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The Unrealized Potential of Phenomenology in Understanding Addiction: A Critical Exploration

Abstract:

This paper seeks to make a contribution to addiction research by introducing some key phenomenological concepts and discussing how they can illuminate the lived experience of people with addiction. We begin by briefly sketching the historical and philosophical background of phenomenology, highlighting its focus on subjective experience and its clinical relevance. In the second part of the paper we introduce some fundamental aspects of lived experience, e.g., temporality, affectivity, embodiment and intersubjectivity, and explore alterations in these aspects that occur during addiction. We also discuss how an awareness of the socio-cultural dimension of such alterations has the potential of improving clinical encounters. In the third part of the paper we focus on three articles on addiction published in *Philosophy, Psychiatry and Psychology* in 2024. We explore how phenomenology can add nuance to some of the ideas discussed in these pieces. Our key message is that phenomenological concepts and a critical phenomenological attitude can make a crucial contribution to current research initiatives.

1. Introduction

Phenomenological concepts and insights have found their way in the fields of medicine, mental health studies and psychopathology over the last two decades (e.g., Leder 1992, Toombs, 1992; Fuchs 2005, 2007; Sass and Parnas 2006; Ratcliffe 2008, 2009; Svenaeus, 2011; Slatman, 2014, Carel, 2008, 2016, Stanghellini et al., 2019, Mishara et. al. 2024). A key reason for this, is the potential of phenomenological concepts and descriptions to illuminate the lived experiences of people experiencing physical or mental pain and those in need of care. But while phenomenology has fairly established itself in numerous interdisciplinary research initiatives, its application to the study of addictions – and substance misuse in particular – has not yet taken root.

The founder of phenomenology, Edmund Husserl, understood it as a method for studying the structure of consciousness and experience. Crucially, he insisted that one should start by bracketing the cultural, psychological and scientific assumptions (Moran & Cohen, 2012). ‘Bracketing’ in this context, is the act of setting aside naturalized beliefs about the ‘object’ of experience.ⁱ According to Husserl this act of bracketing, allows the phenomenologist to explore and describe the fundamental structures of subjectivity. However, as Merleau-Ponty will later note, one of the important, aspects of Husserl’s phenomenology is the enablement of the exploration of fundamental aspects of concrete experience that for the most part remain unthematized (Merleau-Ponty, 2012, XIV-XV). The emphasis on lived experience together with the investigative attitude toward individual and collective assumptions, makes phenomenology a relevant theoretical framework for the study of addictions. It allows us to question and dismantle hegemonic distinctions between ‘normal’ and ‘abnormal’ behaviours, inviting instead the researcher to inquire (in collaboration with

experts by experience) into the lived experience and the personal meaning associated with addiction, and explore whether, and if so how a person's experiential field is transformed when living with addiction or during rehabilitation (Monteiro et al., 2024).

The phenomenological emphasis on subjectivity, however, has sometimes, led to a misunderstanding of phenomenology as a project that focuses only on the individual, dissociated from the world and others. However, simply considering experience from one's first-person perspective is not sufficient to call one's approach phenomenological (Zahavi and Martiny 2019). Such a reductive approach risks losing sight of the important ways in which classical and contemporary phenomenologists emphasize the self-world-other relation. From a phenomenological perspective the experiencing subject is embodied and affectively situated in a world (Gallagher, 2009, p. 254). Human subjectivity is always and already socially and culturally embedded in a context of meaningful relations (Zahavi, 2019). It is therefore impossible to think of selfhood without the world. This emphasis on the self-world-other relation offers an important framework for psychopathology in general and the study of addiction in particular. It invites the researcher, clinician and/or carer to avoid abstract absolutizations of human existence (Messas, 2021, p.36), and focus instead on the ways in which human beings engage with the world and with others. On this model, one does not focus on who meets some standard criteria for 'normal' behaviour, but rather tries to understand the different ways in which people with or without addictions comport themselves toward the world. Phenomenology carries with it the promise of including altered experiential states in its very inception. It is characterized by a genuine interest in doing justice to the manifold of qualitative phenomena.

The reorientation toward first-person experience is important for clinicians because it allows them to explore how the world and others appear to the person (Gallagher and Zahavi,

2012, p. 26; Slatman, 2014), and it invites them to be mindful of and appreciate the existential predicaments of their patients (Fernandez 2021).

In this way, one is directed toward the description of the everyday life of a person with addiction, their relationship with their environment, friends, family, etc., instead of merely ‘looking into their mind’ as it were. Addiction is then approached not with a de-humanizing gaze that seeks to impose hierarchies of existence, but rather with a person-centred approach that takes contextual singularities seriously, recognizing the unique and situational experiences of each individual (Messas et al 2018; Moskalewicz and Messas, 2022). Phenomenology, therefore, challenges and dismantles hegemonic distinctions between ‘normal’ and ‘abnormal’ in ways that allow us to ‘bracket’ common views about addiction. This in turn allows one to examine the phenomenon as such, without putting addicted persons into categories that deprive them of agency, thus avoiding stigmatizing language that often contributes “to the processes of becoming and remaining addicted (Copoeru, 2018b).

This paper elaborates on some fundamental phenomenological concepts indispensable for the progress of addiction research today. It proposes ways in which key phenomenological concepts like affectivity, embodiment and intersubjectivity can be applied in current and future research. Our contributions are not exhaustive, but aim to explore potential avenues for future inquiry. The first part of the paper offers an overview of how phenomenology can prove itself helpful in addiction research, delving into some fundamental dimensions of human experiences and exploring alterations that occur in addiction. The second part comments on three recent articles published in *Philosophy, Psychiatry and Psychology* that attempt to shed light on the lived experience of addiction by drawing directly on phenomenological research or employing theoretical approaches that are influenced by phenomenology, e.g., enactivism. We explore how phenomenology can add nuance to some of the ideas discussed by the authors of these

pieces. The key message is that phenomenological concepts and a critical phenomenological attitude can further contribute to these most welcome contributions to current research.

