

Into the Open: On Henri Maldiney's Philosophy of Psychosis

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ABSTRACT: This article explains the fundamental concepts of Maldineyan thought and their psychopathological and therapeutic implications. Central to Maldiney's philosophy is the concept of sensible openness to a radical change which Maldiney calls the "event." For Maldiney, this openness is constituted by a receptive and a responsive dimension. In its receptive dimension, openness means, roughly, the ability to undergo something radically new; in its responsive dimension, it means a readiness to actively and creatively respond to this event. Psychosis is the result of a collapse of openness in the face of the event. In affective psychosis, that is, melancholic depression, the responsive aspect of openness is lost – in schizophrenic psychosis its receptive counterpart is. In both cases, the aim of a therapy should be the reopening of the sensible connection to the world. Examples of such a reopening such as art therapy and the Open Dialogue approach are discussed.

KEYWORDS: Openness, French phenomenology, Psychopathology, Madness, Social psychiatry, Open Dialogue

The philosophy of Henri Maldiney (1912-2013) has played an important role in the evolution of French philosophy, especially its phenomenological strand. Maldiney's ideas have to a large extent developed from a close study of psychopathology. In this article, I present some of the key principles of Maldineyan thought, which has found little recognition to date in Anglophone philosophy and psychopathology. My main purpose is to explain the psychopathological and therapeutic implications of these principles. First, I make a few observations about Maldiney's life and then sum up some of the main concepts of Maldineyan thought, such as sensing, rhythm, and, most important, openness to the event. Based on these concepts, I give closer scrutiny to Maldiney's view on affective and schizophrenic psychosis. Finally, I elaborate on some therapeutic consequences that can be derived from Maldiney's philosophy of psychosis.

LIFE AND PHILOSOPHICAL INFLUENCES

Henri Maldiney was born in the French town of Meursault on the August 4, 1912. Being a soldier in the French army during World War II, he was taken prisoner of war by the German *Wehrmacht*. After the War, Maldiney first worked as a philosophy teacher in the Belgian town of Ghent and then took up a post as professor of philosophy at the University of Lyon, where he retired in 1982. Maldiney died at the age of 101 on December 6, 2013.

Like many other French philosophers of the first half of the twentieth century, Maldiney was strongly influenced by Husserlian phenomenology and even more by Martin Heidegger's fundamental ontology. Yet, it would be wrong to classify Maldiney's thought as Heideggerian or Husserlian or as belonging to any other phenomenological school. For Maldiney, phenomenology mainly consists in elaborating our perception, our *Anschauung*, as Husserl would say, and not in reinterpreting the philosophical theories of others. That is why Maldiney's grappling with art and psychiatry have probably been the most important influences on his thought. His exposure to art and psychiatry was shaped by lifelong friendships with artists and many psychiatrists and psychologists such as François

Tosquelles, Jean Oury, Jacques Schotte, Ludwig Binswanger, and Roland Kuhn – not to mention Maldiney’s close collaboration with the Lyonnaise psychiatric hospital ‘Le Vinatier,’ where he frequently assisted during art therapy sessions. What probably influenced Maldiney’s views on psychiatry most is his dialogue with Roland Kuhn, who was not only the closest scholar of Ludwig Binswanger, but also the discoverer of the first modern antidepressant (imipramine).

KEY PRINCIPLES

I now give a short outline of three key principles of Maldineyan thought: sensing, rhythm, and openness to the event. This allows me to explain Maldiney’s understanding of psychosis and its therapy.

Sensing

According to Maldiney, human beings stand out not for their capacity to think, but their capacity to sense. To understand this, one has to look at Maldiney’s definition of sensing. Maldiney believes that human reflection, through which we intentionally relate to ourselves and the world, is always lagging behind our pre-intentional and spontaneous bodily sensing of ourselves and the world. Erwin Straus (1956), to whom Maldiney repeatedly refers, speaks of sensing (Ger.: *empfinden*, Fr.: *sentir*) as the primary and fundamental communication of a bodily self with the world. For Straus, as for Maldiney, the sensing of the self and the sensing of the world are interdependent. To explain this idea, Straus (*ibid.*, p. 373) uses the term ‘sympathetic sensing’:

The ‘with’ [‘sym’ of sympathetic] means that by sensing I don’t experience myself and additionally the world, but that the experience of sensing unfolds in two directions, towards the world and towards the I. Sensing is sympathetic experience, i.e. by sensing I experience transformations of my relation to the world – a relation that outlasts and unifies all particular moments because it is *one*.

Consequently, in terms of sympathetic sensing, the self is never static, but in a constant state of *becoming* in relation to the world. Hence, sensing and moving are intrinsically linked. Through sensing, the self gets in close contact with what is sensed, moves toward it, and is moved by it. For instance, we can only touch something by moving our hands, we can only smell an odor by inhaling (i.e., moving our chest), and we can only experience a landscape with all our senses by hiking through it. Only through our own bodily movement does the world really disclose itself to us (Maldiney, 2007, pp. 137-182; 2012, pp. 194–200).

