to some significant social problems for individuals thus diagnosed. As seen with Alzheimer's disease (AD) even in mild forms, the presence of a diagnosis can lead healthy others to "explain" more and more of a person's behavior in terms of the diagnosis when in fact the behavior in question may be (a) reasonable and (b) based on interpersonal/social influences. Such Positioning has the potential to be employed increasingly as a result of a diagnosis of MCI and can (as is the case with people with AD) be malignant in terms of its effects on the social and personal lives of the individuals in question. In terms of Social Constructionist Theory, the social self, or Self 3, of the person thus diagnosed will be restricted more and more to "the MCI patient" with increasing focus on his or her defects, and he or she will not receive the necessary co-operation required to construct more worthy, valued, social identities. To the extent that the person's social identity becomes increasingly restricted to "the MCI patient", indicating something defective, his or her sense of self-worth can be diminished and the person may then experience depression and withdraw from social situations. Ironically, these latter effects will then be seen as being further symptoms of MCI. If these effects are observed in some but not all people thus diagnosed, they will then be seen as constituting a "subgroup" of MCI, confirming further the original positioning and leading to a downward spiral in the diagnosed person's quality of life.

## S32 PSYCHOSOMATICS AND PSYCHOBIOLOGY

Chair: Bernhard Granger (France)

**From divided objects to whole subjects**

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Throughout the history of Western medicine wholeness has been a word of honour. Also in today's medicine the need for wholeness is often ventilated, but unfortunately the main locus for such discourses are after-dinner speeches. In this paper I aim at investigating what wholeness in today's medicine actually means and amounts to. What aspects in human life are relevant for a holistic medical perspective, and what aspects should be deemed irrelevant?
This paper takes as its point of theoretical departure the holistic conception developed by the German neurologist and philosopher Viktor von Weizsäcker (1886-1957) in his Pathosophie. Using his analyses, supplied by an inter-

pretation of two dialogues by Plato, Charmides and Phaedrus, and the biopsychosocial model by Georg L. Engel, I come to the conclusion that a medical holism ought to be narrowed down with respect to a universal holism. Consequently, the physician should not act as a public tutor or educator, but as a resource person in medical matters, which does not mean that the physician should restrict her- or himself to the pathophysiological aspects of disease. It is exactly here that my theoretical perspective makes a difference: A medical holism which focuses on the sick human being as such, and opens up for this human being's diversity and variation, it's subjectivity and historicity, may hopefully lead us towards a more sound and feasible conception of holism in medicine.

**History - and future? The role of Viktor von Weizsäcker for psychosomatic medicine**

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Viktor von Weizsäcker, a neurologist, was an important figure in German medicine in the first half of the 20th century. Influenced by anthropological concepts close to the Heidelberg school, by psychoanalysis and also on the grounds of his own work in neurophysiology he became one of the founding fathers of psychosomatic medicine in Germany.
In this paper I will (1) briefly present some of his key concepts and (2) discuss the relevance of these in the light of current developments in neuropsychiatry. It turns out that he is an important predecessor of action-based teleofunctionalist approaches to the explanation of mental functions and human interactions – approaches that are close to the edge of cognitive neuroscience today. In addition, Weizsäcker's concept of disorder could help to formulate a modern nosology of mental and psychosomatic disorders.

**Life circle, time and the self in Antoni Kepiski's concept of information metabolism**

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The term 'information metabolism' is one of the key concepts put forward by the great Polish psychiatrist Antoni Kepinski. In this biological-philosophical approach the fundamental feature of life is the exchange of energy and information with the environment. The exchange of information, or information metabolism, is exceptionally well-developed in a human being. Thanks to this he is able to maintain contact, in the broad sense, with the external environment, and to experience the sense of the self. This concept of metabolism basically allows Kepinski to account for many psychopathological disorders like schizophrenia and depression. Some problems with schizophrenic and manic-depressive subject's experience pertaining to temporal experiences will be presented. Kepinski's concept of "the rhythm of life" will be explained in the context of contemporary philosophy of mind and the phenomenological tradition of psychopathology.

**Principles of synergetics and chaos-theory and their application to psychotherapy research**

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Psychotherapeutic processes from N=94 psychosomatic patients are analysed. The applied instrument was the subjective questionnaire from Schiepek et al. From this sample individual phase portraits are analysed graphically, and methodological variations for a stage-segregation for time series data are introduced.
Phase portraits show that the subjective course from inpatient therapies shows emerging attractors and bifurcations and to be in general more or less chaotic. This proves principles of Gestalt Theory, Synergetics and chaos-theory as valid and useful for psychotherapy research. These principles are outlined in short. Furthermore factor analyses of T-data with different indices and variables are presented, showing a stage-process with extracted 3-5 stages as a stable solution for these psychosomatic time series data. Also the analyses of different dimensionality-measures are introduced, showing a principle of synergetics to be true, namely that low-dimensional chaos is slightly useful for psychotherapeutic progress.

