



# PHENOMENOLOGY IN CLINICAL PRACTICE

Working with Affective and Personality  
Disorders in Therapeutic Contexts

Susi Ferrarello



# PHENOMENOLOGY IN CLINICAL PRACTICE

*Phenomenology in Clinical Practice* introduces core concepts of Husserlian phenomenology and applies them to the understanding and treatment of affective and personality disorders in clinical settings.

Dr. Susi Ferrarello illuminates the source of emotional cycles and instability and offers mental health practitioners guided approaches to addressing affective disorders, alleviating disturbances, and promoting integration. Designed for mental health professionals and students in psychology, psychiatry, and medical humanities, this book bridges theory and practice through case-based applications and accessible explanations of philosophical concepts. It offers a non-reductionist, lived-experience approach to mental health and aims to expand both academic and therapeutic perspectives on conditions such as CPTSD, alexithymia, BPD, narcissism, and schizophrenia. Asserting that philosophical investigation can deepen an understanding of mental illness and care, the author invites readers to develop transformative approaches to address mental suffering with greater compassion and holistic awareness.

This book is an indispensable tool for those working in mental health care, especially for those looking for new lived experience-based solutions for clinical and psychopathological problems. It is also an invaluable resource for graduate students and researchers, as well as people who are not philosophers but seek support in reflecting on the ethical, psychological, and social challenges that are present in clinical practice.

**Susi Ferrarello**, Ph.D., is Associate Professor at CSU East Bay and author of *The Phenomenology of Pregnancy and Early Motherhood*, *The Ethics of Love*, and *Human Emotions and the Origin of Bioethics*. She is also a philosophical counselor and writes for Psychology Today.



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*Susi Ferrarello*

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*To Susanna, Valentina, Dalila*



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# INTRODUCTION

The fruitful intersection of phenomenology and clinical practice—both in mental health and in broader care contexts—continues to yield valuable insights that merit attention for their contribution to individual well-being.

In this book, I offer a chronological overview of Edmund Husserl's life and philosophical development, interwoven with applied chapters focused on specific affective disorders. The aim is twofold: to introduce foundational theoretical concepts in phenomenology as they relate to clinical practice and to demonstrate their practical relevance through concrete applications.

The first chapter introduces the concepts of psychologism and logicism, which I later explore in the context of complex post-traumatic stress disorder (PTSD). Chapter 2 presents Husserl's notions of *epoché* and phenomenological reduction, setting the stage for an analysis of practical intentionality and the volitional body—topics central to the chapter on schizophrenia and the chapter on trauma and CPTSD.

The second half of this book turns more directly to affective disorders. Chapter 6 addresses the crisis of the sciences and the parallel crisis of meaning in contemporary medical practice. Chapter 7 serves as a bridge, offering a phenomenological framework for understanding affective disorders, including alexithymia, borderline personality disorder (BPD), and narcissistic traits. These are examined through key phenomenological lenses: empathy, axiological activity, and representational acts, respectively.

Although the chapters are structured thematically and conceptually, readers are welcome to engage with them in any order that suits their interest or needs. While Husserl's phenomenology is the central reference point throughout this book, the analysis also draws on thinkers influenced by his legacy. Due to space

constraints, extended discussions of this intellectual lineage are included in the footnotes.

Below is the final structure of this book:

<b>Part</b>	<b>Theoretical Chapter</b>	<b>Bridging Chapter</b>	<b>Praxis Chapter</b>
<b>Part I</b>	1. Husserl the Philosopher		3. A Phenomenological Account of CPTSD
	2. Epoche and Reduction		4. Psychologism and Logicism in Complex PTSD
<b>Part II</b>	6. The Crisis of Medical Sciences as a Crisis of Meaning	7. Affects' Disorders	5. Husserl's Ethics and Schizophrenia
			8. Alexithymia and Empathy
			9. Borderline Personality Disorder: Affects and Value Disruptions
			10. Affects and Narcissistic Traits