Rhythm

Essential in this connection of sensing and moving is Maldiney's notion of rhythm. Rhythm is what structures and stabilizes our communication with the world (Maldiney, 2012, pp. 201–230). Here we may not only think of the rhythms of our breath, of our heartbeat, and of our bodily movements and gestures, but also in a much larger sense of a *rhythm of our existence*, that is, a certain way of doing things, a style of being in the world, of approaching the world or withdrawing from it, of opening up and closing, and so on. Accordingly, rhythm for Maldiney refers to the individual and dynamic *gestalt* of a person in relation to the world. This world and its rhythms resonate in a person's own rhythmical experience (Thoma & Fuchs, 2018a, pp. 140–141). One may think of the rhythms of being touched, of tastes, smells, sounds, and visual structures that come and go. On the most fundamental level of sensing, we are constantly transformed by the world's rhythmical becoming.¹

Openness to the Event

In contrast with Straus, who believes that we share our capacity to sense with animals, Maldiney claims that human sensing distinguishes itself from animal sensing because of its sheer openness for a radical surprise, for the encounter with an unprecedented strangeness that must be responded to by the rhythmical becoming of our existence.² As Maldiney claims, our rhythmical communication with the world may become critical and may all of a sudden be disrupted and stripped off its familiarity. We

then are summoned to react, to move, and to move on, but we may also stop, freeze, fail to respond. This might even, in extreme cases, lead to situations where we lose ourselves in groundless chaos and become mad.

Maldiney calls such an abrupt and surprising change of the sensed rhythmical interaction of self and world an "event" (événement; Maldiney, 2007, p. 183). It is for Maldiney by definition impossible to predict an event, that is, to know what or who is going to surprise us. If we were able to do so, an event would not actually be surprising and, thus, its definition would lose its meaning. As a general account, Maldiney therefore uses terms such as "alterity," the "other" or – with reference to Schelling (1965) – the "ground" of our existence. All these terms, which Maldiney often uses interchangeably, indicate something or someone indefinable and unprecedented that erupts into our existence.³

For illustrations of an "event," Maldiney gives many kinds of examples referring explicitly to psychiatric descriptions (see below). But in principle an event could be anything at all: it might be "a face, a voice, a piece of sun on a wall or the current of a river that all of a sudden rips the film reel of our everyday life apart and surprises us by *being* and by *being there*" (2012, p. 207).

One of Maldiney's preferred illustrations of an event, however, consists in a story of an old mountain hunter waiting for a chamois to appear. Maldiney first cites the hunter's own description: "[W]e didn't see it coming – all of a sudden it was there, like a breeze, like a void, like a dream." (ibid., p. 295) and he then comments:

The sensation of an emotion (émotion ressentie) (of the hunter) goes beyond the anticipation and the meaning of the hunt. ... The appearance of the chamois does not integrate into an already existing configuration: to the contrary, it abolishes it. (ibid.)

This example shows that the event in Maldiney's sense should not be understood as something that can be anticipated. It is not something happening within the horizon of expectations of our world; although the hunter is tensely awaiting the appearance of the chamois, although everything, the entire structure

of the meaning of his pursuit, seems already to be predefined, the appearance of the chamois itself cannot be preempted. As soon as the chamois shows up, the hunter has to react in an unforeseeable way. His world has to adapt itself to this event and therefore depends on the event (ibid., p. 296). Maldiney therefore speaks of a “field of incidence and reception” (ibid., p. 295), which means that within the hunter’s world the die cannot already be cast – there has to be an open space of uncertainty and difference, namely, a space for something or someone new to appear, to be received and to possibly overwhelm or even abolish the receiver (i.e., in this case the hunter). This is what Maldiney refers to as openness. It is this very openness for alterity and a surprising event through which our world may constantly renew and transform itself.

To remind us and make us aware of this openness, Maldiney repeatedly cites Hölderlin’s famous request, “Come! into the open, friend!” (Hölderlin, 1946; cf. Maldiney, 2012, p. 198). But, admittedly, openness is not per se related to pleasure and joy. Our openness may also turn into an uncanny abyss, in which our existence is abolished, which according to Maldiney is why we tend to shy away from it in everyday life. The frightening and dangerous aspect of openness becomes especially pertinent in the case of madness, which for Maldiney means both affective and schizophrenic psychosis. But before I describe Maldiney’s view of madness, I examine his understanding of openness.

The Two Sides of Openness: Receptivity and Responsiveness

For Maldiney, openness in fact comprises two aspects, namely a passive, receptive and an active, responsive part. To designate them, Maldiney introduces two terms: for the receptive part, Maldiney speaks of “*transpassibilité*,” for the responsive part, Maldiney speaks of “*transpossibilité*.”

