nomenology and the natural sciences, is it possible to create such a bridge between activity and passivity in the sense that the subject is studied from the perspective of a neurophenomenology of trauma rather than by focusing on brain “activity” (Q2)? Furthermore, would phenomenology be a way to change the pathological world? (Q3)

References


Introduction

1 Yochai Ataria, Mooli Lahad and Omer Horowitz indicate that the efficacy of treatment for posttraumatic stress disorder (PTSD) is wanting. They feel that neuro-phenomenological study of the disorder may help to ameliorate the situation. Their admirable and important proposal sounds promising. It largely fits my suggestion (Nijenhuis 2015a, 2015b) that all trauma-related disorders can be studied neuro-phenomenologically or, more precisely, in a methodological frame that couples the powers of phenomenological, neurophysiological, physiological, environmental and historical analysis of PTSD must take this multiplicity into account.

>Abstract • Ataria, Lahad and Horowitz propose that a neurophenomenological study of Posttraumatic Stress Disorder (PTSD) may inspire efficacious treatment interventions. Their proposal is promising but overlooks that patients with PTSD enact and reenact more than one phenomenal self, lifeworld, and coupling of this self and this world. An integrated phenomenological, neurophysiological, physiological, environmental and historical analysis of PTSD must take this multiplicity into account.

« 2 » This said, Ataria, Lahad and Horowitz’s proposal includes several problems. These pertain to the definition of “trauma” and the conceived relationship of subjects and objects, the idea that there are “cognitive mechanisms” and that these can bridge the mind and the brain, the existence in trauma-related disorders of more than one phenomenal self, lifeworld, and coupling of this self and this world and its implications for measurements, the power of the proposal to increase therapeutic efficacy, and the strong similarity between the proposed neurophenomenological approach and state-of-the-art psychotherapy for trauma-related disorders.

A general concern is that while the authors state that they strongly embrace enactivist theories, some of their suggestions and terms do not seem to fit the enactive approach.

Trauma and the subject–object relationship

3 The authors define trauma as a response to a dreadful event. But should “events” be considered “stimuli” that exist separately from an experiencing, knowing and acting individual? Are particular events inherently “dreadful”?

4 In a realist conception, living organisms “respond” to objectively existing, subject-independent “stimuli” and constellations of “stimuli,” i.e., “events.” In contrast to that, the enactive approach is grounded in the idea that living organisms are in many contexts best seen as organism–environment systems (e.g., Di Paolo, Buhrmann & Barandiaran 2017; Gallagher 2017; see also Järviäihto 1998a, 1998b). For example, as Diego Cosmelli and Evan Thompson suggest,

5 “[T]he brain isn’t a reflex machine whose activity is externally controllable through input instructions. Rather, it’s a highly nonlinear and self-organizing dynamical system […] Inputs perturb such complex systems but don’t specify particular outcomes. Furthermore, most inputs arise as a consequence of the system’s own intrinsic activity.”

(P. Cosmelli & Thompson 2010; cited in Colombetti 2014: 102f)

Mind, brain, body, and environment, then, are co-occurring, co-dependent, and co-constitutive (e.g., Gallagher 2017; Northoff 2003; Schopenhauer 1958; Spinoza 1996). We must act before anything becomes a stimulus or informative for us. As Baruch Spinoza (1996: Corollary I and II to Proposition XVI, Part II) contended, the human mind perceives the nature of a variety of bodies, along with the nature of its own. Hence, our ideas of external bodies indicate the constitution of our own body rather than the nature of external bodies. Arthur Schopenhauer similarly contended that

Multiple First-Person Perspectives in PTSD

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"Cognitive mechanisms"

8. Ataria, Lahad and Horowitz (§34, §48) hold that particular "cognitive mechanisms" can bridge traumatized individuals' subjectivity involving their first-person perspective (1PP) and their characteristic patterns of neural activity measured using a technical third-person perspective (3PP). The "mechanisms" they have in mind involve the sense of agency and the sense of body ownership. This idea raises questions.

9. Francisco Varela (1996) designed the neurophenomenological venture as a method to dissolve the mind–body problem. Taking Spinoza's (1996) position that matter (body–brain) and mind do not cause and cannot be reduced to each other, Varela proposed an indirect way of linking brain and mind. Varela thus tried to "bridge" the domain of subjective experience and thought, and the domain of neuronal activity. I am not aware that the venture includes the idea that "cognitive mechanisms" can or should serve as bridges.

