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A critical review of phenomenological literature on self-experience in
schizophrenia.

By

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Abstract

Early conceptions of schizophrenia suggest that it is a disorder of consciousness, primarily manifested as a disturbance of self-experience. However, it is only recently that researchers are focusing on the experience of self in schizophrenia. Several recent phenomenological researchers argue that the disorders of self-experience represent the experiential core of schizophrenia, suggesting that the basic defects in self-experience are already subtly present in schizotypal or schizoid like personality traits typically present in schizophrenics (Parnas & Handest, 2003; Sass & Parnas, 2003). These authors argue that schizophrenia is primarily a disorder of consciousness clinically manifested as a disturbance of the sense of self. Authors investigating schizophrenia from a phenomenological perspective seem to have developed some consensus regarding the central role of *autism*, *intentionality*, *ipseity* and *intersubjectivity* – central constructs in phenomenological conceptions of the structure of consciousness. However, the focus of phenomenology on the entire person develops insights that are circular since all points of exploration reveal a close relationship between various dimensions of self/world experience, thus leading to a circular argument. The aim of this dissertation is to explore the relationship between the aforementioned constructs in a manner that addresses the circular logic implicit in the phenomenological structure in which certain researchers have embedded schizophrenia. A further aim is to provide a phenomenologically oriented conceptual framework in which the seemingly bizarre nature of schizophrenia may be made intelligible: that the symptoms may be interpreted as attempts at re-establishing a unified sense of self and a connection with the world of others.

Key terms: consciousness, sense of self, phenomenology, schizophrenia.

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Introduction

The focus of this section is to briefly introduce central concepts related to phenomenological investigations of self-experience in schizophrenia. A very brief exposition of the history of phenomenological schizophrenia research as well as contemporary phenomenological research will be provided to outline the tradition in which these concepts are embedded. The pivotal concepts include phenomenology, schizophrenia and sense of self, and this introduction situates these concepts in the context of the research. This will be followed by an indication of the aims of the study as well as the structure of the research. The section will conclude with a brief outline of the chapters.

Central concepts in phenomenological schizophrenia research

Although phenomenological views on schizophrenia were popular in earlier stages (the turn of the 20th century) of its conception, recent trends have tended to regard phenomenological research as opposing the objectifying, biologically-oriented aims of psychiatry and psychopathology research. There is a tradition of phenomenological psychiatry and psychology has continued from early writers like Eugene Minkowski, Ludwig Binswanger, Wolfgang Blankenburg and Bin Kimura; to later authors including Louis Sass, Larry Davidson and John Cutting, who reinstate the importance of subjective experience in schizophrenia. These authors view philosophers – Husserl, Heidegger, Scheler, Merleau-Ponty and so on – as providing concepts that render psychopathological presentations intelligible, rather than viewing phenomenology as purely a taxonomic device (Owen & Harland, 2007). Current phenomenological approaches to the study of schizophrenia (Davidson, 2002; Parnas & Handest, 2003; Parnas & Sass, 2001) critique the disease model and mainstream psychiatric definitions as well as the discursive frames of biological/physiological and symptom description common in psychiatric discourses. It is argued that in using biochemical language as metaphor, the words of neuroscience are used to re-present the picture

of embodied, subjective experience as opposed to understanding the experience of schizophrenia (Rudge & Morse, 2001).

Several contemporary phenomenological researchers argue that the disorders of self-experience represent the experiential core of schizophrenia, suggesting that the basic defects in self-experience are already subtly present in schizotypal or schizoid like personality traits (Parnas & Handest, 2003; Sass & Parnas, 2003). These authors argue that schizophrenia is primarily a disorder of consciousness clinically manifested as a disturbance of the sense of self. This focus is essentially a continuation of ideas “already suggested by the founders of the concept of schizophrenia”, such as Kraepelin and Bleuler (Parnas & Sass, 2001, p. 101). It has been noted since the beginning of its conception that the disintegration of the experience and functions of self is a central characteristic of the schizophrenic presentation. Psychiatrist Kraepelin observed that schizophrenia (*dementia praecox*) is characterized by a loss of inner unity of consciousness, which he described as an orchestra without a conductor (Minkowski, 1927). Early modern psychiatrist Anglade compared schizophrenics to a second-hand book whose pages are intact but illegible; and Minkowski used the metaphor of a dilapidated building, the bricks or cement on the brink of crumbling, indicating that while all the basic structural elements are in place, the adhesive that integrates these structures is compromised (Minkowski, 1927). Kircher and Leube (2003) suggest this disrupted sense of self may relate to impaired self-monitoring insofar as the schizophrenic patient is unable to reflect on his/her self *as a subject*. In light of the diversity of these symptoms it is unlikely that a single self-concept or self-system is disturbed. These researchers suggest that it might be useful to think of specific sub-systems that underlie these different symptoms. These systems are connected to a “complex self-model” that is the result of an interaction of multiple systems that comprise the experience “to be a self” (Kircher & Leube, 2003, p. 659).

Authors investigating schizophrenia from a phenomenological perspective seem to have developed some consensus regarding the central role of *autism*, *intentionality*, *ipseity* and *intersubjectivity* – central constructs in the phenomenological conceptions

of the structure of consciousness. However, the focus of phenomenology on the entire person develops insights that are circular since all points of exploration reveal a close relationship between various dimensions of self/world experience, thus leading to a circular argument. A disturbance in ipseity is linked to the problem of intersubjectivity, which is linked to autism, which is itself an intersubjective defect. This means that the embodied sense of self that pre-reflectively accompanies experience, that structures experience, is closely linked to intersubjectivity which, in turn, is closely connected to our sense of reality. The literature, however, is not clear on what the precise nature of this relationship may be; and the constructs borrowed from phenomenological-existential philosophy have been applied in a manner that allows very little room for a clear understanding of 'the self', relation with the Other, and engagement with the world. And so, how the disruption of the sense of self in schizophrenia may be explored without becoming trapped in the circular logic of such arguments appears to be a significant challenge.