Transpassibilité: “*Passible de*” is the French expression for ‘liable, subject to’; *passible* is derived from the Greek word *pathein*, that is, ‘to suffer, undergo’ (*erleiden*) (cf. von Weizsäcker, 1950, pp. 183–184). The prefix *trans-* indicates the fact that we are capable of undergoing something

radically new that transcends our prior horizon of experiences and expectations. For simplicity, I in the following use the word ‘receptivity’ as an equivalent of *transpassibilité*. Note, however, that this receptivity is to be understood as radical receptivity toward the event that transcends us.

Transpossibilité: If openness was limited to receptivity, our openness would be without resistance; we would lose ourselves in the open, at most able to conform to what we undergo. But openness is not to be confused with mimicry: being open, for Maldiney, also means to actively and creatively respond to what is suffered. And because, for Maldiney, the event seizes us in all our being, it is also with all our being that we have to respond to it, that is, we cannot but respond to it authentically as who we are and as no one else. Furthermore, because we cannot predict what we will undergo we cannot predict our response to it either.

Maldiney calls this capacity to spontaneously respond to the event “*transpossibilité*.” *Possibilité* is the French word for ‘possibility.’ In connection with the prefix *trans-*, *transpossibilité* refers to our capacity to actively respond to the event that transcends our prior horizon of experiences, to create and project new possibilities out of it, that is, to make something out of it and to integrate it into the rhythm of our existence. Again, for simplicity, I in the following use the word “responsivity.” As with receptivity, responsivity here is to be understood as radical responsivity to the unpredictable event.

PRELIMINARY SUMMARY

Up until this point, I have looked at some key principles of Maldineyan thought such as sensing, rhythm, and, most important, openness. In summary, openness is constituted by receptivity and responsivity, that is, the *transpassibilité* and *transpossibilité* of the human self. Both are for Maldiney situated at the level of our bodily sensing and cannot be predicted by cognition or knowledge.⁴ To be open for Maldiney essentially means being capable of receiving something we radically do not know and to respond to it without already knowing what our response will be.

Whereas in our habitual life world, we are not aware of our openness to alterity or shy away from it by “playing the game” of everyday life (Maldiney, 2007, p. 7) it is in psychosis and in the arts that this openness comes to the fore. My next step is to scrutinize Maldiney’s take on melancholic depression and schizophrenia, and then to analyze its therapeutic potential. In the last section, I draw some conclusions for contemporary approaches in psychiatry.

MADNESS: COLLAPSING IN THE FACE OF THE EVENT

Openness is the faculty through which we are in touch with a radical and unprecedented alterity. Hence, openness introduces a fragilizing component into our existence: an incoming alterity might exceed or even threaten us and our capacity to actually receive it or to respond to it. In such an event, we might fall into a state of horror or uncanniness. We may collapse. As a reaction, we may burn all our bridges and turn away from the world as a whole for the sake of self-preservation. This process is what Maldiney generally refers to as psychosis.

Maldiney considers the collapsing of openness in the face of the event to be the fundamental problem of psychosis. I have explained that the way we experience openness is not to be thought of as a cognitive or intentional process but as a pathic and sensed one. A collapse or loss of openness, therefore, necessarily goes along with a loss of sensed connectedness to the world. This loss of openness then leads to a compensatory predominance of the cognitive, representative, and objectifying dimensions of our existence. This is why Maldiney defines psychosis in general as the transformation of “presence into representation” and a passing from “communication to objectification” of both self and world (Maldiney, 2007, p. 18).

The collapse of openness for Maldiney has two sides. The one is represented by melancholic depression (or affective psychosis), the other by schizophrenia. I first give a brief description of Maldiney’s concept of melancholic depression and then look at his depiction of schizophrenia in more detail.

MELANCHOLIC DEPRESSION: LOSS OF RESPONSIVITY

When speaking of melancholic depression I refer to what in contemporary diagnostic manuals such as *International Classification of Disease-10* and *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, is known as major and psychotic forms of depression. Melancholic depression is similar to what was formerly called “endogenous depression” (cf. Fuchs, 2013). Here, patients feel as though they are lagging behind their surrounding world and lose their sense of synchronicity with it (cf. *ibid.*; von Gebattel, 1954). This may lead to the so-called feeling of not-feeling the world and oneself anymore (also known as derealization and depersonalization).

Based on his close exchange with Roland Kuhn and on his personal experiences (Maldiney, 2013; Maldiney & Kuhn, 2017) Maldiney claims that the fundamental and sympathetic communication of melancholic patients with the event is impaired: It seems as if they can still sense and receive what is occurring to them, that is, the surprising becoming of the ambient world, but they are not capable of actively responding to it. Loss of responsivity, on the one hand, means loss of motricity, that is, the ability to intuitively and affectively react to world, to move and to move on in the face of it. On the other hand, this loss of responsivity expresses itself in the incapacity to confer meaning on what is happening to the self, which may also lead to the impression that the world has become meaningless.