2. Fundamental Dimensions of Lived Experience and their Alteration in Addiction

A core aspect of phenomenological research, is the interest shown in identifying fundamental dimensions of lived experience that the natural sciences have not adequately thematized. Concepts like selfhood, temporality, affectivity, embodiment and intersubjectivity, are presented as fundamental conditions of human existence that underlie all human experience. Dimensions such as temporality and affectivity are seen as the conditions for meaningful human experience, forming the pre-reflective basis for lived experience (Moskalewicz and Messas 2022). Furthermore, phenomenology broadens the understanding of the meanings of the social context in experience, thus enabling a broader illumination of the foundations of human existence (Messas & Fernandez, 2022). These aspects of phenomenological philosophy have exerted a strong influence in the development of phenomenological psychopathology and can prove indispensable to any attempt to illuminate the lived experience of addiction.

2.1 Temporality

Phenomenology has been remarkably successful in foregrounding a notion of time that is irreducible to the time measured by the clock. On the experiential level, it provides a rich account of the nuances of how time is lived, emphasizing how all everyday dealings with the world, both mental, embodied and enacted, are grounded in, and mediated by temporality understood as an extension of the present, with overlapping dimensions of past and future

within it. How I act in the present moment is, at a pre-reflective level, co-determined and formed by my projection toward the future and my projection to past experiences. As Erwin Straus puts it:

The actual moment gains its meaning and importance, even its specific content only in relation to the future and to the past, and to the permanent structures and to the virtual whole of our lives. Past and future are somehow present in the actual moment (Moskalewicz & Fuchs 2023; Straus 1946/2023).

In this sense, when we experience something, we are already and unavoidably living it through time. We can't experience anything without it happening over time. The phenomenological account of temporality can shed light on how this fundamental implicit feature of experience changes with addiction. Researchers commonly focus on the way in which the temporal dimension of the past and future weakens, and how the primacy of the present becomes oppressive for people with addiction (Kemp, 2009; Moskalewicz 2016; Moskalewicz and Messas, 2022). Crucially, recognizing this allows us to see addiction in a different light. Instead of attributing impulsivity to people with addictions, one is invited to think of addiction as disrupting one's very experience of time (Kemp, 2009).

Reframing addiction in this way highlights a qualitative transformation of experience, in which the normally relatively independent (in terms of content) dimensions of past, present, and future, transform into a quasi-continuous present consisting of vicious circles of craving, satisfaction, and guilt. The past is thus either largely forgotten or fragmented in memory and the future is either devoid of possibilities (Kemp, 2009; Di Petta, 2014) or anticipated as a frightening prospect, which substance misuse aims to suppress (Messas, 2021). Such temporality effaces one's commitment to the others and the world, bringing about a series of

typical addicted behaviours (e.g., lies, apparent indifference to the family and social values) which, without the phenomenological understanding, could be interpreted as pure moral deviance or the after-effects of brain damage (Messas et al., 2019; Messas, 2021).

In this way, a phenomenologically informed account of human temporality allows us to think differently about a person's motivation for engaging in substance misuse. This account also helps to understand how under certain social circumstances (e.g., homelessness) people might be more inclined to engage in substance misuse (Weinberg, 2002). In a recent article, Baiasu & Messas (2024) emphasize how social roles and identities are crucial for maintaining an experience of existential coherence, which relates to the ability to orient oneself toward a future open to possibilities for personal development. For example, the most vulnerable Brazilian crack cocaine users in homelessness situation, are not able to take a professional role that could give stability to their existence. Instead, their roles as daily labourers, performing irrelevant functions without any legal ties to their employers, are unable to give them a stable professional identity, resulting in greater vulnerability to drug use. Both because their professional role did not discourage them from using drugs, and because they used drugs to artificially create a surrogate stability for their existence (Baiasu & Messas 2024).

2.2 Affectivity

A phenomenological approach to addiction also invites us to think about addictive behaviour as affectively and existentially loaded (Di Petta, 2019; Lavalley, 2020). Inquiring into the lived experience and personal meaning associated with addiction reveals the ways in which addictive

behaviours can come to serve a whole range of purposes that are deeply significant for a person, including acting as a conduit for fulfilling profound emotional and existential needs, such as one's sense of identity, feelings of control, safety, social connection, and relief from psychic distress and suffering (Lavallee 2020). In this sense, substance use can thus be seen primarily as a powerful instrument of self-management (Messas, 2021)ⁱⁱ, or more specifically, as a form of managing or scaffolding affectivity (Lavallee, 2023, 2024).

Importantly, the emotional conditions that addictive behaviours respond to need not be conceived through an internalist lens; these affective phenomena can be interpreted as relational and situated, arising through the dynamic interactions between a person and their environment over time (Lavallee, 2023). That is, substance use can profoundly transform affective experience in ways that reflect both a person's needs as well as features of their environment that shape these needs and enable or constrain alternative possibilities for responding to them.

For instance, substance use may offer temporary relief from shame or loneliness, or provide moments of belonging, excitement, or even feelings of purpose – and these affective functions may be especially valuable for individuals whose circumstances deprive them of meaningful alternative possibilities for managing affectivity. What makes addiction distinctive, however, is not simply that it responds to emotional needs, but that it increasingly comes to shape how emotional needs and emotions are experienced, interpreted and acted upon. Over time, addictive behaviour can come to play an increasingly prominent, even monopolising, role in a person's patterned practices of interacting with the world to manage affectivity. This shift reflects a significant alteration in affectivity, where from a phenomenological perspective, affectivity refers not only to discrete emotion episodes, but includes a person's overall attunement to the world, including what is experienced as salient and meaningful, motivating, hopeful, and so on. In addiction, this attunement becomes reoriented or restructured.