Aim and justification of the research

Understanding schizophrenia as a disorder of consciousness in relation to the self is not a widely accepted or appealing approach to the study of this particular disorder due to epistemological obstacles and strong support for physiologically oriented approaches. Profound alterations of the self characterize schizophrenia and appear to point to the core phenomenological aspects of schizophrenia: and therefore deserve further systematic and exploratory investigations, particularly from a phenomenological perspective (Parnas & Handest, 2003). These investigations require an understanding of the central themes and motives of the various phenomenological investigations into 'schizophrenic self-experience'. Recent authors (Lysaker & Lysaker, 2008; Rulf, 2003) have critically reviewed phenomenological literature on schizophrenia, and although both articles conclude that a central theme is the disorder of self-experience, their reviews are not exclusively interested in self-experience in schizophrenia. Furthermore, Rulf's thorough article reviews a wide range of literature, but only up until 2000; and Lysaker offers a broader review of the experience of schizophrenia that does not exclusively focus on phenomenological

approaches. A critical review that attends specifically to recent phenomenological investigations into self-experience in schizophrenia may refine our understanding of the experience of schizophrenia; as well as our understanding of schizophrenia as a disorder of self experience, and possible avenues of future research.

The aim of this dissertation is to explore the relationship between the aforementioned constructs in a manner that addresses the circular logic implicit in the phenomenological structure in which certain phenomenological researchers have embedded schizophrenia. A further aim is to provide a phenomenologically oriented conceptual framework in which the seemingly bizarre nature of schizophrenia may be made intelligible: that the symptoms may be interpreted as attempts at re-establishing a unified sense of self and a connection with the world of others.

Structure of the research

The structure of the research project will consist of a critical review of phenomenological literature on the experience of self in schizophrenia from English articles from 1990 to 2008. The data has been organized into certain themes which have been interpreted using phenomenological concepts. These interpretations and themes have been developed with the following research question in mind: What would phenomenological literature reveal about self-experience in schizophrenia? This will shed light on how the structures of consciousness are impacted in self-experience in schizophrenia, as well as help develop insight into the life-world of those suffering from schizophrenia. The research is not concerned with the sub-types in schizophrenia; rather the focus is on the general manifestation of schizophrenia.

Outline of the chapters

The following format will be used in this dissertation. The literature review provides a detailed exposition of the central concepts related to schizophrenia, phenomenology and sense of self. The sub-section on schizophrenia outlines the brief history of the concept of schizophrenia, phenomenological conceptions of schizophrenia and contemporary trends in schizophrenia research and diagnosis. The sub-section on

phenomenology provides an outline of salient philosophical concepts relating to phenomenology and sense of self, and how these concepts relate to the history of schizophrenia and the history of psychology. Furthermore, this sub-section indicates how these concepts are relevant to contemporary phenomenological research in schizophrenia, and how they are used in the practical application of phenomenological research.

The Research Methodology chapter provides a detailed description of the research design, how the critical review was executed and the soundness of the research. Moreover, this section briefly describes the research process from the point of view of the researcher, as well as the manner in which the themes were derived. The next chapter consists of the themes derived from the data, which have been interpreted in light of the phenomenological concepts discussed in the literature review. This is followed by a chapter critically discussing the derived themes, phenomenological methodology, and further avenues for research and concludes with broader considerations for the field of psychotherapy.

Conclusion

To conclude, early conceptions of schizophrenia suggest that it is a disorder of consciousness, primarily manifested as a disturbance of self-experience. However, it is only recently that researchers are focusing on the experience of self in schizophrenia. Phenomenological investigations indicate that a disturbance in the sense of self is central to the disorder. A study reviewing what contemporary phenomenological research has revealed about self-experience in schizophrenia is required not only to organize what has been said; but also to identify any conceptual problems and possible avenues of future research.

Key terms: consciousness, sense of self, phenomenology, schizophrenia.

Literature Review

Introduction

The aim this section is to provide a detailed exposition of the relevant concepts related to schizophrenia, sense of self and phenomenology. The section on schizophrenia moves from the conception of schizophrenia at the end of the 20th century to current mainstream delineations and explanations of the disorder. The purpose is to outline current facts on which schizophrenia researchers agree: and although these facts are not central to phenomenological research, these are important periphery facts in which general schizophrenia research is embedded. The aim is to provide the reader with an in-depth understanding of concepts that are not only central to general schizophrenia research, but also salient in phenomenological research into psychopathology.

The sub-section on phenomenology focuses on its historical development, the phenomenological conception of consciousness and the self, as well as the practical application of phenomenology in psychology. This is followed by an exposition of the applicability of phenomenology to schizophrenia research. The literature review concludes with a brief introduction to what contemporary phenomenological research has revealed about self-experience in schizophrenia.

Schizophrenia

The concept of schizophrenia has undergone significant alterations since the original formulation of *dementia praecox* at the turn of the 20th century. Schizophrenia, at that time, was considered no different to other neurological diseases except insofar as there was no definite observable brain abnormality at post-mortem. Due to the absence of brain abnormality various schools shifted away from the original concept and turned to psychological and social formulations in search for an explanation of the etiology of the condition. In the 1950's and 1960's the anti-psychiatry movement

questioned the legitimacy of the label schizophrenia and some authors suggested that this form of madness was a myth attached to those individuals that do not conform to the strict rules and disciplines of society. In response to the anti-psychiatry movement researchers worked toward developing empirical methods according to which the conditions may be scientifically defined, but the continued absence of any brain pathology left these definitions invalidated (Cutting & Shepherd, 1987). While early authors on schizophrenia did not provide specific theories concerning the etiology of schizophrenia, they suggested that there may be a biological basis for some cases of the disorder. Current thought in the field of schizophrenia research suggests that even though a cerebral condition is not evident, this does not rule out the possibility of a biological basis for schizophrenia (Walker, Kestler, Bollini, & Hochman, 2004).