Hence, in melancholic depression, the aforementioned transformation of “presence into representation” shows itself in the self’s loss of power to respond. The self seems stuck in a merely hypothetical and ideational stance, without communication with the sensed world. Maldiney cites one of Kuhn’s patients: “I can’t see myself in a world that’s real: it’s as if I was already dead and still observing myself. I can’t do anything. I’m nothing!” (Maldiney 2007, p. 18) Lament replaces responsive action. To show this in detail, Maldiney analyzes the depressive lament of one of Binswanger’s patients (Binswanger, 2007b, pp. 358–364). Maldiney (2007, pp. 37–61) gathers a specific form of lived time from the grammatical form of the recurrent depressive lament: “If only I

had (or had not) ... I wouldn't have ended up here." Tethered to the past, the melancholic self fails to respond to the eventful present and to project a new future. Its capacity to creatively transcend seems limited to the ideation and sentimental lament of a *different* past and a *different* self that would be free from the given event to which it succumbs.

Maldiney describes this process with reference to his own biography: revisiting the humiliating defeat at the hands of the German army in 1940 at Chemin des Dames more than 40 years later, his life suddenly turns immutable and deplorable, dominated by an event (the defeat) he still cannot respond to and that he has tried to escape in vain. He laments the self he has in fact had and desperately wishes that he had had another one that would have been strong enough to bear the defeat (Maldiney, 2013, p. 41). The only action seemingly left to the melancholic self besides lament is, as Maldiney adds, to become itself a part of the all-dominant past that it succumbs to: to commit suicide (ibid., pp. 42-43).

SCHIZOPHRENIA: LOSS OF RECEPTIVITY

Another form of collapsing in the face of the event, for Maldiney, is schizophrenia. In this case, as Maldiney believes, it is not so much the capacity to maintain our active responsiveness, but our receptivity toward the event that is being disturbed. Hence, Maldiney's principal idea is that in schizophrenia we suffer an event that in turn leads to a fundamental *closure of our receptive openness* to the ambient world and hence to any further event. This for Maldiney is at the core of the known schizophrenic symptoms, such as apathy and schizophrenic autism. But it may also lead to a hypertrophy of the active and inventive aspect of human existence, culminating in schizophrenic delusion, which consequently could be understood as the result of an idiosyncratic projection of the world without sensible reception of the world and the other (Maldiney & Kuhn, 2017, pp. 448-449).

As an example for such a collapse of receptive openness in the face of an event, Maldiney picks up Binswanger's case study "Suzanne Urban" (Binswanger, 2007; cf. Thoma & Fuchs, 2018b, pp. 29-30). A crucial moment in the development of Suzanne Urban's schizophrenia occurs when she is sitting

in a doctor's room, witnessing the doctor's medical examination of her husband, who suffers from cancer. The doctor gives her a look of dread, reflecting the very bad result of the examination, implying the possibility that her husband will die. This look has a profound effect on her, apparently affecting her innermost self in its fundamental sympathetic communication with the world. The entire scene seems suddenly filled with a threatening and uncanny atmosphere, leaving no space for her to move or escape. In the face of this event, she, as a reaction, wants to scream, but the doctor indicates she should not for the sake of her husband. Maldiney comments on the doctor's look:

Even under normal circumstances, an expression is not something in the world, rather the world starts from the expression and opens up from there. We find ourselves below the jutting overhang of the transcendence of the face of the other. But when it has the fascinating power felt by Suzanne Urban, the expression is *the* world. It imposes itself in an absolute proximity, like that of a face glimpsed in the night, glued to the window, erasing the entire space of the room – and whose distanceless expression is upon us. (Maldiney, 2007, p. 203)

Just a few weeks later, as Binswanger reports, Urban's schizophrenia appears – with delusions about having to die from cancer and being the poisoner and murderer of her family.

What happened? First, Maldiney (ibid, p. 203) believes that we often find overwhelming and traumatic events at the beginning of schizophrenia. Of course, which event is traumatic for whom is highly relative. Regarding the case of Urban, Maldiney would not claim that everyone who is diagnosed with cancer – or whose significant other is – will suffer from schizophrenia. However, for Urban, who felt especially dependent on her husband (Binswanger, 2007a, pp. 228–233), the diagnosis of his terminal cancer is indeed an event that puts her entire life at stake.