## S33 ETHICS IN PSYCHIATRY

Chair: Bill Fulford (UK)

**Tradition and modernity in psychiatry and attitudes of mental health practitioners to the hippocratic oath**

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Clinicians working in a psychiatric department of the Teaching Primary Care National Health Service Trust in Coventry, England, have been asked to fill a questionnaire on their attitudes in the Hippocratic Oath and its relevance in the present-day medical practice. The questionnaire has been developed by the authors of the study and consisted of 15 statements derived from the principles of the Oath.
40(44 of the medical practitioners from the Caludon Centre, including 17 consultants and 23 junior doctors, participated in the survey. 82% of the clinicians believed that medicine should still be practised according to the Hippocratic oath, however the attitudes of the individual doctors to the specific statements of the Oath considerably varied. The highest approval rates have been declared for prohibition of sexual relations with patients (100%), contempt of corruption (98%) and avoiding harm in treatment (93%). The lowest acceptance rates have been for helping their medical teachers in non-professional matters (22%), exclusion of abortion from medical practice (25% and treating other doctors as family members (26%). There have been no differences between the attitudes of consultants and junior doctors towards the Hippocratic Oath in general, nor to any of its statements. We discuss some of the philosophical and ethical implications of the results on the relationship between tradition and modernity in psychiatry.

# ABSTRACTS

**Alternatives to autonomy as foundation for clinical ethics in psychiatry**

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Mainstream bioethics often advocates respect for patient autonomy as the primary moral principle whereas clinical medical practice historically is based on the ideal of care providing beneficence. Autonomy is, however, primarily rooted in political and judicial spheres, particularly of a libertarian kind, rather than in medicine and health care. The concept of autonomy is fundamentally individualistic and rationalistic; it neglects that persons are socially embedded and that identities are formed within a context of social relationships: The relation is there before the individual.
The core question for libertarians is autonomy in terms of decision competence. The concept of autonomy is, however, based on an anthropology in which people are seen as moral strangers who cannot share enough of a common world to be able to communicate. Hence, a contractual agreement is seen as the best form of relationship between patient and physician.
I will outline an alternative anthropology as foundation for clinical ethics in psychiatry. This foundation is based on a phenomenological view of the human being brought forward by philosophers such as Marcel, Løgstrup and Levinas. With this anthropology, the patient-physician relation is based on trust, sympathy, mutual understanding and solidarity as keystones. I will in this paper outline what consequences this view has for the relation between patient and physician in difficult situations where coercive treatment is at stake.

**A madness for identity: Psychiatric labels, consumer Autonomy, and the Perils of the Internet**

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Psychiatric labeling has been the subject of considerable ethical debate. Much of it has centered on issues associated with the application of psychiatric labels. In comparison, far less attention has been paid to issues associated with the removal of psychiatric labels. Ethical problems of this last sort tend to revolve around identity. Many sufferers are reticent to relinquish their iatrogenic identity in the face of official label change. Some actively resist it. The resistance takes place in the private chat rooms of the internet; a domain where consumer autonomy reigns supreme. It is imperative that psychiatry and bioethics examine this new frontier, since the potential harm to consumers is great. At the same, time conducting research in this domain is fraught with new ethical problems. These two themes – the need for research and the ethical problems in conducting it – will alternate throughout our discussion. Another theme is the demise of the professional authority of psychiatry in this age of autonomy where the consumer and the internet are now powerful competing forces in the 'manufacture of madness'.

**Conceptual problems in early detection of psychosis**

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Recently, interest in early detection and treatment of psychotic disorders has been increasing world-wide. A fairly extensive discussion of associated conceptual and ethical problems has also ensued. In this paper the implications of extending diagnostic and treatment initiatives to earlier phases of psychotic disorders is discussed from the conceptual point of view. It is pointed out that relevant problems are related to transgressing the limits of existing diagnostic concepts. Using the retrospective concept 'prodromal symptom of psychosis' in prospective setting and for preventive purposes is an example of such a transgression. The connections between clinical and ethical problems that arise and logical characteristics of psychiatric disorder concepts are described. It is suggested that formulating targets for early detection and intervention from genuinely prospective point of view is a necessary prerequisite for the relevance of early detection and intervention initiative.