The purpose of the following sections is to provide an in-depth description of how the concept of schizophrenia has undergone these changes and how this has impacted contemporary thoughts on pathogenesis and etiology. Current diagnostic conceptions of schizophrenia will be considered, as well as the value of contemporary classification systems in the study of schizophrenia. Furthermore, the aim is to provide the reader with current research on schizophrenia to create an impression of the type of research that is dominating the field. Also, this section endeavors to outline the basic, 'hard' facts that contemporary researchers and theoreticians have at their disposal. This is important since it is not the aim of this dissertation to ignore or down play the biological factors involved in schizophrenia; rather, the aim is to highlight the manner in which these facts serve as an overarching narrative in understanding and explaining schizophrenia.

A brief history of the concept of schizophrenia

Belgian psychiatrist Augustine Morel was the first to label the clinical picture of schizophrenia as a syndrome; using the term *démence précoce* in 1860 to describe an early manifestation of dementia (Bentall, 2003). Amalgamating *démence précoce* with the concept of *hebephrenia* (regressive psychosis in the young) psychiatrist Emil Kraepelin (1855 – 1926) used the term *dementia praecox* to differentiate

schizophrenic-type conditions from other mental maladies (Weiner, 1997). The term referred to the “development of a simple, fairly high-grade state of mental impairment accompanied by acute or subacute mental disturbance”; and implied not only that dementia occurred during youth but that dementia progressed rapidly after the onset of the illness (Kraepelin, 1896, p. 426). Kraepelin (1896, p. 430) noted how patients invariably descended into lower levels of functioning characterized by an inability for self-care and found the profound decline of cognitive functions to be “the most striking feature”, most notably “the lack of inner consistency in...speech and behaviour”. Kraepelin divided the syndrome into the catatonic, hebephrenic and paranoid groups; arguing that all of these conditions were characterized by early dementia and thus should be identified as types of the same disorder (Weiner, 1997). Although Kraepelin’s work provided a thorough phenomenological description of the phenomenon of schizophrenia; he firmly rejects psychological contributions to the etiology of the disorder and argues that *dementia praecox* is caused by “tangible morbid processes in the brain” (Kraepelin, 1896, p. 434).

American based Swiss psychiatrist Adolph Meyer (1866 – 1950) was disgruntled by the emphasis on heredity and auto-intoxication in the etiology of schizophrenia; proposing that psychological factors were neglected in understanding the etiology and pathogenesis of schizophrenia. Meyer stressed longitudinal studies of patients and reinstated the significance of psychological factors in understanding schizophrenia (Arieti, 1975). The influence of psychological factors in the etiology of schizophrenia was extensively researched by psychiatrists Eugene Bleuler, Sigmund Freud, Carl Jung and Harry Stack Sullivan, among others.

While Swiss psychiatrist Eugene Bleuler (1857 – 1930) viewed the disorder as related to some sort of biological abnormality, he was also interested in the psychological component of the symptoms, particularly the variability of symptoms between patients (Porter, 2002). Since it did not always result in severe mental deterioration (dementia) and the onset also occurred later than adolescence he renamed *dementia praecox* ‘schizophrenia’ (Bentall, 2003). Deriving from Greek, *schizin* (split) and *phren* (mind),

the term schizophrenia emphasizes a split in the functions of the psyche; or the lack of association between different psychological mechanisms (Weiner, 1997). In contrast to Kraepelin, Bleuler claimed that the most obvious features of schizophrenia, namely delusions and hallucinations, are merely accessory symptoms, a product of the fundamental symptoms, and are not always present in the manifestation of schizophrenia (Bentall, 2003). Bleuler (1950, p. 14), claimed that the fundamental symptoms of schizophrenia “consist of disturbances of association and affectivity, the predilection for fantasy as against reality, and the inclination to divorce oneself from reality (autism)” and cognitive and emotional ambivalence. Disturbances of association include loosening in the association of ideas; through which thinking, and therefore behaviour, becomes confused, abrupt, inappropriate, illogical and bizarre (Arieti, 1975). Bleuler (1950, p. 22) explains that in schizophrenia, as opposed to the normal thinking process, actual and latent images do not meaningfully combine to form logical associations. The schizophrenic thinking process then relies on single concepts or images that are insufficiently related to one another, which can result in the disruption of a chain of thought, and “after this ‘blocking’, ideas may emerge which have no recognizable connection with preceding ones” (Bleuler, 1950, p. 22).

Similarly Austrian psychiatrist Erwin Stransky (1877 – 1962) stressed the significance of the loosening of associations between the functions of the psyche. Stransky proposed an underlying dissociation between cognitive and affective functions – or rather an “inadequacy in their interplay” - in schizophrenia (Stransky, 1904, p. 37). He used the term intrapsychic ataxia to denote the sort of inner inconsistency or internal in-coordination characteristic of schizophrenia. This is reflected in the disturbance in the psyche’s integrating functions in which the schizophrenic endows feelings, thoughts or intentions with positive and negative qualities simultaneously. Schizophrenics often present affective ambivalence, ambivalence of will and intellectual ambivalence (Bleuler, 1950). Bleuler argues along similar lines and explains that “a mixture of megalomania with delusions of persecution and inferiority may result from wishes and fears, or from assertion and denial of one’s own stature”, that, for example, “the patient is especially powerful and at the same time powerless”

(Bleuler, 1950, p. 54). Distinguishing between these different forms of ambivalence is rather complex since will and affectivity are different aspects of the same functions, and often intellectual ambivalence is intimately tied up with affectivity.