And even if Urban had imagined and tried to anticipate the death of her husband, she could not anticipate what it was going to be like to actually suffer the reality of that death's approach and of everything that would come with it. The reality of the death of a beloved fellow human being

fundamentally questions our former space of possibilities. In this moment of crisis, Urban's primary (and rhythmical) response would have been to scream (Maldiney, 2007, pp. 202, 204) – a response that was forbidden her:

A scream launched into the world would have freed Suzanne Urban from the rigid, fixity, from the immobilization to which the expression had subjected her. This expression became the insurmountable event that the patient then reproduces indefinitely, and which continuously absorbs in her the possibility of every other event. (ibid., p. 204)

Like Binswanger (2007a, pp. 235–241), Maldiney speaks of an “atmospherization” of the traumatic event, infiltrating the patient's world as what in psychopathology is called “delusional mood.”

Maldiney comments on the connection between the traumatic event and Urban's delusional mood:

The phase in which the delusion emerged, which determined the delusion under the sign of terror ... is closely related to and ... resonates with the primal scene. For Suzanne Urban, the whole world became an atmosphere. She detected ... dangers everywhere. Like the souls in Hades, or as if she would had been turned into smoke. In a dense fog ... everything is contact, and yet it is not communication, because there is no room to move. (Maldiney, 2007, pp. 203–204)

Finally, this overwhelming event leads, as Maldiney believes, to a closure of Urban's receptive openness to any other event. Delusional convictions represent an attempt to respond to the traumatic event. This attempt is, however, delayed after the primary and sensible response has been suppressed. As the event throws Urban's everyday experience deeply into question, delusional convictions are the attempt to restore “a backwash of normality, the defensive counter-manifestation” of the experience that could not be integrated (ibid., p. 207). But not only is the attempt delayed – it is also only an intentional and cognitive one and thus insufficient to restore openness to any following event on the sensible level. For Maldiney, delusions are the cognitive attempt to restore a coherence of experience

that has been put at stake by an event. He also calls this attempt “schizophrenic hyperjustification” (ibid., p. 60). A “hyperjustified” and “hypercertain” world – which apart from the delusional conviction that she herself is the hunted murderer of her family, does not allow for anything new to appear – seems ultimately more inhabitable for Urban than a world still open for the threatening event that she was exposed to in the doctor’s room. To maintain and save herself, Urban apparently has to sever the connections with the surrounding world and any further event.

Last but not least, for Maldiney, as for many other psychopathologists (cf. Kraus, 2014), delusion is not the fundamental problem in schizophrenia. It is only the tip of the iceberg of a fundamental transformation of human existence in the face of the event. As Maldiney explains: "The event of delusion hides another even." (ibid., p. 200). This other event is the very event that could not be integrated into the rhythmical becoming of our experience.

Having briefly summarized Maldiney’s understanding of psychosis, I now place his theory within the context of contemporary phenomenological psychiatry.

MALDINEY’S CONCEPT OF MADNESS WITHIN THE CONTEXT OF CONTEMPORARY PHENOMENOLOGICAL PSYCHIATRY

For Maldiney, the collapse in the face of the event is at the structural core of psychotic experience, both in melancholic depression and schizophrenia. The psychotic experience therefore indirectly bears testimony to our openness to alterity by showing the consequences of such a collapse. Whereas in everyday life we are not aware and not even sure of our openness to alterity and so easily ‘play the game’ of unquestioned social conventions and habits, a person in a psychotic state seems to have lost the ability to play the game because she is absorbed by an event that abrogates her commonsense convictions and her relation to the shared world of everyday life (Maldiney, 2007, p. 7).

The incapacity to play the game of everyday social interaction is also at the center of Wolfgang Blankenburg’s theory of schizophrenia (2012) and Giovanni Stanghellini’s “psychopathology of

common sense” (2004). Maldiney’s theory of the event can help us to make sense of this loss of common sense because the event by definition puts our everyday life at stake. But this poses a problem: If our openness to the event is actually what makes us human, we then end up in the dilemma of psychosis being all too human, whereas to live in everyday normality structured by common sense would then seem to be inhuman. This would lead to an inversion of categories where to be insane is presented as the new norm and to be normal seems to be actually mentally sick (cf. Woods, 2011, pp. 125–144).

But this is not what Maldiney has in mind. In fact, he tells us very little about what a normal life looks like and how it is constituted. Maldiney is almost only interested in the philosophical, psychopathological, and artistic dimensions of what one may call “extreme states.” One gets the impression that Maldiney cultivates a philosophical disdain towards common sense and the normality of the majority of people and, on the other side, a philosophical sympathy for “outsiders of common sense,” such as artists and “madmen.” But Maldiney is well aware of the fact that these extreme states presuppose a structuring, securing and taken-for-granted everyday life and that one cannot live in a constant state of illuminating eventfulness. Nonetheless, with regard to the aforementioned dilemma of common sense appearing to be inhuman, Maldiney would reply that common sense and normality are human insofar as they are at their very core potentially open to an encounter with alterity. Consequently, common sense is not per se categorized as mentally sick. Moreover, Maldiney clearly distinguishes between psychopathological and artistic reactions to the event. As he believes, a return to everyday life is only possible if we somehow manage to endure an incoming event, that is, to receive it and respond to it. Mental illness occurs where we are unable to do so and where, as a consequence, an everyday world cannot be reinstated.