Considering this restructuring of affective attunement can direct attention to some of the ways in which addiction can become bound up in a person's goals, projects, values, and ways of relating to and understanding these, and thereby shape agency. If a person's ability to engage with their environment is conditioned by how that environment is affectively disclosed to them, then entrenched reliance upon an addictive behaviour to manage one's affective condition can impact agency in far-reaching ways. From this perspective, we might understand addiction as gradually reorienting a person's relation to their goals, projects, and values. Phenomenological attention to temporality helps clarify this dynamic. The salience of immediate emotional needs and affective dysregulation in the continuous present can already eclipse one's ability to orient toward the future; but moreover, consider how the ever-present-now in addiction can make a person's more immediate goals, projects, and values especially affectively salient, while longer term concerns that require projecting oneself into a distant future may be experienced less saliently. Not only, then, can substance use be seen as transforming affective attunement, but moreover, the temporal orientation of addiction helps to explain this transformation.

Phenomenological accounts of affectivity can prove extremely helpful in illuminating the motivational structure of addiction. Influenced by Heidegger's account of our affective disposition toward the world, contemporary phenomenologists have argued that affects are not internal feelings but rather ways of finding ourselves in the world (Ratcliffe, 2012; Fuchs 2013). This is to say that humans are always relating to the world via some kind of affect, whether we realize it or not. But while some affects allow us to navigate the world undisturbed, other affective states can make us aware of a certain distance from the shared world. Phenomenologists have developed this idea in order to describe situations in which one's affective relation to the world is characterized by misattunement – a sense of not-being-in-the-world.

Particularly related to the experience of addiction, this understanding of mood can shed light on some relevant (and painful) experiences that addicted people usually have in their process of recovery, such as fearful, irritable and dissatisfied moods during the early stages of abstinence. These affective experiences should not be confused with Heidegger's existential "anguish", which is related to the openness of existence. Instead, they arise as an affective result of the existential process of returning to the regular temporality of life (Messas & Dörr-Álamos, 2024). The return to forms of personal biography in recovery also triggers a series of disturbing experiences, like the feeling of guilt or suicidal thoughts which bear witness to the mistakes (from the addicted person's point of view) of the period of addiction.

2.3 Intersubjectivity and Embodiment

A presentation of the role of phenomenology in addiction studies would be incomplete without a reference to intersubjectivity and embodiment. Being-in-the-world also implies being-with others. The frameworks of meaningful relations within which we perform our daily tasks are intersubjectively constituted. Crucially, phenomenology challenges the view of the Cartesian, 'isolated subject' and proposes instead that intersubjectivity is an indispensable aspect of human subjectivity (Messas, 2021).

Moreover, our relation to the world and others is an embodied one. Classical phenomenologists like Husserl and Merleau-Pontyⁱⁱⁱ develop an account of the lived-body that challenges a strictly mechanistic view of the body as simply a spatially extended object (Moran & Mooney 2002). In phenomenological jargon, the 'lived body' (Leib) refers to the body "as we experience it from a first-person perspective" (Carel, 2008, p. 26). This is juxtaposed to the 'body-object' (Körper), which refers to our experience of our body as an object. While phenomenologists do not deny that our body is also a physical object, they argue that our most

primordial experience of our own body is a power for action (Zahavi, 2003). It is through these pre-reflective embodied experiences that others and the world open themselves to us.^{iv} Merleau-Ponty's work, for example, ties the consciousness of lived experience to the body. For him, lived experience is intercorporeal. The world, he writes, is not one that we merely think out, but rather 'what I live' (2012, p. xxx). This is a phenomenological elaboration of Aristotle's prior exploration of flesh (*sarx*), for whom, the most philosophical of senses is touch, since it provides us with an understanding of our relation to the world. We both touch and are touched by the world, and our entwinement in the world is lived through the flesh.

Similarly to our discussion of temporality and affectivity, the lived body is considered a fundamental dimension of lived experience, notwithstanding the fact that for the most part we do not reflect about it. In other words, our self-understanding is intrinsically related to our bodily navigation in-the-world. Furthermore, the concept of the lived body is employed to shed light to the relational nature of our bodily experience. Our first-person experience of our body emerges with our bodily habits and our practical engagement with our environment. This means that a radical change in our body, because of injury or illness can have an impact on the way that we navigate the world and our sense of self. Things however, can also happen the other way around, a change in the way we navigate the world and our sense of self, can impact the way that we experience our body (Carel, 2008, p. 27).

The phenomenological account of the lived body has exerted significant influence in health studies. Phenomenologists (Carel 2008; Slatman 2014) highlight how in some experiences (e.g. illness, injury, etc) the body becomes an object of constant attention in a way that disrupts one's seamless interaction with the world and others. This shift from a pre-reflective awareness of the lived body to an explicit awareness of the body as an object can be particularly relevant in one's attempt to understand the embodied experience of addiction. In severe cases, addiction can significantly disrupt the lived body. The experience of pain,

cravings, and withdrawal symptoms can be understood as an ‘intrusion’ of the body-object (Kemp, 2009, p. 125). The body, which is mostly a seamless part of our existence, becomes an object of constant preoccupation. Phenomenology, therefore, invites us to consider the alterations in embodied existence that occur with addiction, particularly the extent to which the body transitions from being a ‘lived body’ to being perceived more as a ‘body-object’. By extension, it allows us to explore how changes in bodily experience intersect with changes in the experience of worldly objects and other people. This is often evident in addiction, where possessions lose their value and relationships are neglected as the individual's focus narrows to the drug (Kemp 2009).

However, phenomenology also provides the conceptual tools to explore how this change in the experience of the body in addiction relates to a change in a person’s embodied habits (i.e., the way that one navigates the world). The emphasis on embodied habits sheds light to the subjective and practical elements of addiction, driven by existential and affective needs. Addiction can thus be seen as a habit that “has its primary sources in the embodied needs of a worldly subject” (Copoeru 2018a) but ends up eventually transforming one’s relation to their body, to the world and others.

Emphasis on embodiment helps explore addiction through an appeal to its dynamic and relational intersubjective nature. From a phenomenological perspective our embodied-subjective states are shaped by the implicit presence of others (Messas, 2021). Addiction is rarely experienced in a vacuum. One of the most relevant aspects of the transformation of the intersubjective and relational dimension in addiction can be understood as an outcome of a particular change in addiction, called anthropological plenitude (Messas et al., 2019). This experience describes the simplification of the complexity of experience in addiction, which implies a reduction of the person's various simultaneous feelings (and perspectives on the world as a whole) towards the hegemony of a single feeling (or perspective). This reduction also

disturbs the way in which the Other is experienced. The addicted person may, for example, experience only the unpleasant side of the Other, which may result in disproportionate anger and acts of violence. Likewise, high-risk sexual behaviour can arise, since in some instances the Other might be seen exclusively as an object of sexual pleasure, losing their profile as a complete person.