Stransky argues that intrapsychic ataxia accounts for the atypical lability of attention and the gradual development of debility common in schizophrenia (Stransky, 1904). Stransky modified the views of Austrian psychiatrist Otto Gross (1877 – 1920) who was strongly influenced by the work of neurologist Wernicke. Gross suggested dementia praecox be renamed *dementia sejunctiva* since, he argued, the breakdown of consciousness is the most striking phenomena of schizophrenia (Gross, 1904). Sejunction refers to the simultaneous collapse of the association between the various functional components that comprise consciousness. Gross argued that this collapse occurs due to some unknown mechanism, physical or psychological but considers the possibility of Stransky's intrapsychic ataxia as that underlying mechanism (Gross, 1904).

Austrian psychiatrist Joseph Berze (1866 – 1958) critiqued this view, arguing that consciousness is not only the synthesis of certain functions but also a process, which should be regarded “in terms of the operation of certain forces which underlies purposive mental activity” (Berze, 1914, p. 51). Schizophrenia, then, should be understood in terms of a primary insufficiency of mental activity. He expands on Gross's view that there is a general breakdown in cerebral processes that underlie consciousness; and argues that this accounts for symptoms such as depersonalization and personality deterioration (Cutting & Shepherd, 1987). Berze (1914) suggests that depersonalization stems from an impoverishment of consciousness and weakness in the drives and beliefs of the individual. This impacts the schizophrenic's sense of self insofar as the self, in his view, is composed of these drives and beliefs. This accounts for Bleuler's observation that many schizophrenic patients felt they had lost their sense of self. Berze, however, disagreed with Bleuler's explanation of personality change as a consequence of severe dementia: rather, insufficiency in mental activity diminishes the capacity for will and purposive action,

which, in turn, fragments the complexes – repressed or internalised feelings and instincts that an individual usually keeps out of consciousness - of drives and beliefs that constitute the personality (Berze, 1914).

While Bleuler pays little attention to the topic of consciousness in *Dementia Praecox or the Group of Schizophrenias*, he notes that consciousness is not disturbed per se in schizophrenia, but the permanent symptom of autism can, in a particular sense, be considered a disturbance of consciousness (Bleuler, 1950). One of Bleuler's most important contributions to our understanding of schizophrenia is his concept autism, (autos, meaning "self" and –ismos, suffix of action or of state). Autism denotes a detachment from reality and the pathological predominance of the inner world governed by fears and wishes, which are expressed and experienced through symbolism, and fragmentary and analogical thinking. In severe cases the schizophrenic no longer has any contact with outer reality and lives in a world of his/her own. In less severe cases the logical and affective importance of reality are partially but notably damaged. The autistic reality of the schizophrenic does not exclude a relationship with objective reality (except in cases of catatonic stupor) and frequently the autistic reality becomes illogically enmeshed with objective reality. Often patients are able to make a theoretical distinction between these two realities, and are able to practically orient themselves in accordance with reality. Bleuler (1950, p. 67) explains that in

realistic thinking the patient orients himself quite well in time and space. He adjusts his actions to reality insofar as they appear normal. The autistic thinking is the source of the delusions, of the crude offenses against logic and propriety, and all the other pathological symptoms. The two forms of thought are often fairly well separated so that the patient is able at times to think completely autistically and at other times completely normally.

Bleuler (1950) explains that this sort of 'double-registration' is possible since there is no essential disturbance in consciousness; rather, it is that consciousness becomes temporarily distorted when it is in conflict with the unconscious complexes. Berze

(1914) critiques this conceptualization of consciousness, claiming that there are degrees of consciousness and it is not something that is either present or absent. Berze (1914, p. 53) notes that schizophrenics acknowledge that their consciousness is disturbed without being clouded, and that “this takes the form of a reduction of psychic activity”: and he argues that pathological cerebral processes impoverish consciousness to various degrees, which in turn impact the constituents that comprise sense of self. Expanding on the views of Berze and others, psychiatrist Zutt understands the development of delusions as intricately bound with personality change, and he believes that it is this internal change that causes the emergence of the delusion (Schmidt, 1940). ‘Double-registration’ is possible since the schizophrenic undergoes a personality change that still retains the original personality: and this change requires a reinterpretation of his/her environment. The schizophrenic develops a parallel view of reality, one prior to and one after the personality change, which facilitates the shift between objective reality and delusional reality (Schmidt, 1940). In support of this view psychiatrist Heveroch claimed that delusions of reference are a clear indication of a breakdown in the self, or a disturbance of self-ness in which the awareness of causality is severely compromised (Schmidt, 1940).

Although Bleuler acknowledges that autism corresponds to P. Janet’s concept of the ‘loss of sense of reality’, the schizophrenic clearly is not completely lacking in the sense of reality, which fails only when reality threatens to confront the schizophrenic with certain repressed thoughts and feelings (complexes). Bleuler was somewhat amenable to psychodynamic concepts in explaining the transient and selective distortions of reality experienced by schizophrenics. While psychodynamic concepts are not directly pertinent to this discussion, it is valuable to mention them since they have significantly influenced phenomenological thought about schizophrenia, specifically thought about autism. Autism is central to phenomenological views of schizophrenia and the concept of autism received considerable attention in psychodynamic theory. Thus the following discussion will consider psychodynamic thinkers like Freud and Jung and how these psychodynamic concepts have impacted thought on schizophrenia.

