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Contemporary Phenomenological Psychopathology

Social alienation and mental disorder

ARTICLE

André Domenici de Alencar

Abstract

This paper argues that the suffering arising from socially rooted alienation is endemic in contemporary society and distinct from a psychopathological substrate. The differentiation between social alienation and mental disorder is rare in the psychopathological literature, which limits the development of effective and specific approaches for both conditions. Phenomenological psychopathology, therefore, offers the possibility of analyzing and critiquing the individual's social condition—a possibility that can be lost if the focus shifts toward examining the conditions of possibility of consciousness in disregard of the milieu in which the subject is immersed. This study thus seeks to distinguish social alienation from mental disorder and to demonstrate the risk of pathologizing and further stigmatizing socially alienated individuals, while indicating differential and appropriate treatments for subjects who suffer from both psychopathological and social forms of distress.

Keywords: Phenomenological psychopathology; critical phenomenology; social alienation; mental disorder.

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Alienação social e transtorno mental

ARTICLE

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Resumo
Busca-se, neste trabalho, argumentar que o sofrimento advindo da alienação de cunho social é endêmico na contemporaneidade, e distinto do substrato psicopatológico. A diferenciação entre alienação social e transtorno mental é rara na literatura psicopatológica, o que resulta em limitações nos avanços de abordagens eficazes e específicas para ambas as condições. Dessa forma, compreendo que a Psicopatologia fenomenológica comporta a possibilidade de análise e crítica da condição social do indivíduo, e isso pode se perder se houver um foco que realize a análise das condições de possibilidade da consciência à revelia do meio no qual o sujeito está imerso. Este trabalho se propõe, portanto, a diferenciar a alienação social e o transtorno mental e, assim, demonstrar o risco de patologizar e estigmatizar ainda mais os sujeitos alienados socialmente, indicando tratamentos diferenciais e adequados para pacientes que sofrem com sofrimentos psicopatológicos e sociais.

Palavras-chave: Psicopatologia fenomenológica; fenomenologia crítica; alienação social; transtorno mental.

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Introduction

In clinical practice, it is common to encounter individuals who present a high burden of suffering arising from their social context—such as the lived experience of poverty, discrimination based on gender, sexuality, and skin color, xenophobia, ableism, excessive workload, and (often justified) concerns regarding environmental destruction and its repercussions. Such individuals are also frequently diagnosed with depression, bipolar affective disorder type II, anxiety, burnout, or Attention-Deficit/Hyperactivity Disorder (ADHD), which subtly instill in the patient a certain individualized sense of guilt that is detached from their social condition. From a sensitive perspective, one can discern that what is at stake in their treatment is not merely the disorder linked to the diagnosis, but rather the subject and their relationship to the context in which they are embedded. Although differences in the subjective experience of depressive episodes as compared to reactive conditions are well established (Zapata-Ospina et al., 2023), this distinction is not always put forth in current individualized clinical practice.

In this context, making uncritical and unilateral diagnoses risks silencing the political voice of those affected by social injustices, thereby reinforcing the *status quo*. As a possible counterpoint, supplementing psychopathology with a social perspective entails not only a detailed and contextualized analysis of individuals within their environment, but also the possibility of more incisive and targeted social critiques at both the micro- and macro-social levels (Sik, 2024a).

As Dalgalarrondo argues, "the definition of a set of behaviors as normal or abnormal, as mental disorder, legal transgression, or social abnormality, has marked implications for the economy, political life, the judicial system, and, ultimately, for concrete life" (2019, p. 18, my translation). In this sense, psychopathology, as a foundational science of psychiatry, must appropriate discourses that bring the social causes of suffering into focus, rather than focusing solely on the (brains of the) subjects who suffer from it. As Costa states, "psychiatry is inevitably committed to the social, whether psychiatrists like it or not" (2006, p. 7, my translation). Critical engagement and conscious positioning are therefore required.

This kind of engagement bears deep affinities with Phenomenology. Atkinson III (2024) argues that in *The Basic Problems of Phenomenology*, Appendix XII, Husserl

acknowledges the strong connections between phenomenological work and sociological investigation. Zahavi and Loidolt (2021), in turn, maintain that phenomenology has, since its inception, harbored the possibility of social critique—particularly through French authors such as Sartre, Beauvoir, and Merleau-Ponty; for them, phenomenological psychopathology constitutes an especially productive field in this regard. Initially, with Eugène Minkowski and Karl Jaspers, phenomenological psychopathology advanced forceful critiques of the reductionist neurobiological psychiatry of its time. At other moments, with authors such as Ronald D. Laing and Franco Basaglia, the tradition positioned itself critically against the indiscriminate exercise of power by psychiatrists and the social segregation of patients, and, with Frantz Fanon, explored the psychic repercussions of colonization and cultural alienation.

Today, critical phenomenology is increasingly the subject of debate (Zahavi & Loidolt, 2021; Rodemeyer, 2025). Despite this, influential contemporary studies in phenomenological psychopathology often proceed while disregarding the sociocultural context of the subjects they investigate (Messas & Fernandez, 2022), even though the very conditions of possibility of consciousness under analysis are rooted in social, cultural, economic, moral, and political experience (Baiasu & Messas, 2025; Tatossian, 1981). One possible critique of phenomenological psychopathology is that it focuses largely on the conditions of possibility of consciousness at the expense of placing the social context and its effects on the individual in the background (Baiasu & Messas, 2025). Conversely, as Jaspers (1997, p. 710) already noted, “the tensions between [the individual] and the community are one of the understandable sources of his psychic disturbances”. I agree with Englander (2018) that to ignore the social world in its relation to mental illness is to disregard the fact that the human condition is constituted by *being-with-others*.