**The Book**

The first chapter explores the intellectual and biographical foundations of Edmund Husserl's phenomenology and its enduring relevance to psychology, psychiatry, and bioethics. It traces Husserl's transition from mathematics and empirical psychology to a rigorous critique of scientific reductionism, culminating in his development of phenomenological *epoché* and *reduction* as tools to investigate the structures of consciousness and sense. The chapter situates Husserl's thought in historical and existential context, including his Jewish background, his academic influences, and the cultural trauma of early 20th-century Europe. Against logical psychologism and psychological logicism, Husserl defends a non-reductive view of meaning (Sinn) that respects the complexity of lived experience. This framework is applied to mental health, particularly schizophrenia and CPTSD, where phenomenological analysis reveals a breakdown in temporality, embodiment, and intersubjectivity often overlooked by mainstream psychiatry. Drawing on thinkers such as Sass, Minkowski, Foucault, and Merleau-Ponty, the chapter advocates for a phenomenological and ethical approach to abnormality, emphasizing empathy, interaffective resonance, and the relational nature of meaning. Husserl's legacy is ultimately shown to be a call to attend to experience in its fullness, offering a philosophical foundation for more humane clinical and ethical practices.

The second chapter explores the practical and theoretical relevance of Husserl's concepts of *epoché* and *reduction*, particularly in the context of clinical practice and psychopathology. Contrary to the widespread belief that transcendental phenomenology is too abstract for application, the chapter argues that Husserl's reflective method enables a deeper understanding of human experience by revealing the structures that shape how phenomena appear. Beginning with Husserl's shift from a realist to a transcendental standpoint, the chapter illustrates how *epoché* and *reduction* allow clinicians to bracket preconceived models and engage with patients' lived worlds. Drawing on Husserl's mereology, the work highlights how phenomenology resists reductionist models—especially in diagnostic psychiatry—by emphasizing the relational and structured unity of symptoms and experience. The discussion is enriched by historical reflections on Descartes, the transcendental subject, and embodied temporality, showing how Husserl reinterprets the cogito in non-dualistic, embodied terms. Further sections explore the role of intersubjectivity, empathy, and the constitution of normality and abnormality within interaffective communities. By connecting foundational phenomenological insights with clinical examples, the chapter demonstrates the enduring power of *epoché* and *reduction* as transformative tools for understanding and addressing mental suffering in a more compassionate and holistic way.

The third chapter applies some of the concepts explored in these first two chapters. It uses, in fact, the *epoché* as a healing tool for CPTSD. This chapter offers a phenomenological analysis of CPTSD, reframing trauma as a disruption of the affective, temporal, bodily, and narrative structures that constitute subjectivity. Drawing on Husserl's concepts of passive synthesis, time-consciousness, and affectivity, trauma is shown to persist not as a past event, but as a latent and recurring presence that fragments the self. Complementary insights from Heidegger and Lévinas highlight trauma as an ontological rupture and ethical accusation that resists assimilation into narrative meaning. CPTSD is explored across five axes—time, affect, body, imagination, and identity—revealing how trauma distorts memory, disrupts bodily orientation, colonizes symbolic thinking, and fractures the ego's coherence. First-person testimonies are used to illustrate these effects. The chapter concludes by proposing a healing approach grounded in phenomenological *epoché* and interaffective exercises, emphasizing the reconstitution of presence rather than a return to pre-trauma normalcy. This model centers embodied awareness, emotional regulation, and relational attunement as the basis for recovery. Trauma is thus recast not merely as a clinical condition, but as a fundamental existential disturbance that requires philosophical, therapeutic, and ethical attention.

The fourth chapter continues the exploration of the philosophical implications of CPTSD through a phenomenological lens, focusing on the lived experience of the author's mother. Drawing on Edmund Husserl's critique of psychologism and logicism, the chapter shows how these reductionist frameworks distort

the complexity of trauma by conflating psychological functioning with logical coherence. Using excerpts from the mother's journal, the author illustrates how societal norms, shaped by reductive attitudes, deny individuals with CPTSD the intersubjective and affective space necessary for sense-making. Three phenomenological approaches—evidence, representation, and axiological reason—are developed to distinguish between symbol, expression, and sense and to resist the epistemic silencing often experienced by trauma survivors. The chapter argues that CPTSD involves not just psychological distress but a breakdown in the validation of lived experience within one's community. Through this personal and philosophical narrative, the chapter advocates for a phenomenology of care that preserves the complexity of sense, validates the intentional essence of trauma narratives, and sustains the moral and epistemic responsibility to recognize each person's unique mode of making sense. Only by resisting reductive diagnoses can we affirm the meaningfulness of lives marked by complex trauma.