**P16 The imperative flexibility: A late modern vision of the self**

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In reading the considerations of the leading contemporary sociologists, attentive observers of the metamorphosis of identity in the post-modern age – a slightly perverse, but undoubtedly heuristic, game came to my mind: what if I mixed up quotes from these scholars' papers with extracts from patients' clinical reports, especially people suffering from so-called "eating disorders"?
The objective of this game is to show how difficult is to pick out the clinical fragments from the sociologists' descriptions of the "never ending task of assembling our Self". The game is to try to separate psychopathology from the Late Modern physiology of identity.
The great psychopathologists from the last century offered us two major meaning organizers of identity and its disorders. The first is the Freudian notion of the "discontents with civilization". This served to explain that widespread sense of malaise that characterizes the modern condition. As civilization has been built on our restraining our drives, civilized man ended up "trading in a part of his chances for happiness for a bit of security". Security is guaranteed by our submitting to norms of civilized living together. Neurosis, that feeling that permeates modern human beings who neither belong to themselves nor to others, is the agonizing result.
The second meaning organizer, bound to the notion of psychoses, is the Jaspersian concept of the Ego consciousness, mainly based on the Kantian Self. The Kantian Self is the identity pole of subjectivity, standing above the stream of changing experience. It is a necessary condition for coherent experience. Also the Jaspersian Self presupposes coherence, since its main features include identity through time, a sense of unity and one of demarcation

from the external world, and a feeling of being actively involved in one's own experiences and performances.
In late modernity, identity is a task. Post-modern people have the task and necessity to be perpetually constructing themselves. Being, Self, are organized in a reflexive way. Individuals are forced to choose their own life style among a multitude of alternatives. Are the Freudian and the Kantian/Jaspersian models of the Self now still proving to be suitable for an adequate psychopathological analysis?

**P17 On future**

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While we are living in the present, we are experiencing ourselves always on the threshold of the future. Such an anticipation of the future is conditioned by our biological determination shared with all non-human creatures. Each individual has to integrate in its own existence two levels of living: its particular mortal living and the living of the host species preceding and surviving its individualization. In human beings this dual structure is represented by the twofold subjectivity: the subjectivity of "I" and that of "we." Schizophrenics fail to integrate this duality, so that it is hard for them to found their personal subjectivity upon the collective communion, which must be then experienced as a foreign power usurping into their selfhood. They are forced to anticipate the future unnaturally, "ante festum," to preserve their vulnerable autonomy.
We discuss this "biological" hypothesis of schizophrenia from the viewpoint of the phenomenological psychopathology. The ontic-ontological difference of Heidegger, the fundamental relatedness of the living organism to the "Living itself" of Weizsäcker, and the dialectical tension between self-autonomy and self-evidence claimed by Blankenburg are compared with our perspective based on the Japanese notions of "mizukara-Jiko" (of oneself) and "onozukara-Jinen" (of itself or natural). Japanese has two words for future, "Mirai" (coming not yet) and "Shorai" (about to come). For our existence the unknown Mirai is much more dreadful than the already programmed Shorai. Schizophrenic way of living can be construed as being an ante-festum way confronting Mirai.

## POSTER PRESENTATIONS

**Times of closeness – times of autonomy. The representation of dependence and detachment in a masterwork by the young Picasso**

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The painting "La Vie" from 1903 is considered by many art historians to be the most important painting from the so-called Blue Period and one of the most important works ever created by the artist. The gesture in the centre of the painting must be seen in the iconographic tradition of the gesture "noli me tangere!" (touch me not!). This iconographic discovery allows an entirely new approach to the interpretation of this painting, which is based on the combination of the iconographic analysis and an interpretation of the results by means of psychoanalytic concepts. This approach can lead out of the dilemma of entirely subjective and therefore arbitrary interpretation. The meaning of the gesture can be determined to signify detachment. The time of closeness and wholeness is represented by the mother figure with the child in her arms, whilst the time of detachment and autonomy is represented by the young man with the young woman leaning on his shoulder. Biographical change is suggested by confronting two successive states of being simultaneously in the same composition, separated by the gesture in the centre of the painting. This masterwork therefore deals with the dissociation of a formerly close relationship between mother and child and underlines the importance of detachment as a condition for the true autonomy of an adult individual. The painting also deals with the problem of separation and the resulting attempt at coping with loss and can be taken to be an answer to autobiographical experiences of the young Picasso.