Carl G. Jung (1875 – 1961), the Swiss Neo-Freudian, believed that delusions, hallucinations and other schizophrenic phenomena are attributable to the autonomous complex. Jung suggested that schizophrenics develop an introvert personality – as a reaction to affective complexes - in which emotivity is decreased and affectivity is directed away from the environment (Arieti, 1975). While autism closely resembles Freud’s notion auto-erotism, Bleuler nevertheless rejects it as an explanatory concept since his understanding of libidinal catharsis is far broader than Freud’s narrow conceptualization of libido in terms of sexual desire (Bleuler, 1950). Austrian psychiatrist Sigmund Freud (1855 – 1939), following the views of psychiatrist K. Abraham, argued that the main characteristic of schizophrenia is that there is a lack of libidinal investment in objects – libido being defined as the “investments of energy directed by the ego towards the object of its sexual desires” (Freud, 1935, p. 359). Freud (1935) claimed that the schizophrenic engages in the narcissistic use of libido in which the ego invests energy in itself in order to obtain satisfaction of primal desires, as opposed to investing energy into the actual objects of desire. This narcissistic directing of libidinal energy to the self or ego is what Freud terms auto-erotism. Freud notes, however, that it is not only the narcissistic internalization of libido that constitutes the symptoms of schizophrenia, but also the ego’s attempt to reestablish a libidinal connection or attachment to external objects. Freud (1935, p. 366) explains that the schizophrenic’s inner world (or, in Bleuler’s terms, autistic reality) and its contents present an effort “of the libido to get back to its objects, that is, to the mental idea of its objects...conjuring up something of them, something that at the same time is only the shadow of them”. Thus, it is the withdrawal of libido from outer reality and its investment in inner reality that, according to Freud, constitutes the schizophrenic’s break with reality and the ego disintegration that accompanies the withdrawal of libido from the objects of outer reality.

Jung, in *The Psychology of the Unconscious* (1927, p. 152), granted Bleuler “the right to reject the conception of autoerotism...and to replace it by the conception of autismus” since autoerotism is essentially a function of the neurotic psyche according

to which the ego is invested with erotic libido in a manner that does not grossly distort the reality principle. The schizophrenic, on the other hand, develops an “intra-psychic equivalent for reality” in which other, more complex, psychic mechanisms need to be employed to maintain the ambivalent relationship with autistic and objective reality. Jung reconsidered Freud’s narrow conceptualization of the libido in terms of sexual desire since, Jung argues, reality is not understood in terms of a primal sexual function. If this were so, then the loss of reality typical of the schizophrenic would also be evident in the neurotic. Jung proposes a broader conception of primal libido, arguing that the libido is desexualized through the process of individual and genetic development, and comes to support the functions of reality in a much more general way than Freud understood (Jung, 1927). Bleuler, however, utilized Freudian concepts, such as repression, in his attempt to understand loosening of associations, and the notion of unconscious motivation and symbolism in understanding delusions and hallucinations. Following Freud Bleuler argued, although with subtle variations, that the various symptoms of schizophrenia are a manifestation of the ego disintegration that accompanies megalomania and the repression of thoughts and feelings associated with psychopathological complexes (Arieti, 1975).

In response to the strong emphasis on social and psychological factors in the etiology of schizophrenia German psychiatrist Wilhelm Weygandt (1870 – 1939) critiqued Freud’s attempts to regard the schizophrenic process as similar to neurosis. He also contested subsequent psychoanalytic efforts to uncover the psychogenesis of the disorder (Cutting & Shepherd, 1987). Weygandt (1907) argued, based on the available empirical research of the time, that schizophrenia is caused by metabolic brain pathology, and while psychological factors may influence the expression and manifestation of symptoms they do not play a causal role in the etiology of the disease. He vehemently states that attempting to explain schizophrenia via the mechanism of repression is as absurd as “attributing general paralysis to a psychosexual trauma...or senile dementia perhaps to masturbation” (Weygandt, 1907, p. 296). Although sensitive to Jung’s argument concerning the presence of psychogenic symptoms in organic disturbances, he rejected Jung’s notion that

psychological factors cause metabolic changes in the brain. Weygandt (1907) provides a view of the etiology of schizophrenia that considers metabolic change to be the primary cause of the disorder, and autointoxication impacts on the psychological functioning of the patient: thus allowing room for the influence of psychological factors on the expression of schizophrenia.

In support of a neurologically oriented view of schizophrenia that identifies the etiology in cerebral pathology German neurologist and psychiatrist Karl Kleist (1879 – 1960) compared the disturbance of language and thought in schizophrenia with the disturbances presented in aphasic patients with frontal and temporal lobe damage. He argued that formal thought disorder is explicable in terms of organic pathology (Kleist, 1960). Kleist (1960, p. 101) argues that “there is no doubt that the alogical thought disorders which occur in forebrain injury match closely those that occur in schizophrenia, particularly the hebephrenic variety”. Thus, Kleist also rejected psychologically focused explanations of schizophrenia in favour of neurological interpretations. He argued that even though organic pathology was absent, there was less empirical evidence for the possibility of psychogenesis in schizophrenia (Kleist, 1960).

Phenomenological-existential conceptions of schizophrenia

Swiss phenomenological psychiatrist and psychoanalyst Ludwig Binswanger (1881 – 1966) offers an existential critique of both the neurologically focused conceptualizations of schizophrenia as well as the psychoanalytic approach to the disorder. While he did not reject the possibility of an organic basis of schizophrenia his primary interest was the establishment of an existential basis for the disorder (Cutting & Shepherd, 1987). Binswanger (1956) questioned the conceptualization of autism as a break or withdrawal from reality or relations with the world. Influenced strongly by the philosophy of Heidegger, Binswanger provided an existential analysis of the experience of autism and concluded that the phenomenon should rather be understood as an exaggerated relationship with reality, which is linked to the schizophrenic’s tendency to develop an “extravagant or exaggerated concept of an

ideal existence” (Binswanger, 1956, p. 189). He argues that autism reflects an inflated dependence on the rules of society in which the patient is utterly devoted to conforming to these rules or defining his/her purpose or role in strong opposition to the norms of society. He suggests that the schizophrenic, overwhelmed by anxiety and despair, lives in a world emptied of meaningful feeling and, therefore, emptied of vitality (Binswanger, 1956).