10. In addition, "cognition" is a construct that belongs to the domain of the mind. The brain and the rest of the body display (neuro)physical activity, not "thoughts" or "feelings" and "goals." It takes longing, feeling and thinking subjects to link particular patterns of (neuro)physical activity to mentality. Hence the question, how can something mental constitute a bridge between the mental and the physical? Considering the brain (and body) under the property of matter, some are tempted to use the term "mechanism." Consistent with this, Varela reserved the term "mechanism" for particular features of the brain, and linked the mind with the 1PP:

"a large-scale integration mechanism in the brain such as neural synchrony in the gamma band should be validated also on the basis of its ability to provide insight into first-person accounts of mental contents such as duration. The empirical questions must be guided by first-person evidence. This double constraint would not apply to descriptions that are not directly relevant to the level of experience, for instance for cellular responses or neurotransmitter diffusion." (Varela 1996: 343)

Others, however, note that brains "do what they do only by being integrated in the system of brain-body-environment, and only in their dynamical, non-linear transactions with bodily and environmental processes" (Gallagher 2017: 61). This view seems to be at odds with a mechanistic understanding of the brain.

11. I also wonder why should the bridge be cognitive? Why not a focus on longing (Nijenhuis 2017)? Cognition is secondary to organisms' primordial teleology (Schopenhauer 1958; Spinoza 1996). What an individual primarily does is engage in actions and passions that promote her preservation (Spinoza 1996: 76). No matter how bright a person's intellect may be, her energetic desires will beat it. In the words of Schopenhauer, "[t]he intellect grows tired, the will is unting" (Schopenhauer 1958: 211). He emphasized that the will "gives all things, whatever they may be, the power to exist and to act" (Schopenhauer 2007: 217). Spinoza (1996) aptly called this unceasing longing and striving "conatus," a term derived from the Latin conari ("to try"). In this light, I wonder why Ataria, Lahad and Horowitz call the sense of agency and body ownership "cognitive"? (Q1) In my view, having a "sense of something" is primarily experiential and having a "sense of something" presupposes an action, a striving to fulfill a longing.

12. In passing, one may wonder why Varela did not include the rest of the body, given the major role that is assigned to the body and embodiment in the enactive approach. Would it not be more inclusive to propose a "physiophenomenology"?

Plural senses of agency and body ownership in trauma

13. Reenactment of traumatic memories is commonly described in terms of a confusion of place and time. What is often overlooked or ignored is that reenactment of a traumatic experience includes the reenactment of a particular phenomenal self and lifeworld (Nijenhuis 2015a, 2015b, 2017). A core problem is that this self and world are not integrated with the phenomenal self and lifeworld that pertain to the third-person present. If the phenomenal self and lifeworld of the third-person present were available to the reenacting phenomenal self, the reenacting self would experience and know that the traumatic experience hap-
pened in the past and that she is currently safe. But the reenacting self is not or is not sufficiently aware of these facts. Moreover, the phenomenal self that is oriented to the third-person present does not integrate the reenacting phenomenal self and lifeworld (i.e., the traumatic experience/event) for the duration of the disorder.

14 Like other dissociative disorders, individuals with PTSD thus enact and reenact more than one sense of agency and sense of body ownership. Ataria, Lahad and Horowitz, however, talk about a singular sense of agency and a singular sense of body ownership (from §33 onward). Therefore, their phenomenal analysis is in a crucial respect incomplete. A more inclusive study of PTSD and other dissociative disorders assesses and indirectly links the phenomenology, physiology, and neurophysiology of the various phenomenal selves and coupled lifeworlds.

15 The timing of these various measurements is critical. Patients’ phenomenal, physiological, neurophysiological and behavioral features must be assessed concurrently or at the very least in close proximity to one another. For example, given the dynamic nature of the brain and the mind, it serves no purpose to assess neural activity at time step 1, and to assess an individual’s phenomenological features at this time step from a remote time step 2. What scientists and clinicians intend to achieve is, for example, an assessment of the patient’s sensations, affects, longings, strivings, thoughts, memories and other ideas during or in meaningful proximity to the measurement of the patient’s patterns of neural activation.