The fifth chapter is a revised version of a chapter published in Englander's edited book (2018). It explores the relevance of Edmund Husserl's ethical phenomenology for psychotherapy and psychiatry, particularly in the treatment of schizophrenia. Drawing on the concept of epoché and reduction, the volitional body, and Husserl's notions of practical intentionality and time-consciousness, the chapter proposes an alternative to reductionist models in mental health. It builds on the work of Carl Rogers and Eugene Gendlin, who emphasized empathetic, client-centered approaches that prioritize the individual's lived experience over diagnostic labels. The first part of the chapter surveys key contributions from phenomenological psychopathology—particularly by Fuchs, Minkowski, Sass, and Parnas—highlighting schizophrenia as a disorder of temporal and embodied selfhood. The second part applies Husserl's ethical framework to therapy, arguing that the therapist must engage both emotionally and cognitively with the client's worldview. Concepts such as *Daseinswert*, practical intentionality, and the volitional body offer a deeper understanding of how ethical agency and self-recognition can emerge through therapeutic care. Ultimately, this chapter reframes schizophrenia not as a deviation from normality, but as an existential condition that invites a broader ethical understanding. It proposes that Husserlian ethics can support a more humane and integrative approach to mental health care—one that respects the complexity and dignity of lived experience.

Chapter 6 explores the growing disconnection between science and human experience, particularly within clinical practice, through the lens of Edmund Husserl's later phenomenology. Drawing on concepts such as the lifeworld (*Lebenswelt*), intersubjectivity, and empathy, the chapter critiques the reductionism inherent in modern scientific paradigms that prioritize utility and objectivity over meaning. Using historical examples—from the legacy of Galileo to contemporary medical practices—the chapter illustrates how science's detachment from lived experience can lead to alienation, dehumanization, and a crisis in

ethical care. Husserl's notion of *methexis* (participation in truth) and his call to return to the "things themselves" are presented as vital philosophical correctives. Special attention is given to how these ideas inform patient care, particularly in psychiatry, nursing, and bioethics, where the subjective dimension of illness is often overlooked. The chapter also considers practical implications for the clinician-patient relationship, arguing for a re-integration of the subjective and objective dimensions of care. By foregrounding the patient's lived experience and ethical agency, this chapter advocates for a phenomenologically grounded practice that bridges the gap between scientific advancement and human well-being.

Chapter 7 is a bridging chapter that encompasses the theoretical point of Chapter 5 and moves toward the application of some of these concepts on three types of affects disorders. This, too, is a revised version of an article published in *Human Studies* (2024) and explores the phenomenology of affectivity as foundational to the constitution of selfhood, intersubjectivity, and ethical agency. Drawing on Husserl's later works, the chapter presents a layered model of affective intentionality—comprising interest, value activity, and representational acts—as key to understanding how human beings engage meaningfully with the lifeworld (*Lebenswelt*). The discussion then maps dysfunctions in these affective processes onto three clinical phenomena: alexithymia, BPD, and narcissistic personality traits. Each condition is interpreted as a breakdown at a specific level of feeling intentionality, offering a new phenomenological framework for understanding emotional disorders. The chapter proposes integrative approaches combining bodily awareness, narrative reconstruction, and intersubjective engagement to restore access to meaning and ethical life.