2.4 A Critical Phenomenological Addendum

Before bringing this section to a close we shall emphasize the importance of recognizing the role of the historical and social context in human experience and perception (Guenther, 2020, p. 12; Magri 2023). The fundamental structures of experiences discussed so far, are embedded in a socially and culturally constituted context of meaningful relations, and are therefore dependent and influenced by it. Recent developments in critical phenomenology call for a more reflective approach toward the intersubjective, cultural and historical structures that underlie one's embodied, affective and temporal relation to the world and others. These contexts, although 'contingent' have what Guenther calls a 'quasi-transcendental' status insofar as they "become embedded into our perceptual, epistemic and relational norms" (Ritunnano, 2022).

In 'Throwing like a Girl' for example, Young explores how social and cultural norms shape women's bodily comportment (Young, 1980). Along similar lines, Leder explores how the gaze of the Other can bring about a social dys-appearance whereby the perceived subject becomes aware of its body as unacceptable or unattractive (1990, p. 97). In the previous section, we discussed how the body can be experienced as an 'object-body' in addiction. From a critical phenomenological lens it is also important to explore how this experience might also relate to how a person with addiction is perceived by others. It is, in other words, important to explore how social context conditions embodied subjectivity (Slatman 2014) and how the gaze of the

Other can have an objectifying function, insofar as it ‘sees’ only the visible signs of addiction, reducing the person with addiction to an addicted body.

The label of the ‘drug addict’ can have a similar effect since it reduces one’s social role to that of the addict, either by overlooking other social roles that this person may have (e.g., parent, friend, etc.) or by denying from them the ability to develop a more positive social role. Such labelling can lead to experiences of marginalization and stigmatization that have a direct impact on how one relates to the world, to others and to their own embodied self. Baiasu and Messas argue that persons with addiction are often excessively sensitive to social norms and standards which they cannot meet, finding themselves experiencing painful affective experiences associated with feelings of guilt and unworthiness for lagging behind societal standards (Baiasu and Messas, 2024). The social situatedness of the person with addiction is therefore beset with a significant amount of emotional distress which can exacerbate the need to engage in self-management via substance misuse. While in the long run substance misuse undermines the possibilities for personal development, it can provide a short-term sense of existential coherence in circumstances where this is not possible via the stability of positive social roles.

Focusing on a Brazilian study of people addicted to crack, they observe that very often these people are not supported by society to develop the social roles that can provide future orientation and a minimum sense of existential stability. This need for social integration might be conducive, they suggest, to their immersion to the admittedly unstable, artificial and fragile community of ‘crackland’. Baiasu and Messas also focus on the clinical encounter and the process of therapy, highlighting how the positive social role of the ‘expert by experience’ can offer existential coherence, challenging thus stigmatizing descriptions that trap individuals to alienating social identities.

These developments in phenomenological research need to be incorporated in addiction studies, as they invite us to reflect on social stigma, and how the objectified gaze involved in it, can affect one person's experience of addiction but also their recovery process. One can therefore employ a critical phenomenological approach to explore the extent to which the social alienation experienced in drug addiction and during recovery is intensified by quasi-transcendental social, historical and cultural structures. But of equal importance is the need to remain aware of our own intersubjectively, culturally and historically constituted biases and assumptions, which inform our habitual, and often objectifying way (Al-Saji, 2009; Fielding, 2020) of seeing and interpreting the alterity of the addicted subject. In other words, critical phenomenology requires clinicians to remain alert and shed light on socio-cultural and historical structures that shape our perceptions, interpretations and experiences in general (Ritunnano, 2022).

3. Limited Insight, Affordances and Addiction

Having presented some ways in which phenomenology can contribute to the study of addiction, we will discuss the main ideas presented by three recent papers published in *Philosophy, Psychiatry and Psychology*. Despite the different approaches and themes all three papers emphasize how in addiction "one's plurality of concerns become monopolized and funnelled through addiction" (Lavellee and Osler, 2024). To analyse this phenomenon the authors either make direct references to phenomenology or present ideas and concepts that can be further enriched by phenomenology.

3.1 Addiction, Enactive Autonomy and Self-Insight

The paper titled “Addiction, Enactive Autonomy and Self-Insight” (Maiese, 2024a) explores the relationship between addiction and self-insight through an enactivist lens. The main thesis is that addiction disrupts self-insight by hindering an individual's ability to regulate their habits and adapt to changing circumstances.

On an enactivist account, habits determine who we are by constituting overlapping regional identities which comprise of what we *care* about (our concerns and goals). However Maiese argues that habits should not be understood as “unconscious, mechanical, stimulus-response patterns” but “as engrained, yet flexible and adjustable, modes of engagement with the world” (p. 353). For example, one may have many regional identities (a parent, a lecturer, a member of a sports club, etc). These regional identities are constituted by the habitual way in which one relates to the world and shed light to the concerns and goals of this person.

Following Ramírez-Vizcaya & Froese (2019), Maiese posits that addiction, viewed as a “bad habit” dominates “the whole network of habits that constitutes a person’s way of life” (Ramírez-Vizcaya & Froese, 2019, p. 8). This means that various other sets of habit bundles – and hence regional identities – begin to dissipate or disappear altogether. Here, what it means for an addicted person's habits to become dominated by a singular concern is that “other goals and concerns get ‘crowded out’” such that the agent’s “priorities and pursuits may become increasingly one-dimensional.” (p. 355) However, Maiese suggests that the issue is not simply the rigidity of drug-seeking or drug-use habits but rather the way that such habits dramatically decrease the opportunity for self-equilibration. In the context of enactivism, self-equilibration refers to the ongoing adaptation and modification of habits which allows agents to preserve their overall self-identity while sustaining a level of flexibility that allows them to assimilate new situations (Ramírez-Vizcaya & Froese, p. 6).