This echoes contemporary debates on the constitution of common sense experience and its loss. In his comprehensive study of his patient, Anne Rau, Wolfgang Blankenburg (2012) shows that this

loss is not only about commonsensical and intentional thinking, but also about sensed intercorporeal interaction. People with schizophrenia have problems intuitively ‘reading between the lines’ of the other’s utterances and expressions (cf. Fuchs, 2002). Furthermore, as Louis Sass (2001) and Giovanni Stanghellini (2004) point out, the disturbance of habitual being-in-the-world is rooted in a profound disturbance of auto-affection, that is, a profound, pre-intentional, bodily and sensed self-experience. It is precisely this pre-intentional and sensed self that Maldiney is referring to and that he claims is disturbed in both affective and schizophrenic psychosis. However, and as explained, Maldiney claims that there can be no self without its radical openness to the world and hence that self-sensing and world-sensing are always entwined. Both should be taken into account, as is the case in contemporary phenomenological examinations of anomalous self-experience and world experience (Sass & Parnas, 2003; Sass et al., 2017). Moreover, Maldiney’s notion of openness seems perfectly suited to underpinning recent concepts such as “the open self” (Kyselo, 2016) and “open subjectivity” (Van Duppen, 2017), a connection offering promising perspectives for further research.

Last, Maldiney’s definition of psychosis as a “transformation of presence into representation” and as a predominance of the cognitive and representative dimension of our existence echoes not only classical phenomenological concepts such as “rationalisme morbide” and “affaiblissement pragmatique” (Minkowski, 1995, pp. 259–265), but also the more recent concept of “hyperreflexivity” in schizophrenia (Sass & Parnas, 2003). Besides, in the context of today’s debates, Maldiney’s theory favors a traumatological genesis of psychosis: The self’s sealing itself off from the world and its cognitive hyper-representation of the world is not a primary trait but appears as a defensive and state-like reaction to an unbearable event, thus involving what Sass, Borda, Madeira, Pienkos, and Nelson (2018) call “secondary factors” for disorders of the self.⁵

THERAPEUTIC IMPLICATIONS: REOPENING EXISTENCE

As we have seen, Maldiney defines psychosis both as a loss of openness in the face of the event and a preponderance of the cognitive and reflective aspect of human existence. Hence, therapy's principal aim is to integrate the abyssal event into the rhythmical becoming of our existence and to stay open, that is, to stay both receptive and responsive to the world's new and unprecedented alterity (Maldiney, 2007, p. 213). Because openness and the becoming of our existence are, for Maldiney, situated on the level of bodily sensing, this is also the central target of therapy. For Maldiney, the relevance of art and aesthetic therapy comes into play here, since it directly addresses human *aisthesis*, that is, our bodily sensing.

First, Maldiney sees a close connection between artists and persons with psychosis:

Both of them cross the limits of this reality of which the norm is fixed by the perceptual faith of the everyday man. ... The arts and madness elude the control of man. Here as there ... the overabundance of an uncontrollable experience leads to a collapse. Madman or artist, what we find is a descent to the depths. (Maldiney, 2009, pp. 2–3)

However, there is for Maldiney a decisive difference: Whereas the artist manages to stay open and at the same time manages to integrate the event, that is, an uncontrollable experience, into the rhythmical *gestalt* of his work of art, a person with psychosis seems to succumb to it. Consequently, art can be considered as a re-opening of the psychotic experience disrupted by the event.

Such a re-opening may very well occur outside the confines of actual psychiatric and institutional help. Here Maldiney refers to artists such as Sylvain Fusco (1903-1940), Adolf Wölffli (1864-1930), or Vincent Van Gogh (1853-1890), all diagnosed with mental illness. Maldiney firmly warns us against trying to consider their art as symptoms of their illnesses and crises, which would be to insinuate a typology of "pathological art." To the contrary, he claims their art is a means to escape mental illness, that is, a means by which the self reestablishes its own openness and "breaks out of illness" (Maldiney, 2009, p. 5).