16 This said, it is hard to activate the different parts of the personality in PTSD in the lab in a controlled way, which hinders an examination of the mental, neural, and physiological features of the patients’ dissociative parts. Such work, however, is attainable in patients with dissociative identity disorder (DID; American Psychiatric Association 2013). Individuals with DID include multiple conscious and self-conscious dissociative parts that can take executive control. Following psychotherapy, some patients are willing and able to alternate between the dissociative parts of interest according to experimental demands. This work is relevant for PTSD, because DID is a complex form of PTSD (Nijenhuis 2015a). There are many similarities between PTSD and DID, indeed, that include structural and functional properties of the brain, functional physiology, psychiatric symptoms, and phenomenology (reviewed in Nijenhuis 2015b; see also Chalavi et al. 2015; Vissia et al. 2016). The biopsychosocial study of DID is therefore most relevant for an understanding of PTSD, particularly when in functional DID studies prototypical dissociative parts are studied that also manifest in PTSD.

17 We have shown that different kinds of prototypical dissociative parts in DID are associated with very different patterns of neural, physiological, and behavioral activation in experimental conditions in which such differences were theoretically predicted. The experimental conditions included listening to audiotaped memory scripts (Reinders et al. 2016), instructions to rest (Schlumpf et al. 2014), subliminal exposure to neutral and angry facial expressions (Schlumpf et al. 2013), and eye movements (Seidmann, Schlumpf & Jäncke 2014). Different kinds of prototypical parts that patients with dissociative disorders – PTSD included – bring forth thus involve their own kinds of mental and (neuro)physical properties. Since the physiophenomenological study of PTSD cannot be restricted to an examination of one prototypical part, must it not consider this multiplicity including multiple senses of agency and body ownership? (Q2).

Therapeutic efficacy

18 It is not self-evident that a better description of neural activity in traumatized individuals promotes more efficient therapy. This presumed (potential) effect must be detailed, not just assumed. I may have missed their point, but in my reading, Ataria, Lahad and Horowitz have not described how their neurophenomenological approach may offer therapeutic interventions. For example, how does it help clinicians to know what patterns of brain activation in individuals with PTSD are associated with excessive emotionality? (Q3) Knowing that portions of the prefrontal cortex are not activated much during re-enactment of traumatic memories does not tell them more than they already know and need to know. They knew beforehand that reenacting patients among other actions do not or do not sufficiently engage in the actions of synthesizing the third-person present.

Phenomenological analysis (PhA)

19 Ataria, Lahad and Horowitz provide a fine and detailed description of their PhA. Since the method strongly resembles state-of-the-art psychotherapy for trauma-related disorders, I wonder how PhA and state-of-the-art psychotherapy differ? (Q4)

20 Since patients and psychotherapists influence one another, it seems that PhA affects the patient’s 1PP. The implication is that neurophenomenology involves more than an assessment of the patient’s original 1PP and the implied neural activity in the 3PP. PhA also involves two second-person perspectives (2PPs):

- the phenomenal experience, relationship and judgment of the individual who conducts the PhA regarding the traumatized patient, and
- the phenomenal experience, relationship and judgment of the traumatized patient regarding the interviewer/psychotherapist.

21 These reciprocal phenomenal “1–You” relationships will influence the patient’s and the therapist’s 1PP, and may thereby also influence their respective 3PPs. In other words, PhA and neurophenomenology involve co-enactment of phenomenal selves and lifeworlds.

Conclusion

22 While Ataria, Lahad and Horowitz’s proposal is important and rich, it would greatly benefit from further extensions to take into account subject-object relativity, consistently use enactive concepts, and consider the timing of the various mind, brain, body and environmental measurements. Most of all, it may profit from considering plural first-person perspectives in PTSD.

References


Subjective Experiences are Relational: Implications for Trauma Research and Therapy

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Abstract • While I applaud Ataria and colleagues’ emphasis on the importance of “returning” to the phenomenology of disrupted subjective experiences, here I draw attention to the importance of second-person body-based dynamic engagements with others in bridging the gap between first- and third-person approaches in understanding traumatic experiences. To put it in a provocative slogan: the second person comes first. I will conclude by briefly outlining some implications for therapeutic interventions based on dynamic body-based engagements with others complementing the static, interview-based approaches.

1 | For example, Tim Crane and Craig French note that “[p]erceptual experience, in its character, involves the presentation (as) of ordinary mind-independent objects to a subject, and such objects are experienced as present or there such that the character of experience is immediately responsive to the character of its objects” (Crane & French 2015: Section 1.1).