Conversely, an excessively socializing view of psychopathological conditions may be criticized for failing to account for the patient’s lived experience, thereby reducing them to a passive byproduct of social injustices rather than recognizing the distinct reality of their psychiatric condition (Certcov, 1985). There is also the risk, as Castro (2021) points out, that such a reductionist socializing perspective may treat the individual solely as a reflection of the institutions that surround them, rather than as a subject endowed with existential freedom in their way of relating to those institutions.

Psychopathology must not lose sight of a (ideal and dynamic) equilibrium that attends to the patient's lived experience and its psychopathological alterations, while avoiding the mere medicalization and pathologization of suffering that arises from the social context. Just as conditions stemming from organic causes are distinguished from functional psychiatric disorders, it is necessary to adopt a critical stance toward context, social causes, and their psychic repercussions on the individual.

In this regard, it is worthwhile to address the contribution of the Argentine author Daniel Certcov (1985), particularly in order to situate the different *strata* of suffering—social and psychopathological. Certcov did not explicitly situate himself as a phenomenological psychopathologist, yet he remained in constant dialogue with tradition. He was a psychiatrist, head of the Department of Psychopathology and Mental Health at the Hospital General de Agudas J. M. Penna in Buenos Aires in the 1970s (Certcov & Calvo, 1973), and a student and correspondent of Henri Ey. He also contributed to the journal *L'Évolution Psychiatrique*. In 1985, he published the book *Psicopatologia General Dialéctica* (Dialectical General Psychopathology), which offers important contributions to psychopathology—most notably, the articulation of social alienation as a form of psychic suffering distinct from psychopathological suffering, as well as the differentiation between social alienation and mental disorders.

For Certcov, there is a qualitative difference in the structure of consciousness affected by psychopathological suffering, whereas other forms of suffering represent merely a quantitative abnormality and, by definition, cannot be classified as mental disorders. These latter forms of suffering include those arising from reactivity to the environment, including social suffering, as well as existential anxieties inherent to the human condition. The kind of reflection proposed by Certcov—one that involves both a meticulous analysis of individual consciousness and a critical view of the environment and context in which it is embedded—is increasingly taken up in contemporary literature on critical phenomenology and phenomenological psychopathology[1].

Certcov's work (1985) makes clear that, as clinicians, we must pose the

[1] See, for example: Baiasu & Messas, 2025; Messas & Fernandez, 2022; Stanghellini, 2023; Zahavi & Loidolt, 2021; Atkinson III, 2024; Rodemeyer, 2025.

question: is the suffering at stake a result of social alienation, or does it indicate a mental disorder? While his proposal does not provide definitive answers, it enables the formulation of critical questions and possible interpretive pathways to be pursued.

In this context, the aim of this paper is to establish a dialogue between Certcov's ideas and those of authors within the philosophical and psychopathological phenomenological tradition, as well as with the contributions of the sociologist Hartmut Rosa (2019) on resonance and alienation, and the sociologist Domonkos Sik (2024a, 2024b) on a "social phenomenological psychopathology." This dialogue helps us to understand whether, and in what way, it is possible to draw a line between social alienation and mental disorder, with a view to providing an appropriate response or treatment for each. Such an approach may help to reduce, on the one hand, the risks associated with the contemporary inflation of the concept of mental illness—which medicalizes forms of suffering rooted in social injustice (thereby constraining their possible resolutions)—and, on the other hand, the risks of mistakenly treating individuals with psychopathological suffering as merely maladjusted individuals or as mere victims of society.

Social Alienation and Mental Disorder: Possible Distinctions for Certcov

Certcov (1985) employs the concept of *social alienation*, appropriated from Marx and Engels (*The Holy Family*, 1958), and synthesizes it in the following passage:

> Social alienation is a psychosocial concept that refers to the alienation of human qualities as a function of "commodity" and "money", which become "fetishes" experienced by human beings as "values in themselves" (the "alienated value" of the commodity), as a consequence of the "relations of production" that characterize the capitalist system (Certcov, 1985, p. 62, my translation; this applies to all subsequent Certcov's citations).

This phenomenon is psychosocial insofar as it has a dual characteristic: social conditions (stemming from relations of production and labor) act upon the psychic perception of oneself, interpersonal relations, and the world as a whole. Thus, Certcov argues that social alienation integrates objective factors (social conditions of labor and production) with subjective consequences, as well as the ways in which subjects interact with and reproduce alienating social conditions, within a dialectical relationship.

From the individual's standpoint, Certcov understands that social alienation

begins with the "alienation of labor," conceived as the distancing between the worker and the ownership of the products of their labor, caused by wage labor and by the capitalist class's ownership of the means of production. The alienation of labor is followed by the alienation of the subject, then by the "commodified objectification" of the worker, and, finally, by the objectification ("*thingification*") of their social relations. This process results in a transformation of the subject's worldview, increasingly permeated by constant evaluations of the monetary value of objects, services, relationships, and individuals. From a phenomenological perspective, one can say that the entire lifeworld is affected, particularly identity and intersubjectivity. Temporality itself becomes distorted into a presentified temporality, one that demands utility and productivity from every moment, as Stanghellini (2023) describes in his analysis of the modern *Homo oeconomicus*.

For the author, social alienation unfolds along a threefold perspective (Certcov, 1985). First, there is the alienation of the worker from their productive activity within the social labor process ("alienated labor," "alienated man," and "self-alienation"), that is, the performance of work that is not attuned with the subjectivity of the one who carries it out. Second, there is the alienation of the relation between the worker and the products or results of their labor ("alienated commodity," and "alienation of the object"), as well as the bond the individual maintains with the external sensible world and with the objects of nature, which come to appear as strange and hostile. Finally, the alienation of the human being and their labor in a capitalist society, when contrasted with a utopian society, amounts to an alienation of human essence—the formation of a being with a generic life. Labor ceases to be a free end and an expression of subjectivity, becoming a means for precarious physical subsistence instead.