Besides, for Maldiney the personal quest for openness is not necessarily linked to artistic production. Commenting on Roland Kuhn's case study of a schizophrenic patient named Georg, Maldiney interprets Georg's withdrawal from public space into the emptiness of his room as an attempt to re-inhabit the psychotic abyss he had suffered and to meditatively retrieve his sensible openness to the world (Kuhn, 1946; Maldiney, 2007, pp. 207–213).⁶

ART THERAPY, OPEN THERAPEUTIC STANCE, AND OPEN DIALOGUE APPROACH

But what does psychiatric therapy, apart from the aspect of self-treatment, look like for Maldiney? Regarding art therapy, Maldiney argues that therapists should not try to structure and rationalize the abyssal chaos that their patients find themselves in, nor should they reinforce the patients' resistance against it (Maldiney, 2009, p. 8). In fact, they should help them, on the one hand, to receive the event and, on the other hand, to respond to it by integrating it into the dynamic process of painting or dancing (ibid.). Again, the notion of the rhythmical movement of visual and bodily forms is central both to painting therapy and to dance therapy: by integrating a threatening event into the motion of painting or dance our existence is gradually freed from its defensive rigidity and regains its sensible connection to the world. As an example, Maldiney (2009, p. 9) mentions the case of a psychotic patient who felt her body to be threatened by an abyss, an internal "beast" that internally devoured her. In art therapy, she made images representing her body organs, one next to the other, without connection. This process helped her to give a primal, dynamic form to the internal chaos of her lived body. Nonetheless, in the face of this inner menace she continued to pose the question "Do I exist?" The consequent challenge in such cases is, as Maldiney explains (ibid.), that the interlocutor find the right response to that question. A decisive step here is to actually sense the abyss hidden behind the patient's ontological uncertainty. Maldiney reports (ibid.):

A patient, who was mutistic, covered the whole canvas, as soon as she had painted it, with an opaque color under which everything disappeared, absorbed in the ground. I said to her: 'There

is something underneath.’ ‘Yes,’ she replied and stayed silent (silence is not mutism). And for more than a week she returned to talking again.

Unfortunately, Maldiney’s descriptions of how the therapeutic process of reopening existence concretely works are restricted to a few short case vignettes. Nonetheless, it is possible to infer a general therapeutic stance from Maldiney’s reflections: Because the fundamental problem of psychosis is the collapse of openness, Hölderlin’s exclamation “Come! Into the open, friend!” could be understood as a basic imperative for both patients with psychosis and therapists. Because this openness is for Maldiney a question of bodily sensing and not of cognition and knowledge, therapists should engage themselves not so much as professional experts with their psychiatric knowledge, but first and foremost as supporting allies, willing to leave aside their professional standpoint and to empathize with their patients’ world. Only then can openness be restored if therapists themselves, like artists in the Maldineyan sense, have the courage and the capacity to stay in the open, to face the menacing event that might be encountered and to which a person with psychosis bears witness (cf. Sholokhova, 2016). Hence, openness is a shared process. It means joining each other as companions, as Hölderlin implies, on a risky journey outside of our common-sense ways of being. And because openness consists, for Maldiney, of receptivity and responsivity, an open therapeutic attitude has to be both radically receptive and responsive. Both aspects, receptivity and responsivity, need to be looked at more closely:

1. In terms of *receptivity*, openness implies the therapist’s readiness to be surprised or even unsettled by her patients and their experiences. This also means letting them speak for themselves and letting them appear as who they are and not imposing a psychiatric classification on them (cf. Maldiney, 2013, p. 58).

Because psychosis is a defensive transformation of “presence into representation” (Maldiney, 2007, p. 18), it is for Maldiney first and foremost the therapist’s receptive bodily presence that is needed to restore the patients’ presence and not psychiatry’s scientific models of psychosis.

Interestingly, this notion of receptive openness is echoed in contemporary therapeutic approaches as for instance in Galbusera and Kyselo's (2018) definition of the therapeutic stance at work in the Open Dialogue approach. The general aim of this approach is to help families and groups with persons suffering from mental illness, primarily psychosis, by restoring communication in nondirective and open network meetings that should make it possible for everyone to speak for him- or herself. Galbusera and Kyselo claim that the fundamental stance of therapists working in this setting consists in

being open to the other in the embodied encounter. Attentive and respectful listening to each network member is important to ensure that the voices of all participants can enter the dialogical space. This also involves an attitude of acknowledging the other as other and unconditionally accepting and respecting her. (2018, p. 4)

This seems to accord perfectly with Maldiney's notion of an authentic encounter in which, as Maldiney puts it, we can neither invent the other nor impose any conditions of encountering her. For Maldiney (2003) the encountered other surprises us and is not simply at our disposition.

2. However, when encountering others, we also have to respond to them. For if therapists only receptively sensed their patients' experiences and suffered with them, this suffering would lose itself in the open and become a solitary monologue. As was said, openness is not to be confused with mimicry: Being open also means actively and creatively responding to what is suffered. Otherwise, there would be nothing to add, no *gestaltung*, no dialogical process and no moving on. Hence, in terms of responsivity, an open therapeutic attitude means that therapists should be ready to authentically respond to their patients. This means that they should not hide behind premanufactured textbook responses or their professional role. Really responding to the unpredictable other means that we cannot predict our responses. We must respond creatively to enter into an open process of rhythmical and dialogical *gestaltung* with the other. However, therapeutic responsivity also means that therapists should not try to

be someone else. Therapists who are truly open to the other are touched by her and respond to her as who they are and not as someone else, as for instance as their friend or family member. Again, this is in line with Galbusera's and Kyselo's (2018, p. 5) definition of the therapeutic stance in Open Dialogue.