Chapter 8 moves to the analysis of the first triad of problems presented in Chapter 6. It explores the lived experience of alexithymia through both phenomenological analysis and clinical reflection, using José Saramago's *Blindness* as a metaphor for emotional opacity. Alexithymia, which affects up to 10% of the population, is characterized by difficulty in identifying and expressing emotions, often resulting in impaired empathy and interpersonal disconnection. Drawing on Husserl's theory of affectivity, intentionality, and empathy, the chapter examines how alexithymic individuals perceive their emotions cognitively rather than bodily, using abstract reasoning like a "cane" to navigate a world of feelings they cannot access directly. Through clinical examples, forum testimonies, and phenomenological descriptions, the chapter highlights how basic bodily empathy—the perceptive, pre-reflective awareness of another's emotional state—is disrupted in alexithymia, while cognitive empathy often remains intact. This disruption stems from impaired bodily interest, which prevents the coupling of affect with perceptual awareness. The chapter proposes therapeutic strategies grounded in movement, musical rhythm, metaphor, and emotion-labeling exercises to foster embodied emotional awareness. Ultimately, it argues

that alexithymia is not merely a deficit in emotional expression but a disorder of affective enaction, one that requires a holistic, embodied, and phenomenologically informed approach to therapeutic care.

Chapter 9, which is an expanded version of a previous article (2021), explores the phenomenological structure of emotional dysregulation in individuals with BPD, focusing on how affective valuing disrupts the intentional coherence of meaning-making. Drawing on Husserl's theory of intentionality and mereological foundation, it analyzes how axiological acts overpower ontological concreteness, leading to fragmented intersubjective experiences. The chapter examines how these disruptions result in erratic emotional resonance and unstable identity, contributing to the clinical features of BPD. Integrating lived-experience narratives, phenomenological psychopathology, and first-person testimony, it highlights how emotional excess distorts affective and cognitive representation, creating existential dissonance in relationships and self-perception. The chapter proposes that emotional instability in BPD is less about emotional intensity *per se* and more about the structural inability to integrate affective values with stable self-world meaning. It further argues that clinical treatment must address this axiological distortion by reinforcing continuity in the affective lifeworld. Therapeutic suggestions include phenomenological interventions that restore embodied intersubjectivity, clarify intentional content, and reduce existential opacity. By highlighting the co-foundational role of value in experience, this chapter aims to offer a new diagnostic and therapeutic framework that links affective instability to disruptions in the very act of making sense of one's world and place within it.

The last chapter offers a phenomenological exploration of narcissistic personality traits, focusing on the affective disconnection at the heart of narcissism. Moving beyond reductive cultural narratives, it draws on Husserl's theory of intentionality to reveal how narcissistic individuals experience a blockage in practical and affective intentionality—specifically, a disruption between passive emotional experiences and active meaning-making. This disconnection prevents Narcissistic Personality Disorder individuals from forming authentic emotional bonds, leaving them reliant on external validation and vulnerable to existential instability. Through an interpretation of Ovid's myth of Narcissus, the chapter illustrates how a distorted self-image emerges from emotional neglect and a lack of interaffective resonance. Theoretical analysis is complemented by clinical insights, suggesting that narcissistic traits are rooted in a failure to integrate bodily affectivity into a coherent sense of self. The chapter concludes by proposing a therapeutic framework grounded in phenomenology that emphasizes embodied awareness, ethical neutrality, and the cultivation of affective resonance. These interventions aim to help narcissistic individuals reconnect with their volitional body and reconstitute their emotional world through meaningful, lived

experience. Ultimately, the chapter argues that healing narcissism involves reactivating the flow between emotion, meaning, and ethical connection with others.

## Conclusion

This book has aimed to demonstrate the enduring value of Husserlian phenomenology in clinical practice, particularly in addressing affective and psychiatric disorders. By grounding theoretical insights in lived experience—from the epoché and reduction to the volitional body and affective intentionality—I have sought to show how phenomenology provides clinicians and scholars with a powerful framework for understanding the complexities of mental life. The chapters engage with a range of conditions—schizophrenia, CPTSD, alexithymia, BPD, and narcissistic traits—not as isolated pathologies but as disruptions in the structures of sense, embodiment, and intersubjective meaning. Throughout, phenomenology is not treated as an abstract theory but as a practical, ethical orientation—one that resists reductionist tendencies and honors the irreducible dignity of subjective life. My hope is that this book will invite clinicians, researchers, and students alike to cultivate a renewed attention to the textures of experience, and to consider how philosophical reflection can enrich both our understanding of mental illness and our care for those who suffer.