Psychic suffering is not always linked to social alienation—although it may be. For Certcov, individuals in such conditions frequently report problems of adaptation and distress related to their social situation. In these cases, it is necessary to assess whether there is a "qualitative change in psychic activity that clinically and etiopathogenically affects the human being as a bio-psycho-social totality" (1985, p. 71). One must determine whether the suffering arising from the perception of the environment is normal (expected in a subject within a given social situation, and empathically validated), abnormal (quantitatively more intense or prolonged, or statistically infrequent), or pathological (altered to such an extent that it constitutes

a qualitative transformation of perception). The author does not deny that social alienation may be a contributing factor in the onset of mental disorders, but reiterates that alienation is not in itself psychopathological, nor is it a sufficient causal factor for the emergence of psychopathology—otherwise, all human beings in industrial societies would exhibit such disorders. If the perception of consciousness in relation to social alienation is not pathological, Certcov states: “Social alienation in itself has nothing to do with psychopathology, nor is it resolvable through psychotherapy.” (1985, p. 70). It is now necessary to examine how the author defines a mental disorder.

Certcov argues that it is the task of psychiatrists to assess the way consciousness carries out its conscious and unconscious perceptions, in order to classify them as normal, abnormal, or pathological. In this way, clinical and empirical criteria are employed to construct such definitions, understood through a dialectical synthesis of the biological, psychic, and social domains. For the author, mental disorders consist of *empirically established* syndromes and patterns of behavior that follow a characteristic course. In such cases, there is a *qualitative psychopathological* alteration of perception, with a consequent transformation in the lived experience of reality as a whole.

Advancing a monist, materialist, and dialectical perspective, Certcov understands mental disorders as qualitative disturbances of the totality of functioning structures, affecting not only psychic function but also the material organ (the nervous system and the body as a whole), as well as the social being. This also applies to the pathogenesis of mental disorders. Even in so-called endogenous illnesses (such as schizophrenia and bipolar disorder), the author maintains that there is an alteration in organic structure, however imperceptible it may be to current technologies. Conversely, the observation of a neurological alteration is always paralleled by changes in the social and psychic spheres. Consequently, the alienation of the social being entails psychic and organic repercussions. Every psychic phenomenon has corporeal/cerebral and social correlates.

Regarding the etiology of psychiatric conditions, Certcov works with the notion of *predominance*. For him, there is no linear relationship between cause and effect. Mental disorders are conditioned by a dialectical relation between psyche and organicity, exogenous and endogenous causes, conditioned (psychic) and

unconditioned (neurological) reactions—such that we can speak only of *etiological predominance* in each given case. The exogenous (drugs, social stress, psychic or physical trauma) always acts upon the endogenous (body, consciousness). Every case of mental disorder is the result of a dialectical, biopsychosocial, multicausal process that, in turn, is expressed in a biopsychosocial manner: "No pathology has a single etiopathogenesis" (1985, p. 124).

For Certcov, psychopathological disorders entail the emergence of psychological phenomena that do not ordinarily exist in the human mind, and that can transform the entire field of consciousness. Moreover, the author argues that mental illness is "instrumentalized" within the patient's ideology. It is only by understanding this ideology that the psychiatrist can grasp and address the content of the patient's psychopathological alterations, and psychotherapeutic treatment is viable and effective solely when carried out through this ideological framework.

The author understands normal suffering (for example, non-pathological mourning, social difficulties, and existential anxieties) or abnormal suffering (experiences that are excessively intense or statistically infrequent) as quantitative alterations of consciousness that should not be classified as mental disorders. Psychosis, neurosis, and psychopathic personalities—taken by the author as paradigmatic examples of mental disorder—entail the emergence of something new in the way consciousness relates to the world. Examples include obsessive ideas, mental automatisms, delusions, hallucinations, and, in line with phenomenological psychopathology, alterations in the conscious perception of reality—such as the subjective experience of time in bipolarity (Binswanger *apud* Certcov, 1985, p. 134).

Regarding the different types of psychopathologies, Certcov states:

> It is clinically observable that, whereas neurotics and psychopaths, despite the qualitative alterations of their psyche, continue to conduct themselves within the system of values, beliefs, and social relations of the objective world, the psychotic comes to construct a world of their own that appears juxtaposed to the real world—a world possessing its own system of values and beliefs, essentially dependent upon delusional thinking. Whereas the psychic activity of the neurotic is limited to distorting objective reality, the psychotic presents themselves as simultaneously straddling two different worlds that coexist either in open opposition [...], or without opposing one another [...], or through withdrawal from the real world and refuge in their autistic delusional world (Certcov, 1985, p. 168).

For Certcov, the essence of the psychopathologist's work lies in analyzing whether the individual's reaction to their milieu and situation (including in relation to social alienation) is pathological or not. If the reaction is normal or merely abnormal,

it cannot be classified as psychopathological. In such cases, the therapeutic field becomes more limited, though not null, and more receptive to interventions of a social nature. Mental illness resides in a qualitative alteration of consciousness, in a mode of perception so altered that it can genuinely be regarded as different from the normal; it is here that the greatest value of medical and psychological treatments resides.

Contributions from Phenomenological Psychopathology - Tatossian, Jaspers, Messas

What, then, would count as qualitative alterations of consciousness that could be classified as pathological? And what forms of suffering stem from social alienation? It becomes necessary to differentiate the normal from the abnormal and the pathological; to this end, this article engages in dialogue with authors from the tradition of phenomenological psychopathology.

Arthur Tatossian (1981) argues that the definition of pathology cannot be grounded in symptomatology's level. Through a thorough understanding of the functioning (and dysfunctions) of the culture and society in which the subject is embedded, one must move beyond a simple and limited list of symptoms toward a hermeneutic analysis of the being in his lifeworld. If diagnosis relies solely on a list of symptoms, it would not be possible to practice a psychiatry capable of apprehending structural alterations of consciousness beyond the mere manifestation of behavior. Diagnosis is thus based on the psychiatrist's hermeneutic engagement, which, in turn, evaluates how the subject confers meaning upon *their* experience within *their* environment.