Maiese elaborates on the enactivist account of self-equilibration by asserting that the latter relates to an agent's capacity for self-reflection, self-narration, emotion regulation and reorientation of attention. She argues that evaluative beliefs and judgements can exert an influence on one's habits. Maiese also makes a reference to how self-narrations can help agents evaluate their reasons for acting, providing a way to understand the wider significance of their past doings and prompting adjustments to their present and future behaviour. Maiese concludes that the issue is not merely the dominance of one regional identity over another, but rather the dramatic constriction of opportunities for self-equilibration.

However, it is fair to ask whether the paper's emphasis on self-regulation and reflective self-control prioritizes intellectual capacities in a way that potentially marks a departure from models of understanding addiction deemed to be phenomenological and/or enactivist? For example, while Maiese does explicitly state that habits are embodied, she does not elaborate on what an embodied experience of addiction might involve. It must be noted here, that Maiese has written extensively on enactivism and fully acknowledges the embodied and affective aspects of human cognition (2016; 2024b).

A phenomenological approach to embodiment allows us to shed light on how bodily pain and discomfort can change how a person perceives and interacts with the world (Leder, 1992). Furthermore, phenomenology provides us with the conceptual tools to explore how embodiment relates to one's temporal and affective relation to the world. For example, for a body in severe pain, the future reveals itself as limited, since one's primary concern is to alleviate the suffering (Kemp, 2009). Being attentive to the embodied, affective and temporal experience of people with addiction is important for avoiding the pitfall of epistemic injustice and has implications also for how we think about recovery – it invites us to be mindful of the needs and experiences of persons experiencing addiction.

An additional concern is that the emphasis on cognitive processes and reflective self-control might eventually lead us to frame addiction as a ‘a failure’. To avoid this, we might need a descriptive model of addiction that does not posit lack of awareness or deficits in self-insight, but rather focuses on the capacity of persons with addiction, with the support of peers and health professionals, to re-construct their capacity to make decisions about their own lives (Copoeru, 2014). An interpretation of the way of life of the addicted person as an increasingly one-dimensional pursuit of the object of addiction may problematically perpetuate more objectifying and totalizing narratives of addiction that populate the collective social imagination. This potentially risks a reductive interpretation of the complexity, textured meaningfulness, and singularity of the lives and lived experiences of those who struggle with addiction.

Interpreting addiction as a coherent and identifiable habit bundle oriented toward drug use as a top priority may incidentally obscure the ways that addicted persons do engage in practices of self-regulation and the balancing of competing priorities, and thereby gain an “understanding of how different aspects of their identity relate to one another” (Maiese, 2024a, p. 351). If we consider the ways that addiction can itself become a life-building and organizing activity, such that a range of one’s regional identities, including social roles and ongoing projects become structured though and around an addiction, rather than disappearing into the addiction, then instead of viewing addiction as involving an “increasing one-dimensionality of the agent’s priorities and pursuits”(p. 361), and a loss of self-control, we might consider how addiction can be a habitualized way of engaging in, or orientation toward, the world. Addiction might structure “the whole network of habits that constitutes a person’s way of life” (Ramírez-Vizcaya & Froese, 2019, p. 8) by suffusing and shaping a range of one’s regional identities, rather than crowding them out. For example, addiction can come to shape the meaning of, and how a person embodies the social roles of friend, sibling, child, artist, partner and so on.

For instance, a person may continue to occupy the role of caregiver, but the sense of possibility and affective dynamics within that role – including shifts in the felt limits of what one can offer, expect, and emotionally manage – may begin to be structured through and around addiction. And consider the temporal dimension of addiction here: a person may continue to occupy the social role of friend or partner, but the ‘now-orientation’ of addiction can eclipse the future-oriented perspective that often structures these roles in various ways — sustaining long-term planning, shared projects, and patterns of affective engagement. From this perspective, we can also begin to understand why relationships with others who are also experiencing addiction may feel more affectively salient or possible to sustain. When future-oriented commitments and normative affective expectations (such as for emotional consistency) are experienced as out of reach, relationships that mirror the affective dynamics and temporal structure of one’s own experience—present-oriented and affectively attuned by substance use—can feel more accessible (Baiausu & Messas, 2024). What remains is not the disappearance of the role, but a transformation in how it is lived, experienced, and affectively sustained.

From this alternative framing, we might consider how addiction can lead to an increasing overlap of different regional identities. Considering how the different cares, concerns, and embodied needs of a particular agent, situated in a particular environment, can become intertwined with addictive behaviour, such that a diversity of regional identities come to overlap, could help to avoid a potentially objectifying portrayal of the addicted person as stunted and unable to make sense of themselves. Persons experiencing addiction may be “engaging in self-regulation to balance competing priorities” (Maiese, 2024a, p. 351) in ways that are not easily intelligible when filtered through the external lens of addiction. Recognizing this should allow us to benefit from seeing things through an enactivist lens, without needing to postulate a lack of awareness or posit deficits in self-insight, which may be problematic for

various reasons. By Maiese's lights, an agent's various regional identities together "comprise what they care about" (p. 353). We can still acknowledge that in addition some of a person's interests, commitments, and cares do change or lose traction in daily life. Inquiring into how a variety of one's regional identities might be continually shaped by and enacted through addiction, rather than focusing on those that are crowded out, suggests we need not presume that the way of life of addiction involves an increasing one-dimensionality in what one cares about. If addiction is a habit that becomes harmful in part by suffusing or shaping various regional identities, we might also be inclined to focus more on how this habit is scaffolded by the social environment in which the agent's cares, concerns and embodied needs are situated.