Last, Maldiney's theory offers a way to make sense of the therapeutic process at work in Open Dialogue: Bøe et al. (2015) speak of the Open Dialogue approach as the process of a fundamental opening of all participants to one another and to their respective personal stories. Bøe et al. claim among other things that this would lead to a new feeling of being alive and of moving in relation to others. In Maldineyan terms, one could frame this process as a re-rhythmification, not only of a single person's existence and her sensible connection to the ambient world, but also of the interactional *gestalt* of a whole family or social group that until now had been stricken and frozen by a traumatic event. However, such hypotheses need further empirical research.

CREATION OF OPEN SOCIAL SPACES

From a general point of view, the Open Dialogue approach points to the fact that the psychotic collapse in the face of the event is a social issue that ultimately has to be dealt with on the level of society. As studies have shown, stigmatization of people with psychosis has increased over the last two decades (Schomerus et al., 2012). Echoing Maldiney, one could say that the psychotic loss of openness in the face of the event is mirrored by society's loss of openness toward people with psychosis, thereby potentially reinforcing the breakdown of a dialogical relation with the world that people with psychosis are already subject to (Corrigan, 1998). As a consequence, therapy also consists in the reduction of stigmatization and the creation of open social spaces where traumatic and unspeakable events can be dialogically integrated. Here we may think of open forums in public space such as the so-called *psychosis seminars* where different users', families', and professionals' perspectives on psychosis can come into an open exchange (Bock & Priebe, 2005). Moreover, we may think of social workers,

assisting people with psychosis to participate in community and work life and consequently be acknowledged as an integral part of our society (Kal, 2012).

However, such efforts will only succeed if members of society consider psychosis not as the issue of some “strange madmen” on the streets, but as a possibility that under certain circumstances may occur to each and every one of us. This is underpinned by Maldiney’s philosophy of psychosis. We are human because we are open to the event. But because we are open to the event we can also collapse in the face of it and become psychotic. Psychosis testifies to our radical openness that, as Maldiney believes, in everyday life we tend to sweep under the carpet. Hence, “madness is,” as Maldiney explains, “a possibility of man without which he would not be what he is.” (2012, p. 273). In other words: madness is what makes us human.⁷ The moral and practical relevance of Maldiney’s philosophy finally lies in the recognition of this anthropological truth of psychosis and the fostering of an open attitude toward it.

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NOTES

1. A reader familiar with the works of Eugène Minkowski might notice many resemblances between the Maldineyan notion of sensing and rhythm and Minkowski’s notions of “contact vital avec la réalité” and “durée” (Minkowski, 1995). Although Maldiney only rarely refers to Minkowski (cf. Maldiney & Kuhn, 2017, pp. 112, 436), a comparison between Maldiney and Minkowski is certainly worthy of further research.
2. One may wonder why such openness should be restricted to human sensing and should not be a feature that humans share with animals. In any case, it is interesting that in contrast with other

philosophical anthropologists Maldiney situates human world-openness on the sensible and bodily level and not, as Plessner and Scheler do, on the cognitive or “spiritual” level (cf. Greisch, 2009, pp. 11–52).

3. Maldiney’s reflections on alterity and the event are part of a broader context of French philosophy and phenomenology of the twentieth and twenty-first century, which cannot be outlined here (cf. Greisch, 2009).

4. Of course, one may object that receptivity and responsivity are also features of our thinking. Maldiney, however, restricts them to the sensible and bodily dimension of our existence because he places cognition under suspicion of tending to predict and categorize any kind of alterity and eventfulness in human existence.

5. One might ask why there is in some persons the need for such a defensive reaction and what makes an event become traumatic for them. In his case studies, Maldiney rarely reflects on the patients’ primary vulnerability in the face of a traumatic event. A crucial reason for this is that asking for the conditions of an event to be traumatic or not would contradict Maldiney’s attempt not to ask for the (biographical or transcendental) conditions of possibility for an event (and for alterity in general). As stated above, the radicality of the event consists for Maldiney in the fact that it cannot be foreclosed by our knowledge. Maldiney hence appears as an existential philosopher through and through: He wants to describe how the event erupts into our existence without us being able to fall back on any preconceptualized bio-psycho-sociological essences.

6. Following Corin and Lauzon (1992), one could reframe Georg’s attempt at self-healing as a form of “positive withdrawal.” Furthermore, Maldiney’s mystical interpretation of psychosis is a promising contribution to research on the connection between mysticism, meditation and psychotic experience (cf. Škodlar & Ciglenc̆ki, 2017).

7. This is of course a conviction that is shared by many phenomenological authors (cf. Blankenburg, 1971; Kuhn, 1946; Minkowski, 1995).

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