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Steps Towards a Constructivist Psychiatry

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> Abstract • In *Enactive Psychiatry*, de Haan puts forward an enactive solution for the integration problem in psychiatry. I compare her enactive solution to constructivist approaches to psychopathology. I identify a blind spot in the proposed enactive framework for psychiatry and potential for future research in the role of extended cognition.

Introduction

« 1 » Sanneke de Haan's *Enactive Psychiatry* (*EP*) is a philosophical monograph aimed at clinicians and researchers working in psychiatry. De Haan addresses the so-called *integration problem*; that is, the observation that no model that analyzes psychiatric disorders from a single level of description can adequately explain them. She provides well-thought-out critiques of both monodisciplinary perspectives on psychiatric disorders and existing integrated models. Her critiques are commonly delivered in the form of thought-provoking questions or illustrative examples.

« 2 » De Haan proposes that enactivism could provide a solution to the integration problem by bringing together physiological, experiential, existential, and sociocultural levels of description. Her presentation of enactivism is palatable even to the readers who have not yet encountered philosophy of cognitive science. De Haan's enactivism is a blend of biology of cognition (Maturana & Varela 1992), sensorimotor enactivism (Noë 2004), and participatory sense-making (De Jaegher & Di Paolo 2007). She writes that cognition is embodied, embedded, grounded and action-oriented, and that perception and action are linked. She continues by saying that cognition is affective and laden with values, that is, through sense-making, organisms perceive what supports or threatens their existence.

« 3 » Following enactivism, in Chapter 4, de Haan explicates how the traditional dichotomies between the mind and the world, the internal and the external, the brain and experience break down. Rather than being separate entities, these all amount to aspects of the same process: the unfolding of life. This precludes any possibility of reductionist approaches yielding causal explanations, as through the process of cyclical causality, aspects of the organism mutually specify one another. Thus, de Haan suggests, it is better to speak of fusion of constituent parts of the system, rather than hierarchically organized and separate levels of description.

Psychiatric disorders as disorders of sense-making

« 4 » One of the ideas that de Haan introduces in *EP* is the so-called *existential dimension*. All organisms are capable of sense-making in that the worlds they uncover in their perception reveal to them those parts of the environment that are, for them, value-laden. As human beings, however, we can not only relate to the environment through our sense-making, but we can also relate to our relating. In other words, we can adopt an existential stance towards our experience. This stance-taking is expressed through the way we act, behave, and relate to our own broader existential situation.

« 5 » De Haan argues that it is precisely this capacity for existential stance-taking that forms the precondition for the development of psychiatric disorders. Focusing on existential stance-taking, de Haan proposes a novel definition of psychiatric disorders. They are:

> "more or less stable *patterns* in how someone's sense-making goes astray over time. 'Going astray' means that the person's sense-making is not *appropriate* or insufficiently attuned to her situation. She will find it difficult to *adjust* her sense-making to the situation at hand. This difficulty in adjusting and attuning typically results in overly *rigid patterns of interactions.*" (196, emphases in the original)

« 6 » By introducing the existential dimension, de Haan both sets forth a novel domain of inquiry within psychiatry and meaningfully addresses the genuine suffering experienced by patients with psychiatric disorders, a perspective that is all too often neglected in academic discourse. She emphasizes that we should avoid normalizing psychiatric disorders by saying that all pat-

terns of sense-making are simply variations of the normal. De Haan additionally addresses a long-standing constructivist concern regarding psychiatry. This concern is summarized by Leon Cassiers. He criticizes psychiatry for externally defining recovery from mental illness, which

> "is assessed on its external visibility; the subject's ability to locate himself within his society and, more specifically, in his professional field and with regard to his love life whilst adequately abiding by the rules." (Cassiers 1994: 104)

Through stance-taking, de Haan is able to address the suffering of patients with psychiatric disorders, treating it as both epistemically and existentially relevant.