3.2 Insight Deficits in Substance Use Disorders Through the Lens of Double Bookkeeping

The second paper that we will discuss focuses on the psychopathology of addiction availing of a phenomenological account of the self-world relation and an enactivist account of habit (Lam et al, 2024). The main aim of this paper is to explore the extent to which the notion of double bookkeeping can shed light on the insight deficits observed in individuals with substance use addiction. The paper proposes that people with addiction inhabit two registers of reality. A shared social world, which includes social norms, expectations and the consequences of addiction, and the sub-universe of addiction shaped by the priorities and habits influenced by it.

In the context of mental health, 'lack of insight' refers to the condition in which a person lacks an awareness of living with an illness and the consequences of this illness. While 'lack

of insight' has been mostly associated with schizophrenia, the authors suggest that this concept can be used to shed light to the paradoxical situation where individuals continue to use substances despite acknowledging or suffering from the negative consequences of substance misuse. However, this choice might lead to a series of difficulties in describing the complexity of addiction and in constructing efficient models for recovery from addiction. A literature review of studies on poor insight in psychosis, for example, showed that there is little support for clinical models and that multiple factors contribute to poor insight (Cooke et al., 2005). Poor insight is more than "a simple primary symptom" (Reddy, 2015). On the one hand, it can be better explained as brain impairments that take place in advanced phases of addiction (the three cases discussed fall in this category). On the other hand, sociocultural factors have a significant role in the decision-making process of individuals experiencing addiction and their recovery. In order to achieve this, aspects pertaining to the connectedness of addicted persons with their social and cultural world must be considered. Therefore, integrative models of addiction should take into account and re-construct the capacity the addicted person act within a variety of spheres of practices, with which her behaviour is usually blended: medical, social, and normative practices.

The authors avail of the notion of double bookkeeping developed by Eugen Bleuler and used to describe kinds of delusions that are not connected to the shared world of meaningful relations, but which nonetheless are privately experienced by the patient as real. They invite us to think about how addiction can come to constitute a sub-universe that "challenges the primacy of the shared social universe"(Lam et al, 2024, p. 372). They also make a reference to Ramírez-Vizcaya's and Froese's account of addiction as a 'bad habit' that crowds out other ways of relating to the world (Ramírez-Vizcaya and Froese, 2019). However, the authors expand on the long-term implications of this 'crowding out', and associate some cases (probably the severe

ones) of substance addiction with a fundamental alteration in a person's framework of experience.

In an exploratory manner, the authors propose that the concept of double bookkeeping is one way of understanding how it is possible to continue using while being aware of the negative impact in one's life or how someone may remain unaware of their addiction despite concrete experiential evidence (e.g., medical complications). While a person with addiction is still present in the shared social world, their perceptions, aims and priorities are shaped by the sub-universe of addiction. One possible explanation, therefore, for the lack of insight in people with substance use addictions is that these individuals undergo a transformation on the fundamental structures of experience which makes it possible for them to live in two registers of reality that from a third-person perspective appear contradictory.

Our point is that what emerges in the first place from addiction narratives is not a lack of "awareness of the very addictive nature of their actions" (Lam et al, 2024, p. 370), but a sense of powerlessness which reveals the person experiencing addiction as primarily a vulnerable subject. (Bernet 2000; Throop 2012) While many persons describe their experience of addiction in terms of "loss of control" or "weakness of will," this does not necessarily mean that they (or the researchers who are employing these terms) accurately grasp its content and dynamic. The terms of the discourse are often adopted from other exemplary reports or the person experiencing addiction tries to present her situation in terms familiar to the interlocutor and/or generally accepted by society (Copoeru and Szabo, 2017). In the context of addiction and recovery, this process of internalizing the gaze of the Other, has usually been correlated with shame and self-objectification. The experience of being seen can lead to feelings of alienation or disconnection from one's own bodily experience (Fuchs, 2002). The public stigmatization of the addicted person can lead to the internalization of the social opprobrium usually attached to addiction. Those affected by public stigmatization internalize social norms

and this process is a “part-constituent of the dynamic process in which addiction is formed.” (Matthews et al. 2017) The narratives that surround persons with addiction may contribute to the persistence of addiction by reinforcing the internalized gaze.

A great deal of research is focusing on the harms that arise from the internalisation of labels and supports the idea that stigmatization, as a process of devaluation of an individual's characteristics, regularly leads to health-related harms through serial and persistent microaggressions (see Lochhead et al. 2024). In relation to recovery from addiction, stigma is experienced by individuals at several levels: affective, embodied, intersubjective, and temporal. At the affective level, stigma induces negative emotions and contributes to a profound sense of shame, anxiety, and low self-worth among the persons in recovery. The consequences of stigma may manifest as disrupting the relationship between the person and the body. The embodiment of stigma alters how people perceive their own bodies. As a consequence, addiction-stigmatized individuals are more likely to avoid engaging with healthcare services due to anticipated discrimination (Mundy, 2012), resulting in a diminishing of their chances of recovery. They view themselves through the lens of stigma.

Stigma is also a temporal phenomenon. It has long-lasting effects, and recurrent episodes of stigmatization structure current experience and shape the present interactions with peers and professionals in health care for individuals. For example, the 'addict' label and its internalization reduces one to one particular social role (that of the addict), and this in turn might influence how they experience time. When someone internalizes this role, future commitments related to other social roles (parent, friend, etc.) might appear as unattainable, intensifying the need to immerse oneself in the continuous present of addiction. The role 'expert by experience' on the other hand, as Baiasu and Messas (2024) suggest, has the potential to reshape one's relation to the future as it invites participation to a co-production project (with an expert by training and/or fellow experts by experience), where the value of their experiential

insights is recognized as something valuable. We may affirm, therefore, that overcoming stigma plays a crucial role in the effectiveness of interventions in addiction recovery, because this process “involves the modification of the subject's capacity to operate at the level of temporal processes.” (Copoeru, 2018b)

Therefore, when shifting our focus to recovery, special attention should be given to immediate bodily encounters with others (peers and/or counsellors) in a therapeutic setting that allows the conflict to come to light.^v Thus, internal conflict can be processed and transformed into a force that leads one to break out of denial and to recognize the unhealthy, harmful, and self-destructive patterns of addiction. Stepping out of the grey, taboo area of her life and offering her experience to be transformed, the person living with addiction can restore the connection with self *and* others; in this way, she can break out of the isolating sub-universe of addiction. The notion of sub-universe employed by Lam and colleagues captures an important aspect of addiction. However, we contend that any reference to “a fundamental alteration of the framework of experience”(Lam et al., 2024, p. 368) must be nuanced and not lose sight of intersubjective and sociocultural contexts in which such framework of experience is embedded.