Tatossian understands the pathological as a "pathology of freedom": the subject cannot-not enact a given behavior or cannot-not undergo a particular experience. He also addresses the notion of "pathological normality", through which he analyzes cases of individuals who, at first glance, appear well adapted to their environment but who, upon closer examination—especially longitudinally—reveal a structural pathological alteration. Examples include the pre-burnout *typus melancholicus* (Tellenbach, 1999), who never ceases to fulfill all responsibilities; the "productive hyperfocus" observed in some obsessive or compulsive individuals diagnosed with ADHD; or narcissistic individuals of the *Homo oeconomicus* type,

hyper-adapted to contemporary society (Stanghellini, 2023).

For Tatossian, the analysis of the structures of consciousness is inseparable from cultural analysis. One cannot analyze temporality, spatiality, corporeality, intersubjectivity, or identity without taking culture into account, since culture is embedded in subjectivity. And subjectivity, as he maintains, is always intersubjectivity and historicity—that is, culturality: "[The] *Lebenswelt* [...] [is] the 'world of everyday life'" (1981, p. 71).

It is useful, when reflecting on the distinction between the normal and the pathological, to consider the differentiation between sadness and depression. In another text, Tatossian (1977) argues that these phenomena are situated at different levels of life. Sadness is a localized feeling, related to a specific and delimited object, and for this reason, it spares the rest of psychic life. It may lead to depression, but this is not the rule. Depression, by contrast, is a disorder of mood; that is, it is not reducible to a single object but extends across multiple dimensions of lived experience. It is not a dark stain within an otherwise vividly colored whole; rather, it is the entire palette that has lost its saturation and brightness. Here, we find indications for a possible distinction between a condition of social alienation marked by sadness and dread, and an outright psychopathological condition.

In *General Psychopathology*, Jaspers (1997) discusses what constitutes the normal and abnormal lived world—it is noteworthy that Jaspers avoids the term "pathological" in the analysed section (1997, pp. 281–282). The normal world is characterized by mutuality and objectivity shared among human beings. It is the world in which life unfolds and in which the sense of communion with others is fulfilled. The abnormal world, in turn, manifests along the following dimensions: (1) when it arises from a specific event that can be empirically identified, such as a schizophrenic process; (2) when it separates people rather than bringing them together; (3) when it progressively atrophies rather than expands; and (4) when it simply dies, and the sense of being disappears.

Thus, for Jaspers as well, it is the psychopathologist's task to distinguish between a normal and a pathological lived world. Through the analysis of the subject's lived world, one recognizes in clinical practice a form of suffering that is distinctly psychopathological—qualitatively different from ordinary human experience—and distinguishes it from suffering of a markedly psychosocial nature,

that is, from a human being living under distressing conditions (a form of suffering that is eminently understandable through empathy). The experience of a pathological world alters conduct, actions, and ways of thinking and knowing. When the patient's overall context is considered, such transformed worlds become clearer to the psychopathologist. However, Jaspers notes that transformations of worlds are also cultural and historical processes; therefore, it is necessary to distinguish between historical and cultural transformations and psychopathological transformations. He argues that psychopathological alterations of the world are, in themselves, ahistorical—a point that brings us closer to the possibility of social critique grounded in the endemic social suffering of contemporary life, since it allows us to identify forms of suffering conditioned by current cultural configurations.

For Messas (2021), it is often impossible to determine the essential nature of a psychopathology; the variability in the manifestations of disorders across individuals renders the meaning of any diagnosis imprecise (2021, p. 58). Nevertheless, the author maintains that such imprecision does not come at the expense of the diagnosis's objectivity, which refers to a real structural alteration experienced by the patient. What remains for psychopathologists is the capacity to nuance between psychopathology and an alienating psychosocial experience—or, in many cases, the discernment required to identify the point in the patient's life at which an alienating experience gives way to a pathological psychic transformation.

Baiasu and Messas (2025) advocate an *optimized contextual approach* that evaluates the ways an individual's context is socially constituted, as well as the relations of power/submission and intersectionality of their identity in relation to that context. Within this framework, they emphasize that two similar psychopathological structures—illustrated in their discussion through the example of substance use disorder, though extendable to other psychopathologies—may have markedly different repercussions in individuals with distinct social identities. They cite the case of a medical student who uses cocaine, without financial difficulties and with family support, who is more likely to recover and achieve abstinence than a user who is poor, homeless, and transgender, due to the complex interplay of intersectionalities and relations of power and subordination that shape each concrete situation. In addition to a lower "therapeutic load" (that is, reduced access to psychiatric and psychological consultations within the public healthcare system; the need for hospitalization in public facilities, which do not always offer adequate infrastructure

or available beds; and the absence of family support), the transgender patient experiencing homelessness is subject to multiple forms of social prejudice and stigma that hinder social reintegration—a crucial factor for recovery. The authors argue that social relations and interdependent relationships with others should not be regarded as pathological, but rather as a dynamic of personality and social identity that must be analyzed and therapeutically mobilized.

These contributions point to the need for an expanded and contextualized perspective on clinical cases, aimed at distinguishing predominantly social forms of suffering from psychopathological ones, and thereby guiding different therapeutic focuses. Moreover, phenomenological psychopathology encompasses the possibility of a *critical stance* toward patients' social conditions (Zahavi & Loidolt, 2021; Sik, 2024a). In what follows, this study turns to the contribution of a sociologist who provides conceptual tools to further advance in this direction.

Beyond Marxist Social Alienation: Hartmut Rosa's Resonance and Alienation

Contemporary forms of alienating suffering extend far beyond the relationship to prevailing modes of production. As Han (2015) observes, "we live in a post-Marxist era" (p. 116). Clinical practice is also permeated by complaints of suffering conditioned by sexism, racism, homophobia, transphobia, xenophobia, ableism, climate-related catastrophes etc. In order to encompass these dimensions and update the discussion beyond the marxist conception of social alienation articulated by Certcov (1985), it becomes necessary to engage with the contributions of Hartmut Rosa (2019), who seeks to conceptualize alienation through its dialectical opposition to *resonance*.