Influenced considerably by Binswanger, British psychiatrist and proponent of the anti-psychiatry movement R. D. Laing (1973) stipulates that for the schizophrenic the distinction between body and mind is emphasised to the point that persons no longer feel themselves to be true selves. A true self is the essence of their beings and the false self is the “empty shell” that their bodies embody. This produces a split in consciousness by which schizophrenics experience themselves both as perceiver and as perceived (Laing, 1973, p. 243). According to Laing (1973) madness can be easily reached by people who lose their sentiment that they are one within their bodies. He claims that those who suffer from schizophrenia are plagued by an uncanny feeling of disembodiment, of being external and alien to oneself, a material object apart from a subjective mind; which prepares the foundation for affective deterioration (Laing, 1973).

Bleuler (1950, p. 40) recognized that affective disturbances and emotional deterioration are central to the schizophrenic presentation and that “it has been known since the early years of modern psychiatry that an ‘acute curable’ psychosis became chronic when the affects began to disappear”. Among the emotional peculiarities are indifference, nonchalance, irritability and lability of affect. That this instability and bizarreness of mood is not related to disturbed thought is evident in cases where mood and thought content are incongruent and also do not parallel one another in terms of shifts (of mood or thought content). Bleuler (1950) argues that this disturbance in affectivity is not an indication of the psyche’s inability to produce affects, but rather that the psyche’s ability to meaningfully merge affect with the rest of its functions is compromised in the schizophrenic. Thus, Bleuler referred to affective

dementia, focusing on the difference between affective and intellectual decline in schizophrenia (Minkowski, 1927).

Psychiatrist Eugene Minkowski (1890 – 1972) replaces Bleuler’s affective dementia with his notion of pragmatic dementia – or pragmatic deficit – to reorient clinical focus on the disintegration of personality (Minkowski, 1927). Minkowski, influenced by the philosophy of French phenomenological philosopher Henri Bergson, proposes the concept of a *loss of vital contact with reality* as a more appropriate representation of the schizophrenic’s autistic relationship with reality. In his view, vital contact is in touch with “the very essence of our personality, in which it links with the world around us” (Minkowski, 1927, p. 191). Minkowski (1927) notes that this loss stems from a disruption in the irrational feeling of harmony between oneself and the world that normal subjects experience. This feeling is irrational insofar as our intellect cannot completely comprehend it, and any attempt of the intellect to do so would undermine one’s practical ability to engage with the world. The schizophrenic, he argues, engages with existence on a purely theoretical or intellectual level and without the harmonious balance between the theoretical and pragmatic aspects of existence the unifying force that binds the personality is severely compromised. Minkowski claims that this metaphorically imbued conceptualization provides a more appropriate explanation of the inconsistent and essentially irrational presentation of symptoms in schizophrenia, as well as the apparent breakdown in the unifying functions of the personality, which he thinks is the most impressive feature of the disorder (Minkowski, 1927).

Psychiatrist Blankenburg characterizes autism as a ‘crisis of common sense’ or a ‘loss of natural evidence’, which refers to the ability to view things appropriately, a perspective deriving from a non-conceptual and non-reflective embeddedness in the intersubjective world, which is necessary to gain a grasp of the relation between objects, situations, and other people (Parnas, Bovet & Zahavi, 2002). Blankenburg (1980b) argues that the problem of autism is intimately tied up with the quandary of intersubjective constitution, which relates to a disturbance of the *Lebenswelt* (life-

world). For schizophrenic's the world is no longer the basic, pre-given background of experience, and his/her relation with the world, particularly the world of others, is experienced as awkward and contrived, in which the relation between the experiencing self and the experienced world is disrupted. Blankenburg notes that this distancing between the self and the world is often accompanied by a tendency toward hyperreflexivity in which the schizophrenic excessively monitors, and objectifies his/her own experiences and actions (Parnas, Bovet & Zahavi, 2002). Blankenberg (1980b) explains that this hyperreflexivity endows the schizophrenic with a more 'profound' evidence of the world which transgresses the boundaries of the common reality of everyday life, and portrays this everyday truth as a deceit. Thus, the ability to move dialectically between the relative and the absolute is severely compromised, in which the schizophrenic is able to recognize only the relative nature of truth or the absolute character of reality.

The theme of hyperreflexivity – excessive reflection and introspection - has been examined by Japanese phenomenologist Bin Kimura, who argues that the propensity to excessive reflection and introspection threatens intersubjectivity. The specific trait of schizophrenic reflection is that he/she does not reflect on the other (*der Andere*) but otherness itself (*das Andere*). One of the constituting moments of intersubjectivity, *otherness*, cannot be integrated into the identity of the self but remains outside of consciousness; thus compromising the dynamic constitution of the self (Rulf, 2003). Kimura argues that the distinctive mark of schizophrenia is that the intersubjective coherence between the person and the others in his/her surroundings is permanently in a critical situation. This permanent crisis may be at the origin of the propensity to excessive reflection and introspection.

American psychodynamically oriented psychiatrist Harry Stack Sullivan (1892 – 1949) also viewed the intersubjective schizophrenic situation as in a constant state of crisis. He argues that the most impressive feature of schizophrenia is a “regression to infantile levels of mental function”. Sullivan affirms that an individual suffering from schizophrenia lacks the necessary social skills for the adjustment to complex

interpersonal relationships; and subsequently withdraws into a fantasy world. Sullivan's view implies that the parent-child relationships are the reference point for understanding the etiology, onset and course of schizophrenia (Weiner, 1997, p. 42). Similarly, Kimura proposes to define schizophrenia in essence as pathology of intersubjectivity. Inherent to the experience of schizophrenia is a disruption in the relationship between subject and object, where the self is constituted within relationships to others and in relating to oneself. Kimura examines the process of becoming a self and the inherent splitting and doubling (*dédoublement*) of the "I" that this process requires. The self is constituted by two interwoven aspects: sameness or identity which guarantees that unharmed by inner and outer metamorphoses "I" always remains the same "I". The second dynamic aspect of becoming has to be repeatedly maintained by an ever new act of relating to the self. The identity of being a self is grounded on the continuously renewed repetitions of becoming a self (Rulf, 2003). Based on the Japanese concept of *aida*, meaning between humans or human between, he posits the notion of an atmospheric "between" which serves as a common ground or place (*Ort*) in which participants are able to sense each other. The space (*Raum*) is the *inter* of intersubjective; the space between two people. He argues that affectivity and mood can be conceived as particular modes of participating in or inhabiting the *between*, which constitutes the background of our daily transactions with the world (Rulf, 2003). Thus, rather than viewing schizophrenia as a disease process that impacts consciousness and perception, these authors suggest that consciousness and affect are negatively impacted by the intersubjective deficit inherent to schizophrenia.