The self-narratives of the addicted persons depict a continuous struggle with addiction and its consequences. The special region that the authors describe could be framed differently, namely with less emphasis on some ontological transformation. Hidden from the insight of the person experiencing addiction, that region remains disconnected from the rest of her subjective universe as much as people living with addiction remain disconnected from the intersubjective world. They are living in a sub-universe only to the extent that they are not able to engage in the ‘real world’. They may enter at any point in time into a process of recovery, and this is a *fundamental* aspect of experience/-ing that they still preserve.

3.3 Affordances and the Shape of Addiction

As with the other two papers, the third paper, titled “Affordances and the Shape of Addiction” seeks to illuminate the issue of the shrinking world in addiction. However, in their paper Lavallee and Osler (2024), engage in an examination of addiction based on an exploration of affordances. The authors argue for the importance of developing a global and relational account of addiction which they distinguish from localized accounts of addiction that tend to take an internalist approach, emphasizing “aspects of addiction that are ‘inside’ the (mind-brain-body of) individual” (p. 381) The concept of affordances is helpful in this respect because it draws our attention to the ways in which our environment can influence our actions and choices, promoting harmful behaviours or limiting one’s agency. In the context of Gibson’s ecological psychology, the concept of affordances refers to the “offers” or opportunities afforded by the environment for action. A cup of tea is not simply an object of a specific size and shape; it is rather an object that “*affords* the possibility of being filled with hot liquid, picked up, and sipped from”(p. 382).

Crucially, the authors highlight the affective dimension of affordances explaining that whether an affordance will draw us in or not, also relates to our “interests, preferences and needs”. In our everyday practice, we are not thematically aware of our affective relation to the world, so we do not take a step back and reflect on whether an object will or will not draw us in. For example, a cup of coffee might draw us in more saliently when we have a pressing deadline on the horizon. The concept of affordances allows us to transcend the dichotomy between the environment and the agent, showing how agency is shaped and constrained by environment and habits.

Lavallee & Osler present a crisp, cogent case for adding affordances to our set of tools for approaching addiction. They argue that affordances are ‘action possibilities’, which invite

a certain set of contextually relevant behaviours. Addiction is not merely carried ‘inside’ the individual, but is made possible by being in a certain world. As such ‘the world’ creates the possibility of addictive behaviour as much as any personal predilection. Those that suffer with addiction have a ‘heightened synchronic sensitivity’ to these possibilities because of the ‘concerns’ they carry with them as they comport themselves through life. These concerns can become dominated, even monopolised by the demands of addiction. As elements of the world, affordances are relational, they can be taken up or ignored and indeed, at times, not even perceived. However, for the individual experiencing addiction, they shape the world into more or less salient zones of attention and action. Addiction becomes ‘world-organizing’ and the impact of this is seen not just in periods of active addiction but also during recovery, where Osler and colleagues argue the world and agency structuring force of affordances is preserved. We would concur that addiction is ‘worlded’ and in turn ‘worlds’ a spatio-affective environment which then shapes how addiction and recovery play out (Kemp, 2011).

The language of affordances is a particular way to express the issue of addiction. It is possible to similarly express this through an existential-phenomenological lens, in which the individual subject (or *Dasein* in Heidegger’s language) is always a being-in-the-world. Thus, the subject is ‘worlded’ by their context and in turn ‘worlds’ their environment simultaneously. The subject does not choose their world, but is ‘thrown’ into a time and place in which they must find and be ‘at home’. And this ‘time’ is not so simple for the person experiencing addiction. Drawn into an increasing loop of desire and satiation, there is distortion of time which has its own form of affordance. Apart from the affective dimension of affordances one can focus on their temporal dimension. Our affective relation to our environment and to certain objects also relates to our anticipations.^{vi} A feeling of hopelessness, for example, has a temporal dimension insofar as it is characterized by a projection toward a future that is devoid of possibilities. Whether certain objects will draw us in or not also depends on whether these

objects reveal themselves to us as possibilities for action -- and this relates to our capacity to project toward the future.^{vii} People experiencing addiction often find themselves pulled into a ‘now’ orientated existence (Kemp, 2009) where the past and the future recede as salient aspects of temporal orientation (Moskalewicz & Messas, 2022). In this state of being, the future cannot be imagined and thus inadequately actualised in execution. Coupled with a world that might equally draw the addicted subject into certain avenues of action, the possibilities of freedom become severely truncated.

Lavallee and Osler do not pursue are the socio-political implications of a world with addictive affordances. In relation to alcohol addiction for example, subjects could face a world with fewer pubs, supermarkets selling alcohol, cider that is cheaper than water and the glorification of intoxication on social media and television, not mention advertising. Many affordances are not choices of the individual, but they are the collective choices of societies.

Is there any denying that we live in a consumer-orientated neo-liberal society? Anything other than free-choice and the mechanism of the market is seen as regressive and oppressive. Yet, the overwhelm of constant choice is hardly ever considered. Variation may be the spice of life but not when every choice is spiced to the extent that the flavours overwhelm and clash. Spice is of course a common name for drugs. Does this form of excessively free existence not change our marketplaces into addicto-genic societies? Is not the addicted person the ultimate consumer, buying their sense of wellness through which drug or process suits them? In this way, we can see capitalism as an addictive affordance; consumerism as an addictive affordance; the deification of the marketplace as an addictive affordance; so too social media and the glorification of instantaneous gratification. In addition, the very pace of modern life is also a form of affordance towards addiction (Brown, 2014).

A critical phenomenology sees affordances for addiction in the way society is being structured by extra-personal forces such as markets and governments. While these forces do

not aim at creating addictive affordances, they are not neutral and can directly impact vulnerable individuals. No complex phenomenon like drug use or gambling exists in some pure realm outside of world-wide webs of distribution of products.