For Rosa (2019), resonance is a mode of relation between subject and world—it is what makes human relations to the world possible: "Our various relations to the world (cognitive, affective, and even physical) are able to be developed only through resonant processes" (p. 151). The relational nature of existence and the synchronous co-constitution of subject and world, already articulated by Merleau-Ponty (Maclaren, 2017), are made possible through this phenomenon. Thus, for Rosa, resonance is: " a kind of relationship to the world, formed through af←fect and e→motion, intrinsic

interest, and perceived self-efficacy, in which subject and world are mutually affected and transformed (2019, p. 174)".

For resonance to occur, more than the mere "vibration" of the subject is required—it is a process that inherently involves two or more poles. Resonance is not a simple replication of the frequency of an initial source; that is, it is not an echo or mere reproduction. For resonance to take place, the initial source must elicit a response in the second, which, in turn, expresses itself differently—at another frequency and with its own voice. Furthermore, resonance entails a dimension of constitutive unavailability, meaning that there is always an aspect of each pole that does not resonate with the other and remains inaccessible to it.

Rosa emphasizes that resonance is not a mere reflection or duplication of external vibration, but rather a responsive attitude that varies across individuals, situations, and cultural contexts. The phenomenon comprises organic components (including "mirror neurons"), psychic components (such as cognition, affect, and emotion), and social components (culture, values, and ideas). Individuals resonate with—and bring into resonance—other people, institutions, cultures, ideas, groups etc.

Resonance, as elaborated by Rosa, also operates as a form of communication among the different parts of the individual, since "it is not only the relation between the individual and the social world, but also the internal organization of perception, thought, and action; the connection between brain and organism can be properly understood only through the logic of resonant processes" (p. 147). Furthermore, this phenomenon also characterizes the relation between the individual and their physical environment. One example of this interaction is the modulation of affect and mood in response to meteorological conditions. For Rosa, a manifest indication of a certain psychophysical disorder is the absence of responsiveness to such changes—for instance, not feeling uplifted upon encountering a beautiful spring day after a persistent stretch of rainy days.

Resonance constitutes the basis of intersubjectivity, insofar as it enables communication between subjects. Beyond the individual's capacity to resonate, there is also the capacity to bring others—and the environment itself—into resonance through one's attitudes, behaviors, and expressions. As intersubjectivity, it is likewise the genesis of subjectivity: indeed, children develop a sense of self through resonant processes with the mother or other primary caregivers; it is only through a dense

network of resonances that the human being develops as a socialized subject capable of language and emotion (p. 151).

In addition to the capacity for resonance, human beings also exhibit *the need* to resonate with the world and to make the world resonate through their actions. It is a specific mode of *being-in-relation-to-the-world* (p. 169), a way in which subject and world become integrated. When subjects feel unable to make the world resonate (i.e., experiences diminished perceived self-efficacy), they tend to feel more powerless and less capable of effecting change. Conversely, when they do not experience resonance with their environment, they may feel disconnected, isolated, and constrained. Depending on the degree of perceived self-efficacy and the sense of resonance afforded by the environment, the world may appear either as a space for action and influence—stimulating, warming, and complementary—or as rigid, unyielding, distant, and cold.

In articulating the concept of resonance, Rosa also advances a corresponding conceptualization of alienation. The sociologist begins by noting that the term "alienation" has been both overextended and employed in idiosyncratic ways within the literature. One of the central problems of the concept, in his view, is the absence of a convincing definition. Traditionally, alienation has been defined only in relation to its object—that is, as "alienation *of something*"—which, for Rosa, is insufficient. He further notes that even in Marx's *Economic and Philosophical Manuscripts of 1844*, there is a degree of skepticism regarding the term, precisely because of the lack of a convincing definition of its antithesis.

Within the literature, various proposals have been put forward to define alienation and its antithesis—yet Rosa considers these insufficient. He first critiques the idea that its antithesis might be "autonomy," emphasizing that human beings are intrinsically relational and that dependence does not necessarily produce alienation, but may instead generate forms of communion. He also challenges the notion that alienation consists in the negation of "authenticity" (in the Heideggerian sense), since this would entail an overly normative definition. Finally, he rejects the view that alienation is fundamentally about whether life is perceived as meaningful or meaningless.

With these negative definitions established, Rosa proceeds to define the concept positively: "alienation is a form of relation to the world in which the subject

experiences the subjective, objective, and/or social world as indifferent or repulsive" (p. 178). Alienation occurs when the individual is in a state of not feeling in relation to the world, lacking the capacity to act upon it to transform it, isolated and without connections. The world appears as "cold, rigid, repulsive, and non-responsive. Resonance thus constitutes the 'other' of alienation—it is its antithesis" (p. 184). Whereas resonance enables a responsive dialogue and mutual recognition between self and other, in alienation, there is repulsion between subject and world:

> Alienation denotes a specific form of relation to the world in which subject and world confront one another with indifference or hostility (repulsion), and consequently without an inner connection. Alienation can thus be defined as a relation of relationlessness (p. 184).

Taking these concepts of alienation and resonance into account, there are valuable contributions to the fields of psychiatry and psychology, particularly regarding a possible differentiation between social alienation and mental disorder. Although Rosa (2019) approaches psychopathology somewhat cautiously, he argues that symptoms of depression and burnout may be interpreted as a loss of resonance:

> Depression or burnout refers to a state in which all axes of resonance have become mute and deaf. A person may "have" a family, work, social clubs, religion, etc., but these no longer "speak" to them. The subject is no longer capable of being touched or affected and lacks any sense of self-efficacy. World and subject thus both appear lifeless, dead, empty (p. 184).