It is clear that most of the early research on schizophrenia in modern psychiatry identified the disruption of the sense of self as a primary feature of the disorder. Later psychiatrists found that the intersubjective space offered a suitable framework for explaining why the schizophrenic has difficulty integrating the self. These psychiatrists, despite the anti-psychiatry movement, have left a legacy of biologically oriented research that has influenced our current conceptualizations of etiology and diagnostic systems: and this will be the focus of the following section.

Current mainstream delineation and explanation of schizophrenia

Diagnostic Statistical Manual IV – Text Revised

In the mid 20th century Kurt Schneider proposed changes to the diagnostic conceptualization of schizophrenia, which have been considered more detailed and specific than Bleuler's (Walker *et al.*, 2004). In an attempt to render diagnosis a simpler task Schneider identified characteristics peculiar to schizophrenia, urging clinicians to attend to the form rather than content of symptoms; these forms comprising hallucinations, delusions and passivity phenomena (Bentall, 2003). The first-rank symptoms include thought intrusion (feeling that thoughts are derived outside the self), thought broadcasting (belief that others have access to one's thoughts), thought echoing (thoughts are heard out loud), thought withdrawal (belief that thoughts are removed from one's mind) and delusional perceptions (false, unshakable beliefs about particular everyday events). Ensuing and contemporary diagnostic criteria has been strongly influenced by both Bleuler and more so by Schneider's first-rank symptoms (Walker *et al.*, 2004). Modern diagnostic criteria have been heavily influenced by what Bentall (2003) refers to as the 'Kraepelinian paradigm' since they are all roughly organized according to his taxonomic system and reflects his general assumptions about madness as a disease process.

In an attempt to improve diagnostic reliability and promote uniform definability in the field of psychiatry researchers in the middle of the twentieth century developed a variety of diagnostic taxonomies. These include the International Classification of Diseases (currently, the ICD – 10) in Europe, and in the US the Feighner or St. Louis diagnostic criteria, and the Research Diagnostic Criteria developed by Robert Spitzer and others (Walker *et al.*, 2004). Spitzer, following a crisis in the principles and practice of American psychiatry, was appointed to head the development of the Diagnostic Statistical Manual, third edition. The aim was to develop diagnostic criteria that were evidence based, relied on criteria as opposed to descriptions, and emphasized reliability of diagnosis over the validation of mental disorders (Andreasen,

2007). Further goals of these modifications was to improve communication between clinicians and researchers, as well as to enhance the training of clinicians in interviewing skills and to link this training with European classification systems (Andreasen, 2007). Since its publication by the American Psychological Association (APA) the DSM has become the most widely used classification system in clinics and training institutions, and the most recent version is the DSM IV - TR (Walker, 2004). The following section will provide an overview of the description of and diagnostic criteria for schizophrenia found in the DSM IV – TR.

According to the DSM IV – TR schizophrenia is a complex psychiatric disorder with a variety of diverse symptoms. It includes a range of cognitive and emotional dysfunctions in relation to perception, inferential thinking, language and communication, behavioural monitoring, affect, fluency and productivity of thought and speech, hedonic capacity, volition and drive, and attention, which may be categorised into positive and negative symptoms (APA, 2002). The beginning of the 1980's marked an increasing interest in the 'positive' and 'negative' symptoms of schizophrenia (Walker *et al.*, 2004); and several contemporary researchers have proposed that schizophrenia may be categorized and understood in terms of positive symptoms and negative symptoms (Yon, Loas & Brien, 2005). This is based on the assumption that this distinction represents an excess and lack of basic psychic functions (Sass & Parnas, 2003). This distinction originated in the work of British psychiatrist Tim Crow who, in the 1980s, suggested that there are two different types of schizophrenia based on the distinction made by neurologist Hughlings Jackson. Jackson claimed that negative symptoms were the result of a loss of higher functions of the central nervous system, whereas positive symptoms reflected an excessive release of the lower functions (Bentall, 2003). However, there is a contentious debate as to whether this distinction covers the whole spectrum of schizophrenic symptomatology (Yon *et al.*, 2005).

Negative symptoms reflect deterioration in normal functioning (APA, 2002), and reflect the symptoms emphasized by Bleuler (Walker *et al.*, 2004). Negative symptoms

include affective flattening (a presumed lack of emotional expression), alogia (poverty of thought and speech), anhedonia (perceived lack of pleasure in normally pleasurable activities) and avolition (inability to initiate and persevere in activities) (Sass & Parnas, 2003). Positive symptoms reflect an excess or distortion of normal functions and include delusions and hallucinations (psychotic dimension), disorganized speech and grossly disorganized or catatonic behaviour (disorganization dimension) (APA, 2002), and reflect most of the first-rank symptoms described by Schneider (Sass & Parnas, 2003).

Hallucinations involve sensory experiences that arise without sensory stimulation; and while any of the senses may be affected the most common are auditory hallucinations which comprise voices that usually reflect negative content (Saddock & Saddock, 2003). Delusions are erroneous beliefs that involve misinterpretations of perceptions or experiences, and are categorized in terms of persecutory, referential, somatic, religious or grandiose content: and those that express a loss of control over mind or body are generally considered bizarre (APA, 2002). Delusional phenomena are often associated with intense preoccupations with conceptual, philosophical, religious, emblematic or abstruse ideas (Sass & Parnas, 2003); and distress about bizarre and implausible somatic conditions (Kraus, 1994). Other manifestations of delusional thinking include loss of ego boundaries (lack of a clear sense of the distinction between one's body and the dimensions of other objects) (Parnas & Sass, 2003); ideas of reference (implausible belief that others or certain means of communication are referring to them) (APA, 2002); and cosmic identity (the sense that one is fused with an outside object or that one has disintegrated and fused with the universe) (Saddock & Saddock, 2003).

