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# DE HAAN ON SENSE-MAKING AND PSYCHOPATHOLOGY

CAITRIN DONOVAN &  
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DE HAAN HAS PROVIDED a novel and distinctly enactivist solution to the problem of integrating the physiological, experiential, social and existential. We admire her articulation of her fourth “existential” dimension. Not only does it represent a real attempt to bridge, as she says, enactivism’s explanatory gap, it is also a potentially useful construct for conceptualizing the way that self-reflexivity seems to go astray in much psychopathology. We think that pinpointing this phenomenon is something that phenomenological accounts excel at. We have, however, two key reservations about her account, which we outline.

To begin with, we are unsure that there is any particular scientific research program that derives from core enactivist commitments. We prefer to view enactivism as what Godfrey-Smith (2001) calls a philosophy of nature or (in this case) a piece of philosophical anthropology (cf Gallagher, 2017). As Godfrey-Smith puts it (2001, pp. 284–285) a philosophy of nature comes after science, and aims to describe and interpret the world as disclosed by science. We see 4E as giving us a view of human nature that stresses the interdependence of person and environment and emphasizes the dynamic aspects of cognition, seen as a special kind of animacy.

All this strikes us as attractive. But the very generality of this approach leaves room for lots of specific scientific enquiries, and we are concerned

that de Haan’s research agenda writes productive approaches off too hastily. The image of the human as inextricably intertwined with the world must be the right one metaphysically, but it may not provide a fruitful explanatory strategy. De Haan says (p. 19), for example, that for an enactivist, “the opposition between physiological processes and values is misconceived.” Maybe, but it does not follow that the study of values and the study of physiology cannot be distinguished and modeled separately. Enactivism’s inherent holism means that it provides a model that is as complex as the explanandum. A model of nature that has the same complexity as its target is no use to anyone.

Second, although we resist the running together of the evaluative and the physiological in enquiry, we dispute de Haan’s very sharp distinction between the neurological and the psychiatric. Acknowledging that both psychiatric conditions and brain disorders involve sense-making disturbances, she contrasts them on causal-explanatory grounds. Psychiatric conditions emanate from a person’s persistent problems in sense-making, the evaluative interactions they have with their environment, so psychiatric explanations must therefore refer not only to physiology, but to reasons and motivations. Sense-making disturbances in neurological conditions, in contrast, have only a “brute” physiological cause.

The conditions that populate psychiatric nosology are infamously heterogenous and, for this reason, we doubt they can be type-differentiated from neurological conditions on etiological grounds. Dementia, for example, is a recognized psychiatric disorder. It features in the neurocognitive disorders section of the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, and it is characterized by a host of deficits in sense-making. Yet the pathophysiologies of the various dementias are well-understood, and it is unlikely that an adequate explanation can or must trace sense-making deficits to psychological or “life world” factors de Haan could, of course, be disputing our current division of labor between psychiatry and neurology and advocating taxonomic revisionism. On this view, dementia- insofar as it can be best explained in terms of “brute” physiological causes, - is currently misclassified as psychiatric. However, we think that a closer look at de Haan’s proposed distinction reveals a deeper problem with her account.

De Haan’s framework integrates the four dimensions (physiological, experiential, social, and existential) by relating them compositionally: rather than causing one another, they co-constitute a person-world unit. On her view, changes in a person’s amygdala don’t cause fear, but are what we see when we ‘zoom in’ on the experiential. But the demarcation between psychiatric and neurological disorders hangs on her framework’s capacity to isolate the dimensions qua parts of the system where sense-making problems originate. There is a significant conflict between de Haan’s holistic understanding of the four dimensions as different “foci” or “excerpts” of the same person-world system, and her treating them as distinct origin points (i.e., loci) of sense-making disturbances.

De Haan tells us that although the four dimensions are related compositionally, we can speak meaningfully of changes in the system having, say,

an experiential or physiological starting point. But we simply aren’t given a clear enough explanation of why we should understand the dimensions as related compositionally from a synchronic perspective, but causally on a diachronic scale. In cases where, for example, therapy produces a subject’s mood changes, why is it appropriate to say that mood changes influence physiological changes? Why are we to understand changes of mood as antecedent to, as opposed to simultaneous with, physiological factors?

We suspect that de Haan’s framework does not allow her to decompose the system into causal trajectories or “starting points” that can be identified as, say, physiological rather than experiential or existential. De Haan endorses a processual ontology and likens the compositionality of her person-world unit with that of a cake. The problem is that cakes do not have the kind of structure that permits the sort of explanations she wants to give. We need to be able to analyze slices of the cake and show how parts of it depend on other parts, and de Haan’s framework would seem to make this strategy unavailable to her.

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