This, of course, is different from claiming that any form of alienation is pathological. What the author seems to suggest is that there is a possible interpretive basis for understanding and evaluating psychopathological conditions through this theory of resonance and alienation. It is important to consider that alienation manifests in multiple ways within human experience, and that its mere presence is not pathological. Rather, pathology lies in a disturbance of the subject's global capacity for resonance—an idea that aligns both with contributions from phenomenological psychopathology and with Certcov's theory of the pathology of reflection discussed above.

Rosa, like Tatossian, also distinguishes between sadness and depression. The former constitutes a resonant relation with the world: affect and emotion are expressed and experienced as sadness, indicating an ongoing resonance with the context. "An individual suffering from depression, by contrast, *has no tears left*. Their relationship to the world is no longer fluid, but *petrified*" (p. 180).

Politics, economy, institutions, work, technology, culture, media, interpersonal relations, the environment—all can function either as means of sustaining healthy

axes of resonance or as alienating forces that reduce and limit possible connections between being and world. These notions converge with contemporary theories in critical phenomenology, which address the lived experience of space and body among non-normative individuals. The work of Kinkaid (2019) provides a compelling example by illustrating how bodies marked as socially different (in terms of race, gender, sexuality, or disability) encounter space in particular ways. For the non-normative subject, space becomes contradictory, generating alienation and disorientation:

> The relations between the body and its milieu fail to cohere; the general background of perception, one's grounding in the world, is called into question. [...] Space becomes contradictory rather than synthetic, the body becomes alienated, an object in space. [...] Such moments of spatial disorientation and bodily alienation mark the everyday phenomenological experience of subjects marked by social difference (Kinkaid, 2019, p. 180)

Although Kinkaid does not explicitly employ Rosa's theory, we can identify in their work clear traces of alienation and lack of resonance produced by spatial configurations affecting non-normative individuals. Approaches such as this demonstrate the potential of Rosa's framework for resonance, and how it can enter into dialogue with the field of critical phenomenology.

In order to contextualize the experiences of non-normative (or even normative) individuals and their resonant or alienated modes of being, Rosa (2019) offers a detailed analysis of the concept of *autonomy*. This conceptualization reveals the wide range of possible lived experiences observed in individuals, spanning from resonance to the deepest forms of alienation. For Rosa, autonomy is not independence from resonance, but rather the *capacity to seek it* (p. 183). One cannot characterize as alienated a subject who depends on other people, groups, or institutions if they are able to resonate with them and express themselves in their own voice. Alienation occurs only when the individual is unable to resonate with those around them or with their environment.

In contemporary contexts, alienation arises when individuals are prevented—due to financial, ecological, cultural, gendered, racial, labor-related conditions etc.—from experiencing resonance, from accessing spaces that would enable it, or from feeling capable of making the world (or others) resonate through their own actions. It is precisely this notion of alienation that psychopathology must appropriate to produce more nuanced diagnoses and to pursue more holistic and effective treatments. As Baiasu and Messas (2025) suggest, this requires a more thorough

contextualization that accounts for the different intersectionalities present in concrete cases.

Finally:

> [R]epression, suppression, and heteronomy prevent the "free vibration" of subjects, making it impossible for them to speak with their own voice and be heard. [...] Such alienating fixations can be observed wherever people are prevented from living in accordance with their sexual orientation, religious beliefs, or aesthetic preferences, or where they lack the resources to be able to access and exploit resonant spaces. [...] a successful life depends on accommodating resonant spaces which necessarily contain an element of that which is inaccessible, uncontrollable, indomitable, yet in an on itself important in order to be able to serve as counterparts in a responsive relationship" (Rosa, 2019, p. 183)

The contributions within the tradition of phenomenological psychopathology, in dialogue with Rosa's framework, enable a detailed analysis of both the conditions of possibility of consciousness and its alterations, as well as the context in which individual consciousness is immersed—one that continuously influences it through processes of resonance and alienation. Beyond this individual analysis, a return to Certcov (1985) is proposed in order to justify the need for an ethical and practical clarification within psychopathology regarding the differentiation between psychopathological conditions and social alienation.

Medicalization of Suffering, "Sociologization" of Psychopathology, and the Ethical Stance of the Psychopathologist

Certcov (1985, p. 63) argues that the conflation of two distinct domains of human knowledge—the socio-political field and the medical-therapeutic field—is problematic on two levels. On the one hand, it disrupts the understanding and treatment of psychopathologies by "medicalizing" social suffering or by attributing the genesis of all mental disorders to society. On the other hand, it constrains the understanding of social reality and of the political action required to transform it. For the author, drawing a boundary between social alienation and mental disorder is necessary to address these issues, which, in his view, constitute two sides of the same coin.

Medicalization of Suffering and the Psychopathology of the Flesh

Medicalization can be defined as the process by which undesirable or disturbing experiences are transformed into objects of health (Pita & Souza, 2021). That is, it involves the appropriation of suffering—whether biological, psychological,

social, or existential—by medical discourse; in psychiatry, this manifests as the classification of deviant behavior or distress as symptoms of mental illness. When carried out uncritically, this process leads to an increased sense of illness within society (Ortega, 2011) and to a subsequent "pharmacologization," wherein medications are utilized to address problems that do not belong to the domain of mental illness (Pita & Souza, 2021). The medicalization of suffering arising from existential anguish or social injustice is inconsistent with psychopathological science and drastically reduces the scope of non-pathological human experience. As Minkowski (2000) argued, suffering is a *pathic aspect* of existence that constitutes and permeates us as human beings; there is nothing inherently psychopathological about it.

The contemporary medicalization of socially grounded suffering occurs largely due to limitations in analyzing the individual's contextualization within their environment, as well as an insufficient understanding of how environmental and social factors permeate their experience. Over the past decades, mainstream psychiatry has focused predominantly on neurobiological alterations, at the cost of overlooking the significance of the individual's relation to their milieu in the constitution and experience of subjectivity. Phenomenology, by contrast, has been concerned with precisely these aspects since its inception (Atkinson III, 2024; Davidson, 2018), and phenomenological psychopathology is no exception (Zahavi & Loidolt, 2021).