« 7 » Existential stance-taking is consistent with recent developments in constructivism. In the case of lived experience – one of the domains de Haan seeks to include in her integrated model – Urban Kordeš and Ema Demšar (2018) have drawn on phenomenal data to propose that experience is always observed from a particular vantage point and that this observation alters the experience itself. This property of lived experience is relevant when attempting to integrate the biological and sociocultural dimensions in psychiatry, as well. Laurence Kirmayer and Maxwell Ramstead (2017) argue that many potentially psychopathological states commonly occur in members of otherwise normative populations. These states may be attenuated or amplified to varying degrees by feedback from culture (for an in-depth study of this dynamic in schizophrenia, see Luhrmann & Marrow 2006). Specific contexts or places, prescribed practices, and social processes mediated by large networks of people constrain and influence an individual's cognition. In this way, in some cultural settings, a specific arrangement of bodily feelings, emotions, or other aspects of experience may be overlooked. In others, the same arrangement of experiences might be noticed, and reinforced. Solidifying experiences through cultural narratives may thus work to both amplify and attenuate psychopathological experiences.

« 8 » In summary, cultures may determine the stance-taking towards some aspects of lived experience. Thus, the same phenomena might appear as benign in some contexts and deleterious in others, depending on which patterns of existential stance-taking are seen as culturally default. I wonder whether de Haan's notion of existential stance-making might offer an explanatory framework for the integration problem between biology and culture. Q1

Bodily responsivity to the world

« 9 » One of the crucial dimensions of analysis of psychiatric disorders, according to de Haan, are *affordances,* i.e., a sense that a person is capable of a specific engagement with her environment. While affordances are commonly deployed in enactivist literature, these are rarely analyzed in detail (for an exception, see Laughlin & Throop 2007). The casual use of affordances is particularly problematic within a constructivist context, as the originator of the concept, James Gibson (1982) argued for *direct realism,* the position that the senses uncover an observer-independent world. Considering the broad use of affordances in enactivist literature, then, it is laudable that in *EP* de Haan outlines a precise taxonomy of affordances.

« 10 » In Chapter 7, de Haan differentiates between a *landscape* and a *field of affordances.* The former comprises the capacities and abilities afforded by embodiment. For example, human bodies evolved for walking. As such, the act of walking is contained within our landscape of affordances. Conversely, a field of affordances refers to a subset of these abilities, which in a specific individual may become inaccessible. Walking, for example, is not contained within the field of affordances of a person with lower spine injury or an individual with depression, wherein her body is experienced as so heavy as to preclude motion (Fuchs & Schlimme 2009).

« 11 » The differentiation between the landscape and field of affordances takes into account that – at a minimum – there are two levels of description. Edmund Husserl (1982) writes that human beings typically exist in a state he refers to as the *natural attitude*; i.e., the belief in an observer-independent world that can be objectively described by the natural sciences. From a Husserlian perspective, however, this world is a construct. After all, when we are experiencing the touch of a loved person, we are not experiencing the first law of thermodynamics, but intimacy. Similarly, Charles Laughlin and Jason Throop (2007) propose that we have to consider living organisms through the perspective of the Fisher entropy. Namely, every system can be described with observable data *about* the system and data about how the world *appears* to the system. Importantly, these two values need not overlap precisely or, in some instances, at all. We can read de Haan's taxonomy of affordances as a further development of these approaches.

Personalized network models

« 12 » In Chapter 8, de Haan concludes *EP* by outlining a methodology for an enactivist investigation of psychiatric disorders: employing so-called *personalized network models.* Drawing inspiration from dynamic systems theory, de Haan suggests that network models are beneficial, as they do not presuppose a hierarchical ordering of the levels of description. She proposes to meticulously record data regarding a given patient over a longer period of time. The data is stored as a population of nodes, which represents the patient. The nodes are connected by structural-functional relationships. The nodes might fall into a specific class of phenomena: existential, experiential, physiological, or sociocultural. By tracing the temporal evolution of data within this personalized network, researchers and/or clinicians might then be able to observe the formation of emergent properties such as mood, as well as determine a point when the equilibrium of this particular biological system is upset and the system starts tending towards an inherently unstable organization, i.e., psychopathology.