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## HUSSERL AND PHENOMENOLOGY

### The Risk of Reductionism in Clinical Practice

#### Husserl's Influences in His Life and Work

This chapter introduces the reader to the life and central concepts of Husserl's phenomenology, as well as to phenomenology more broadly, in order to lay the groundwork for its practical application in clinical practice. The following chapters will delve into specific concepts and explore how they manifest in clinical settings. The guiding thread of this introduction is Husserl's struggle against reductionism, which led him to develop a form of phenomenology that reveals a new sense of intentionality, ultimately feeding into a transcendental perspective. This perspective gives rise to key notions—such as empathy, the lifeworld, intersubjectivity, interaffectivity, epoché, and reduction—that are essential for understanding the human being and for informing clinical approaches to enhance well-being.

Edmund Husserl (1859–1938) is known as the founder of phenomenology, a philosophical contemporary movement that contributed to the humanistic and existential approach in philosophy and psychology (Giorgi, 1970; Hoffman, 2006; Watson & Bohart, 2015). While Hegel's *Phenomenology of Spirit* (1807/2018) and Peirce's phenomenology as an early formulation of pragmatist semiotics (1878/1992) each made significant contributions to philosophy, it was Husserl's phenomenology that had a direct and lasting influence on the development of phenomenological psychology and our understanding of human existence as situated in the *Lebenswelt*—the lived, pre-reflective world of everyday experience. His philosophy notably influenced key figures in French, German, English, Italian, and American psychiatry and in humanistic psychology, including Rogers (1951), Gendlin (1973), Perls (1969), Laing (1960), and

Frankl (1963). He encouraged us to set aside our assumptions and describe the immediate experience of the phenomena as they appear to us. “Back to things themselves” (Husserl, 2000, 168) is, in fact, the motto that animates Husserl’s phenomenology.

Even though his appearance points to the typical male German philosopher of our Western (and maybe dated) textbooks, he lived as a minority. Being born Jewish in a small town, Prossnitz (today belonging to the Czech Republic) marked his life and his approach to philosophy in a peculiar way. In order to assimilate, in 1886, Husserl and his wife converted to Protestantism as many other Jewish academicians did in Germany and Austria at that time.<sup>1</sup> Yet, as we well know, the turn of events that will lead up to the Holocaust will make any attempt at assimilation vain. On May 4, 1933, he writes to his longtime friend Dieter Mahnke:

Finally, in my old age I had to experience something that I didn’t deem possible: the erection of a spiritual Ghetto into which my children and I (...) are to be driven. We have no longer the right to call ourselves German; Our spiritual work is no longer to be included in German Cultural history.

*(Husserl, 1994, 481–482)*

Husserl is among those philosophers who will be forced into early retirement and will be forbidden to give public talks. Father Van Breda will save his manuscripts from destruction in a small house that is still today the center of Husserl’s Archives in Leuven. The death of his son in World War I and the sudden racial limitations are probably among the factors that contributed to keeping his philosophy open to a deep understanding of human fragilities and far from the temptations of nationalistic idealism. For this reason, it is not a surprise that his philosophy will influence important contemporary interpretations of the human, such as in Levinas’ notion of transcendence (Levinas, 1969), Jaspers’ (1955) and Binswanger’s (1992) existential psychiatry, Heidegger’s hermeneutics (Overgaard, 2010), and Merleau-Ponty’s psychology of perception (2002). He attracted some of the most brilliant minds across several generations of European philosophy students. Among those who studied directly with him were Heidegger, Gadamer, Arendt, Marcuse, and Levinas. Others—such as Sartre, Merleau-Ponty, Ricoeur, Derrida, Habermas, and Adorno—did not study with him personally but engaged deeply and creatively with his thought.

### **Husserl’s Philosophical Background**

Husserl’s academic journey began at the University of Halle, where, as a young mathematician, psychologist, and philosopher, he defended his postdoctoral dissertation, *On the Concept of Number*, on June 28, 1887. His examining board