As a potential counterpoint to excessive medicalization and an exclusive focus on the individual, Hungarian sociologist Domonkos Sik (2024a), in laying the groundwork for a "social phenomenological psychopathology," revisits Merleau-Ponty's concepts of the *Chiasm* and the *Flesh* to emphasize the need to expand the analysis and critique of social and cultural dimensions within the discipline. For the French philosopher, the chiasm represents the intertwining of the individual's corporeal and subjective dimensions, while the Flesh is its expression, constituted by subjective, material, and social components (Sik, 2024a). Consequently, it is unfeasible to clearly demarcate internal boundaries between body and mind, or external ones between subject and world; individuals are "irreducible complexes, constituted by interrelated corporeal, intentional, and intersubjective components" (Merleau-Ponty *apud* Sik, 2024a), continuous with their environment. The biological body forms an inseparable complex with the material world, while consciousness

constitutes a continuum with the symbolic and intersubjective world. The chiasm, composed of body and consciousness, is therefore inherently bound to the World and the Other—intercorporeally and biophysically on the side of the body, and culturally, socially, and intersubjectively on the side of consciousness. For Sik (2024b), mental disorders are fundamentally the manifestation of a pathological chiasm within a diseased Flesh.

A perspective that incorporates the chiasm and the Flesh, in addition to opening avenues for dialogue between medical and social psychopathological theories, broadens the possibilities for causal understanding and, consequently, therapeutic approaches (Sik, 2024a, 2024b). Sik (2024a) argues that alongside the biomedical framework—which explains and treats psychopathologies as dysfunctions of the individual body—and the psychological lens, which focuses on alterations within the individual mind, a sociological perspective can be integrated, taking the intersubjective components of the Flesh as its reference. The implications of this sociological complement enable the utilization of social elements as a "common denominator," guiding the psychopathologist in reconstructing the patient's psychopathological horizon and yielding more precise phenomenological descriptions that account for social and cultural contexts. Moreover, this complementary view contributes both to clinical psychotherapy and to the emancipation of sociologically reflexive subjects capable of driving social transformation. This perspective encompasses both a micro-level, including familial, institutional, occupational, and group contexts, and a macro-social level shaped by prevailing cultural and economic structures.

As an illustrative example, one might consider a black woman who, at the micro-level, is affected by sexist behaviors from colleagues who morally abuse, segregate, and oppress her, while at the macro-social level, sexism and racism are institutionalized and culturally reproduced. The suffering experienced by this individual extends far beyond alterations in individual subjectivity or her central nervous system; it fundamentally disrupts her chiasm and Flesh through intersubjective, intercorporeal, and social components. By apprehending this broader analytical framework, clinicians can deploy different types of therapeutic and social responses—ranging from the particular level of helping the patient navigate these hostile relationships to the comprehensive level of critically addressing structural sexism and racism based on how such structures impact individuals. Rather than the

uncritical medicalization of the patient, what this perspective proposes is a profound understanding of the subject within their milieu, accounting for the factors of suffering that are both constituted through, and expressed in, their intertwinements.

Zahavi and Loidolt (2021) highlight the critiques advanced by Karl Jaspers and Eugène Minkowski against the reductionist psychiatry of their respective eras. By revisiting the landmark contributions of Ronald D. Laing, Franco Basaglia, and Frantz Fanon to phenomenological psychopathology, they demonstrate that this tradition has consistently been fruitful in the domains of social insight and institutional critique. These critical perspectives have often culminated in profound social repercussions, such as the enactment of the "Basaglia Law" (Law 180) in 1978 in Italy, which dismantled the prevailing asylum system, restored constitutional rights, and initiated a comprehensive process of social reintegration for psychiatric patients.

Zahavi and Loidolt maintain that the distinctive contribution of phenomenology to critical social analysis lies in making explicit how components that previously went unnoticed—namely, the lived body and individual lived experience—are shaped and affected by prevailing social structures. Because this dimension is not typically addressed within traditional critical theory, contemporary phenomenological psychopathology bears not only the potential but indeed the responsibility to occupy and delimit this space, thereby continuing the critical tradition established since its inception.

The Sociologization of Psychopathology

Conversely, the complementary problem to be addressed through the demarcation between social alienation and mental disorder lies in the failure to attend to the lived experience of patients genuinely afflicted by psychiatric conditions, particularly when their symptoms are interpreted merely as reactions to their environment or to social injustices (Certcov, 1985). By equating social alienation with mental disorder, one runs the risk of addressing both phenomena through exclusively social measures, thereby failing to deepen the psychopathological analysis required to propose effective treatments. It is necessary to approach these two distinct problems differentially in order to formulate adequate responses. One might even question whether a primary cause of the current "crisis of psychiatry" lies precisely in its attempt to encompass both issues uncritically—serving, moreover, as a

mechanism to expand the exercise of biopolitical power through psychiatric knowledge (Foucault, 2006).

Castro (2021) highlights the necessity of incorporating social science perspectives into the understanding of psychopathological conditions, while simultaneously warning against the reductionist tendencies that may accompany them: “the seduction of positivism, structuralism, and post-structuralism is often underlying the atmosphere of models that seek to treat consciousness in an exclusively or predominantly objective manner” (p. 50, my translation). Excessively sociologizing approaches in psychopathology run the risk of asserting that the individual is nothing more than a reflection of their milieu and surrounding institutions, as if there were no existential freedom or subjectivity through which to engage with these relations. For the author, a dialogue between social theories and phenomenological psychopathology is necessary to apprehend the reality of mental disorders with greater breadth and depth, thereby mitigating the risk of reductionism. Certcov (1985) writes along similar lines and extends the argument further. For the Argentine psychiatrist, in the absence of a critical distinction between social alienation and mental disorder, a strict limitation is imposed on the socio-political field of action available to individuals. In other words, socially alienated individuals are treated as ill, and through such treatment, their perception of social reality is delimited and distorted, thereby undermining their capacity to transform it.