« 13 » Personalized network models follow constructivism in two meaningful ways. First, as emphasized by Gregory Bateson (1987), the appropriate level of analysis of the mind is the combination of a living being in its flexible environment. This human–environment coupling can be studied from a number of perspectives, such as neural dynamics, lived experience, behavioral patterns, cultural signifiers, etc. We must always take into account the question of where the organism begins and ends, if the appropriate level of analysis is the organism in its interaction with its environment. Bateson (ibid.) suggests that it may be sensible to consider

the walking stick a blind person uses to navigate the world a part of her. However, this is only the case if we are interested in the blind person from a particular vantage point. If we were inquiring into how she behaves while eating, the walking stick would no longer be relevant. Thus, the boundaries between the self and the world are neither epistemologically nor experientially fixed. They change in response to the situation of both the observer and the observed organism. This is because, according to Bateson (ibid: 460), the principal task of cognition is to "select certain facts out of" relevant parts of the environment, "which then become, in modern terminology, information." Similarly, de Haan writes:

> "The usefulness of a network model depends on (1) *choosing the relevant nodes,* as well as (2) an adequate understanding of the *relations between those nodes.* […] In order to be of any practical use, then, [personalized] network models need to be complemented with a theory of what the important aspects of psychiatric disorders are and how to characterise the relations between them." (244f, emphases in the original)

In other words, rather than blindly record all the data available about the patient at a given time point, de Haan proposes to limit data acquisition to those aspects of the patient's life that are important to the question at hand, both from the third-person perspective of researchers and/or clinicians, and the first-person perspective of the patient.

« 14 » The second constructivist aspect of de Haan's proposal to use personalized network models is consistent with early cybernetic approaches within constructivism. Working at a time when mechanical interventions into the brain, such as electroconvulsive therapy and transorbital lobotomy, were common, W. Ross Ashby designed intricate machine models of the brain. He formulated a cybernetic interpretation of psychiatric disorders by positing the mind as a system that, when disturbed, reconfigures itself in a dynamic and continuous manner until it reaches a stable state (Pickering 2009).

« 15 » Ashby contributed an additional idea to the conception of human cognition as a dynamical system: *thresholds*. While changes to the system in face of disturbances are gradual and continuous, they nonetheless lead to dichotomous states. Put somewhat brusquely: "one is either mad or not" (Pickering 2009: 223). Once the system is perturbed beyond a certain point, it will converge onto a stable state, in spite of additional disturbances. This is one of the reasons why procedures such as electroconvulsive therapy may work: by introducing a perturbation that drives the system beyond a certain threshold, subsequently converging onto a (non-psychopathological) stable state.

« 16 » To recapitulate: de Haan's methodological proposal, rather than overstating the importance of either biological or experiential perspectives, outlines a genuinely constructivist methodological framework, which not only focuses on any level of description relevant for the understanding of some phenomenon, but also opens the door for these phenomena to be analyzed with cybernetic formalism.

Concerning things in the world

« 17 » *EP* represents an essential development for an enactivist study of psychiatric disorders, offering both a coherent framework within which psychological, sociocultural, biological, and existential dimensions of a human being may be integrated, and a methodological proposal as to how to investigate psychiatric disorders. I will, however, conclude my review by challenging the role of the environment in *EP*. As shown above, various constructivist approaches throughout history emphasized the importance of a cognizing agent's interaction with its environment, in particular, how the two mutually specify each other. Today, one of the most productive continuations of this line of research is the paradigm of extended cognition (i.e., the position that the environment has a constitutive role in cognition). In *EP*, the role of the environment is emphasized in its social dimension, and as that which is brought forth or enacted by a person's cognition in line with her values. De Haan writes that "[f]rom an enactive perspective then, if we want to understand psychiatric disorders, we will have to look at persons in interaction with their worlds" (198). Her position is consistent with constructivist approaches. As Bateson (1987: 461) remarks: "The mental world – the mind – the world of information processing – is not limited by the skin." Specifically, while the mind constructs the world as uncovered in lived experience, this construction is not arbitrary. As Ernst von Glasersfeld (1995: 52, Footnote 19) notes: ontic constraints "determine what is impossible," but not "the ways of acting and thinking that can be constructed within them." Recent developments in extended cognition have emphasized the active role of the environment in constraining cognition. While de Haan (46f) does not flat out reject the extended mind thesis as earlier enactivist frameworks for psychiatry did (Nielsen & Ward 2018), she nonetheless finds it inadequate for the explanation of psychiatric disorder. Her main point of contention is that the extended mind does not do away with old dichotomies between the mind and the world, it merely expands what it considers to be the former. I argue, however, that recent developments in the extended mind may be productively integrated into enactive psychiatry.