A phenomenological description may ground this argument. I awake feeling very hungover, having consumed too much and too many drinks and pills the night before. I wonder how to feel better. I unlock my phone and search for solutions and a few clicks later I have an online pharmacy delivering me several remedies which I doubt I will take as recommended; my pain and suffering are extreme. I decide to walk down the road and buy some cigarettes, passing the local small casino (or “cashino” as it’s called), passing a bookmaker and a vape shop. In the shop I realise I have spent all the money in my bank account, but have no problem as use my credit card to pay for my purchases. I add a small bottle vodka to my basket. Surely that will provide immediate relief until the drugs arrive.

Drugs have perhaps throughout history always been available, but also always been restricted, whether by laws, customs, cost or just proximity. What the above example shows is that the modern world affords access to alcohol, drugs and gambling with almost no restriction. Desire is generated or endorsed (‘just do it’; ‘you are worth it’) or maintained through exhortations towards consumption. The actual consumption is afforded likewise through easy access to purchasing and credit. Here one can add another societal affordance, which is the implicit endorsement of drugs whether by celebrities, media glorification or just the general agreement that consumption is a solution to discomfort.

The authors rightly argue that it is the coupling of a ‘dominant concern’ with an affording environment which drives use and relapse. This is a compelling argument. The use of the term ‘concern’ harks Heidegger’s notion of *Sorge* or ‘care’. *Dasein* cannot exist without concerns and these cannot be easily reduced to biological drives or other notional concepts. In fact, Heidegger refers to addiction in his argument.

The phenomenon of care in its totality is essentially something that cannot be torn asunder; so any attempts to trace it back to special acts or drives like willing and wishing or urge and addiction, or to construct it out of these, will be unsuccessful (1962 p.238)

Concern is established before addiction. This can be seen in clinical work, where those seeking recovery need time to dis-cover (in order to re-cover) what is at the root of their concerns. Many times, it is not just the pleasure that addiction so often provides, but an attempt to solve some other sort of suffering (e.g. mental health; traumas; fractured senses of self; relational issues). The authors close their paper by reflecting on how a ‘dominant concern’ approach can help us understand the phenomenon of addiction substitution. In such cases, even though objects related to the primary addiction might have been removed from the environment of the agent, the agent might still navigate their life on the grounds of a ‘dominant concern’ toward another substance or behaviour (e.g. excessive exercise). Substitutions can be useful, but this holds a different set of affordances in place in a potentially pathological manner because they serve the same concerns that previous object of addiction did. Without an uncovering of the original significances (traumas, etc.) new affordances could just be another form of aberrant solution.

4. Conclusion

Phenomenology should play a crucial role in the future of addiction research. We have written this paper with the aim of introducing, in broad strokes, some of the elements and concepts that make phenomenology apropos for the study of addiction, and more particularly for the

appreciation of the concrete dimensions and the lived experiences of people living with addiction. We have discussed how key methodological aspects of phenomenology render it a valuable framework for understanding addiction. We then moved on to introduce some basic phenomenological concepts that can significantly contribute to the study of addiction, and of substance misuse in particular. We have specifically, discussed how a phenomenological understanding of addiction can illuminate alterations in lived experience. Phenomenology allows one to pay attention to the ways in which addiction alters one's experience of time, one's relation to one's own body, to the world and others. In relation to affectivity we discussed how individuals may use substances to cope with negative emotions, but also how substance use can also create new affective challenges that need to be taken into consideration.

To illustrate the potential of phenomenology, we reflected on recently published papers on addiction. We emphasized how phenomenology offers nuance to our attempts to approach the lived experience of addiction, allowing us to delve into its affective, embodied and intersubjective aspects. Instead of framing it as a 'deficit' (psychological, biological or cognitive), phenomenology allows us to acknowledge how historical and cultural contexts affect the lived experience of addiction and clinical encounter. We have also welcomed the use of affordances to achieve a more in depth understanding of addiction but have suggested that they are seen through a critical phenomenological lens.

Bringing this paper to its end, we would like to reiterate the need for critical phenomenology to become an inalienable constituent of attempts to apply phenomenology to the study of addiction. Changes in one's temporal, affective and embodied relation to the world can significantly impact a person's lived experience, it is therefore important to acknowledge the historical and cultural embeddedness of these experiences. Mindful of the context-dependence of experience we must recognize how socio-historical context shapes the experience of a person with addiction. Critical phenomenology invites phenomenologists and

clinicians to reflect on how historical and cultural contexts can influence how one experiences one's own body, the world and others. This is a two-fold invitation as it involves remaining aware of how addicted subjects are framed and conditioned by a specific socio-historical context, and being sensitive to the ways in which the clinical gaze is historically, socially and culturally habituated to 'see' (or 'not see') people experiencing addiction.

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ⁱ Bracketing one’s assumptions does not imply that one can easily decide to do away with entrenched assumptions. Bracketing our assumptions is guided by a desire to critically reflect on the ways in which these assumptions influence how we see the world.

ⁱⁱ Self-management is a concept used by Messas (2021) to indicate the power that a person has to determine their own field of consciousness, i.e., their affectivity, their behaviour, their forms of interpersonal relations, their vision of future, etc. Substance use can be thought of as a tool for "self-management," aiming to reduce anthropological disproportions such as intense anxiety.

ⁱⁱⁱ See for example Husserl (1989) and Merleau-Ponty (2012)

^{iv} For a discussion of the role of embodiment to encountering the other in Husserl and Merleau-Ponty see Mooney 2022, 161ff

^v Using methods inspired, for example, by conversational analysis, the transformative experience necessary for recovery from addiction can be documented. (Varga and Copoeru, 2023)

^{vi} For a discussion of the temporal dimension of affordances see Bogotá & Artese “A Husserlian Approach to Affectivity and Temporality in Affordance Perception”.

^{vii} The authors tacitly allude to this temporal dimension of affordances in their example of the coffee mug that becomes alluring to us because of a pressing deadline.