**Erwin Straus as a practicing pioneer of phenomenology in psychiatry**

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The poster gives an impression of the psychiatrist Erwin Straus (1891–1975), who was an important pioneer in the phenomenological movement of the last century. In opposition to the traditional psychiatric efforts toward the reduction of mental experience into mechanistic perceptions, Straus led the way for the phenomenological approach to psychiatry.
One of his remarkable contributions to psychiatry was his way of practicing phenomenology. Straus had an impressive ability to make every case a teaching case. As the chief of the Veterans Administration Hospital in Lexington (Kentucky, USA), he arranged weekly case presentations, in which one became acquainted with the power and importance of the phenomenological approach in psychiatry. Starting from the pure phenomenon, he showed how a sensitive phenomenologist could elicit from any patient's experience a sense of vivid, lived immediacy. Furthermore, he initiated the "Lexington Conferences on pure and applied phenomenology" and supplied the possibility for a contact between natural-scientific medicine and philosophy. The Conferences became an important meeting point for physicians and philosophers from all over the USA.
Extracts from these case presentations and topics of the Lexington Conferences will be shown.

**Wisdom, madness and folly in the old testament and apocrypha**

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Aims: To review the numerous narrative and didactic refe-

# ABSTRACTS

rences in the (Christian) Old Testament and Apocrypha to knowledge, cognitive ability, and mental disorder, and how twentieth-century theologians and biblical scholars have interpreted them.
Method: After an examination of the biblical text, the work of predominantly British scholars was surveyed, as well as others' such as Karl Barth, and the Heidelberg scholar Gerhard von Rad.
Results: Genesis, of course, starts centrally with the tree of knowledge of good and evil, and the "crafty" serpent (later to be identified with Satan in the Christian tradition). The narrative's attitude towards intellectual ability continues with the stories of Jacob and Esau, Rachel and Leah, and Joseph. It is notable that both Moses and Abraham are free of cunning and any tendency to deception. David is a man of action, but he feigns madness when necessary, and God punishes his one deception.
Wisdom is often defined negatively in opposition to folly, especially in Proverbs. The attribution of this book to Solomon is ironic given his folly in turning away in his old age from the God of Israel to foreign deities. Different aspects of the nature of Wisdom, as portrayed in Psalms, Proverbs, and Ecclesiastes, the Prophetic books and the Apocryphal works such as Ecclesiasticus, have been much debated, as have the possible links to Hellenistic philosophy.

**The position of imagination in philosophy and psychiatry**

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The power of imagination to transcend the givenness of existence in favor of its possibilities may actually define the human condition itself. What we call consciousness and culture are inseparable from imagination. Yet, imagination remains neglected by academic psychology, psychiatry, and philosophy. Rejected across intellectual history as synonymous with illusion, falsehood, and mistaken perception, imagination has persistently been positioned into the background to its more privileged cognates – emotion, perception, and reason. At best, it has been constructed as an 'intermediary' faculty between these other modalities. This presentation will briefly review this historical neglect and suggest an existential-phenomenological framework that may fore-ground this significant modality.

**The Werther-Effect as a prototype in media effect research?**

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Systematic scientific investigations on copycat suicide began with the work of David Philips in the 1970s. At least 40 scientific papers have been published on the impact of suicide in the real world. Since the Werther-Effect is today widely accepted, some authors raised the question of impact of the original Werther. Although a two figure account of suicides in European Countries can be related directly to the novel, even in the late 18th Century the question was raised on the impact of the Wertherfieber.
The aim of my presentation is to show the historical background which made the idea of the Wertherfieber seem plausible in the late 18th Century, by referring to results from different fields such as the history of psychology, aesthetics and media. Thus the Wertherfieber will be presented as a cumulating point of different hopes and fears related to the new phenomena of popular culture.
Furthermore the question will be raised, if the discussion about the Wertherfieber may be regarded as a prototype for the discussion on a possible negative impact of Schundliteratur (pulp fiction) at the 2nd half of the 19th Century, which is often regarded as the starting point of the still ongoing debate on negative media impact.

**A brief review of Byzantine psychiatry**

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Contrary to the belief that ancient psychiatry finished with the decline of West Roman Empire during 6th century A.D., we argue that this science continued and was flourishing for another nine centuries, from the 7th to 15th century in the East Roman Empire of Byzantium.
Mania, depression, catatonia, phrenitis, and paranoia are the psychiatric diseases that the doctors of this period were occupied with. They believed that the brain is the center of mental life and that humoral disequilibrium leads to mental disease. They assumed that hereditary and environmental factors predispose to these diseases. They treated the patients with drugs, diet, bloodlettings, physiotherapies and spa therapies. These scientists were doctors, philosophers, astronomers and mathematicians at the same time, for medicine was a section of philosophy. The poster gives an overview on the different periods and achievements of Byzantine psychiatry from the 5th to the 15th century.