« 18 » This idea seems counterintuitive at first, so let us start by examining Mark Rowlands's (2013) claim that the environment constitutes or composes some aspects of cognition. This idea can be demonstrated by referring to certain writing systems. While all reading is a constructive process in the sense that the reader creates meaning, this process is nonetheless constrained by the text. An extreme example of this is the Hebrew script, which lacks symbols for vowels, demonstrating that reading is constructive, and yet contingent on environmental constraints limiting the possible interpretations. So, from the extended-mind perspective, information is not simply processed, but jointly co-created by the reader and the text (for a detailed account, see Abram 1996). Further, the notion of affective scaffolding suggests that some arrangement of experience is appraised as a particular emotional state only when appropriate engagement with the environment is possible (Colombetti & Krueger 2015). For example, the musical score enhances the feelings of sadness in a tragic film. In this way, the mind and the environment mutually specify each other. Sense-making brings the salient aspects of the environment to conscious awareness, which, in turn, determine further patterns of sense-making.

« 19 » In *How Things Shape the Mind,* Lambros Malafouris (2016), working from the perspective of cognitive archeology, traces how human beings did not merely use tools following cognitive evolution, but cognition and tools evolved together, mutually influencing each other's developments:

> "Things, as dramatic perturbatory mediational means, drastically change and reconfigure the relationship between humans and those between humans and their environments. […] The presence of things means that people no longer react or passively adapt to their environment; instead they actively engage and interact with it. That is, things become agents of change […] [T]hey impose their own dynamics, consciousness, and temporality on our biocultural evolutionary continuum." (Malafouris 2016: 245f)

« 20 » Reflecting on this circular dynamic, Tanya Luhrmann (2020) proposes an etiology of hearing the voice of God. She writes that in certain evangelical communities, children are encouraged to imagine God speaking back to them during prayer. In time, and with sufficient reinforcement from their social environment, worshippers no longer recognize their own imagination in the divine voice.

« 21 » What is missing from her account, though, is the worldly constitution of experience. Elizaveta Solomonova, Elena Frantova, and Tore Nielsen (2011) explore the importance of *place* for the experience of the felt presence of the divine. It seems that culturally designated places of worship (e.g., altars and shrines) are more conducive to the experience of the divine than simple run-of-the-mill locales. Building on Malafouris (2016), Andrea Franchetto (2020) explores the interactions between places of worship and alterations of perception. Cognition, in interaction with specific places, constructs so-called *blended spaces,* a combination of material anchor (e.g., magic circles, prayer rugs) and the felt presence of walls and boundaries, so solid as to be impassable. I am not suggesting that religious experiences amount to pathologies. If psychiatric disorders are conceived of on a spectrum from mental wellbeing to illness, it may be beneficial to take a look at the former end of the spectrum as well. I am curious whether the framework presented in EP could be applied to the study of extreme mental wellbeing (e.g., mystical experiences). Q2

« 22 » Together with Bateson's thought experiment of the blind person and the walking stick, these examples demonstrate how individuals and objects they interact with do not represent separate entities, but through sensorimotor coupling form higher-order systems. Or as Evan Thompson writes:

> "experience is the phenomenal flow of one's body–environment coupling. Furthermore, consciousness here is […] a nonreflective attunement to the interplay of action and milieu." (Thompson 2007: 314)

« 23 » This interaction between individuals and objects spans multiple levels of description. It can be observed in lived experience in the sense of the boundaries of self expanding beyond one's body (Oblak, Boyadzhieva & Bon 2021; Petitmengin 2021); on the level of patterns of embodied interactions, as, e.g., how two people in an interaction attune to each other (Kyselo & Tschacher 2014); and finally, on the level of neural dynamics, in the phenomenon of *entrainment*, wherein EEG rhythms synchronize with a perceived rhythmic pattern (Bitbol 2019). To summarize, recent empirical and theoretical developments in extended cognition – primarily in the form of engagement – point to how a person's interaction with the environment does not only suggest a distributed account of the mind, but also, how through sense-making, different aspects of the world-as-experienced alter cognition and even enable some cognitive phenomena that are otherwise inaccessible (e.g., how places of worship are more conducive for the experience of an unseen "other").

« 24 » In my own work in the field of descriptive psychopathology, I have encountered a number of individuals suffering from psychosis reporting a similar pattern of experience. One patient, suffering from polymorphic psychosis, had been hospitalized. She reports how, upon returning home, she discarded the hospital bracelet on the floor. There, it demarcated a border, an impossible-to-cross boundary, which persisted even in light of autonomic imperatives; that is, she was unable to cross the boundary when she had to urinate. This example suggests that in psychiatric disorders, the mind interacts with objects to construct psychopathological experiences. Would these kinds of dynamics fall into the domain of existential stance-taking as developed in EP? Q3 While, at present, missing from de Haan's enactive conception of psychiatry, the extended-mind view of psychopathologies may represent a novel field to which the ideas outlined in *EP* may be applied.

Conclusion

« 25 » With *EP*, de Haan has put forward a framework for an enactivist understanding of psychiatric disorders that is both philosophically and methodologically coherent with constructivist approaches. The essential novelty that de Haan puts forward is the use of personalized network models as a methodological framework for understanding psychiatric disorders by integrating all necessary perspectives and levels of description. I have shown that de Haan has omitted an important school of thought, the extended-mind thesis, which might meaningfully contribute to an enactivist understanding of psychiatric disorders. Indeed, this choice may be pragmatic so as to not overburden the reader with philosophical minutiae. Or, perhaps this omission is a sign of things to come: an uncharted frontier where de Haan's path-breaking work might be used to great effect.

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Book Author's Response

Continuity, not Conservatism: Why We Can Be Existential and Enactive

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> Abstract • García's and Oblak's reviews of my book *Enactive Psychiatry* open up some fundamental debates with regard to my use of the term "enactive" for the kind of approach that I develop. Is my account still properly "enactive" (García) and how does my approach compare to the extended mind theory on the one hand and to constructivism on the other hand (Oblak)? In this response, I argue that (a) adding an existential dimension to enactivism is necessary to do justice to our way of being in the world and our specific sense-making and its problems; and (b) that this dimension can be incorporated within enactivism without giving up on either enactivism's commitment to naturalism or the enactive life-mind continuity thesis. My "existentialized" enactivism is very much enactive in that it adopts the thoroughly relational perspective that forms the core of enactivism. This relational perspective is also what distinguishes enactive theory from both extended mind theory and constructivism.

Introduction

« 1 » First of all, I would like to thank both Elena García and Aleš Oblak for their reviews and for engaging with my work. Both reviews open up some fundamental debates with regard to my use of the term "enactive" for the kind of approach that I develop in *Enactive Psychiatry*. Is what I do properly "enactive" (García) and how does my approach compare to the extended mind theory on the one hand and to constructivism on the other hand (Oblak)?

« 2 » In the book I deliberately refrain from "picking in-crowd fights," as Jelle Bruineberg (2021) calls it. My goal was to solve psychiatry's integration problem in a way that is accessible to anyone interested in psychiatry and the nature of psychiatric disor-