By incorporating social alienation into the domain of psychopathology, another contemporary problem of Western culture—particularly within the Global South—is obscured from view: a society structurally marked by inequality and that marginalizes difference. In doing so, psychiatry becomes complicit with the status quo and the injustices it perpetuates, insofar as it uncritically medicalizes their systemic consequences. From a constructivist perspective, medical discourse constitutes a powerful foundation for notions of health and illness, normality and pathology, operating even at the socioeconomic level (Dalgalarrondo, 2018; Ortega, 2011). It therefore falls to psychopathology, as the foundational science of psychiatry, to take a clear ethical position and to call social alienation what it is—and, crucially, what it is not: madness. When psychiatry is utilized as a tool for the coercive readjustment of non-adapted individuals, it hinders progress toward a more just society by stripping them of their status as political and epistemic subjects, reducing them to the category of the ill. The bio-identity of a subject demanding structural social reform is thus

replaced by the bio-identity of a patient seeking individualized benefits for themselves and their peers, thereby fragmenting and constraining broader social struggles (Ortega, 2011).

In other words, diagnosis—as the "primordial epistemic act" of psychiatry (Sadler, 2005)—entails a profound risk: that of stripping the patient, as an epistemic subject, of their political agency, while simultaneously diminishing their capacity to feel troubled by oppressive social conditions. In this context, the debate on testimonial and, more broadly, epistemic injustice, as addressed by Spencer, Broome, and Stanghellini (2024), is of paramount relevance; it highlights the critical importance of giving voice to those who live through conflicts, dilemmas, and forms of suffering shaped by social markers. Currently, the speech of individuals marginalized by social inequalities is frequently effaced, leaving no space for the elaboration and expression of the dilemmas that permeate their everyday lives. Most gravely, upon receiving a diagnosis, this injustice can also manifest within the subjects themselves, who may then cease to apprehend the precise ways in which their socioeconomic conditions affect them.

Final Considerations

I emphasize the words of Banzato and Zorzanelli (2022) regarding the requirements for what they call a "psychopathology worthy of the name":

> First, at the root of every psychopathology lies an "ethical stance toward human suffering." It is essential that each psychopathology clearly disclose its own. Second, each psychopathology must make explicit the conception of the human being and of the world to which it is indebted. Third, any psychopathology worthy of the name must be critical, which means that the conceptual apparatus constructed and/or adopted requires constant examination, in order to indicate both its scope and its power as well as its limits. Fourth, the delimitation of a psychopathology does not occur solely within each singular project, by virtue of the choices made, but also in confrontation with other projects forged along different lines [...], and in tension with what other forms of knowledge and clinical practice bring to the limits of preferred theories. Fifth, it is necessary for each psychopathology to define its position in relation to two thorny and persistent issues: on the one hand, the relationship between the normal and the pathological, and, on the other, the relationship between pathos and nosos. (2022, p. 383, my translation).

Throughout this exposition, heterogeneous elements were synthesized to render more explicit and comprehensible, within phenomenological psychopathology, the ways in which social factors permeate individuals. To this end, a systematization for studying the influence of micro- and macro-social milieus on concrete subjects seeking clinical care was proposed. By focusing specifically on the concepts of contextualization, resonance, alienation, chiasm, and Flesh, this work aimed to chart

the structures of consciousness upon which these phenomena rest, and from which all experience departs. While this study does not exhaust the discussion, it advances a twofold objective: to foster the reintroduction of social theories into phenomenological psychopathology, and to assist clinicians in analyzing the unique cases before them. In this proposal, emphasis was placed on exploring a way to understand human experience—psychopathological or otherwise—with greater depth, from a phenomenologically social perspective. The qualifier "social" should not be, strictly speaking, necessary, as it is intrinsic to phenomenology; yet it remains crucial to recall it. Husserl (1970) had already posited that the world we live in is experienced as *ours*, that each *I* experiences the world exclusively together with *Others*, and that only through and alongside this shared experience does the *I* come to be.

As Spencer, Broome, and Stanghellini (2024) have noted, the current "renewal" of phenomenological psychopathology must reconsider the ethical responsibilities of its practitioners. Those who work with this approach must be even more sensitive to patients' vulnerabilities and to the clinician's responsibilities when compared to other approaches, lest the tradition fall once again into obscurantism. Failing to adopt a socially contextualized perspective runs counter to this ethical demand.

On a more explicitly social note, it is vital to emphasize that clinicians hold a political-ideological commitment—whether conscious or unconscious—to the social system in which they operate, and that part of their professional practice is either to sustain or to critique it. Neoliberalism and the resistance to integrating what is different from oneself in contemporary societies can function as a catalyst (or excuse) for selfishness and narcissism (Stanghellini, 2023). A phenomenological psychopathology committed to upholding human values must possess the analytical tools to assess whether this constitutes the most salutary path for the humans within these societies. As discussed throughout this work, human interdependence is a constitutive factor of subjective identity. Certcov (1985) reminds us that it was not alienated or ill individuals who originally shaped society in this manner; rather, it was social and labor structures that produced alienated and unwell individuals who, in turn, dialectically act upon the social fabric, propagating and optimizing this social scheme. It is the human beings within these societies who can propose transformations and new directions. How might we elevate ourselves—both as a society and as individuals—if not by being supported by others and, dialectically, by

supporting them?

In the end, although they are distinct phenomena, the counterpoint to both social alienation and mental disorder is, in essence, the same: an invitation to the intersubjectively shared world and a withdrawal from the solipsism that isolates the subject from the *being-with-others* that is naturally and pre-reflectively given in human consciousness.

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