The disorganization dimension includes a variety of disturbances in the organization of speech, thought, affect and attention, such as derailment and tangentiality, pressure and incoherence of speech, poverty of thought and distractibility (Sass & Parnas, 2003); as well as disorganized speech, inappropriate affect, and disorganized

behaviour, such as catatonia, which ranges from extreme psychomotor agitation to catatonic immobility (Barlow & Durand, 2005).

According to the DSM IV – TR a diagnosis of schizophrenia may be considered when symptoms of the disorder have been present for six months or more, which includes prodromal and residual phases. The characteristic symptom criteria for schizophrenia include hallucinations, delusions, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms. At least two of these symptoms must be present for at least one month. Only one of the above criteria is necessary if the delusions are bizarre, or if the hallucinations consist of a running commentary or conversing voices. In addition to the clinical symptoms, there must be social/occupational dysfunction; and a mood disorder must not be present. Lastly, there must be an absence of general medical conditions or substance abuse that might lead to psychotic symptoms. The DSM has categorised schizophrenia into the following subtypes based on the prominence of particular symptoms: paranoid (delusions of persecution and/or grandeur and often experience auditory hallucinations), disorganized (disorganized speech, disorganized behaviour and flat or inappropriate affect), catatonic (motoric immobility, excessive motor activity, extreme negativism or mutism, peculiarities of voluntary movement), undifferentiated and residual type (APA, 2002).

The value and applicability of psychiatric diagnoses has been a contentious issue since the introduction of standardized taxonomies in psychopathology. Its value is argued to lie in the fact that it provides systematized information regarding the prognosis of the illness as well as the recommended course of treatment; and establishing a common language for practitioners to work with. The development of these taxonomies has been marked by the distinct attempt to establish reliability in diagnostic categories: in other words, establishing consensus that an individual diagnosed with schizophrenia in fact has schizophrenia. Diagnosis is essentially clustering together certain forms of pathological behaviour (symptoms) and developing categories that reflect the ‘normal’ distribution of these symptom clusters. And in order to be reliable, these clusters need to be exhaustive so that any individual exhibiting

documented symptoms should fall under a category. Furthermore, these categories should not overlap, and so diagnoses have been reworked to prevent any theoretical overlap. The diagnostic boundaries of schizophrenia are unclear; for example, many schizophrenics show signs of clinical depression, which is present prior to the onset of schizophrenia. Consequently, the DSM IV – TR includes schizoaffective disorder as a diagnostic category. Surveying a wide range of literature covering symptoms, genetic studies, prognosis, and response to treatment over time, Bentall (2003) concludes that there are significant similarities between schizophrenia and bipolar disorder that are not acknowledged in contemporary diagnostic systems.

Bentall (2003, p. 65) argues that modern psychiatric diagnoses fail to meet adequate standards of reliability, and the “apparent consensus created by the DSM system is illusory”. This is because the type of reasoning applied to the empirical study of madness does not reflect the diverse range of human, albeit deviant – in that it deviates from the supposed norm - behaviour. The DSM has attempted to accommodate for the varying experiences in the mentally ill by including considerations of psychosocial situations; however, these are ‘add on’ measures that do not adequately address the ‘Kraepelinian’ thinking that underlies psychiatric taxonomies. This type of thinking assumes that there are distinct disease entities underlying mental illness, and so specific disease processes will reflect specific symptoms and follow a distinct course. In light of the fact that these disease entities have not yet been identified and that there are significant overlaps between different disorders researchers and practitioners have proposed that a dimensional system of classification may be more suitable. If we view all forms of behaviour as situated somewhere on a continuum, then symptoms may be viewed as more or less extreme forms of types of behaviour that are evenly distributed throughout human behaviour. This does not exclude the possibility of biologically based etiology since these extreme forms of behaviour, that cluster diversely among individuals, may correlate to underlying biological processes that vary in each individual.

Bentall (2003) proposes that we abandon the entire diagnostic enterprise and aim toward understanding and explaining the actual experiences of psychotic individuals, by focusing on the unique manner in which so-called symptoms cluster together in each individual. This is not a new suggestion - for example Adolf Meyer argued that applying strict categories to individuals strips human behaviour of its rich complexities, and impedes on the practitioners ability to access this rich complexity (Bentall, 2003). However, it is one of the few serious modern proposals that our current classification system is inadequate for the purposes of understanding the insane. Such an approach, however, requires a blurring of the line between sanity and insanity in a manner that would completely restructure the language that we use to explain madness. This is not to say that biological research on psychosis and schizophrenia should also be abandoned, but that this research represents only one way of talking about insanity. And so, while psychiatric diagnoses are generally valued in the field of mental health, it is the underlying paradigm of current classificatory systems that has been consistently questioned by researchers and practitioners: and suggestions range from reconsidering how we classify to abandoning classification all together. Regardless of these objections, the disease-entity model is still relatively popular among researchers, and so the majority of mainstream research on schizophrenia has focused on the underlying biological processes involved. The following section aims to provide the reader with some contemporary research, and the facts on which quantitatively oriented researchers have reached consensus.

Current facts and contemporary etiological hypotheses

A recent article by schizophrenia researchers MacDonald and Schultz (2009) provides a summary of areas of agreement and disagreement between theories and research findings in schizophrenia. They provide a list of 22 common facts about schizophrenia categorized into 6 basic facts, 3 etiological facts, 6 pharmacological facts, 5 pathology facts and 2 behavioural facts. The following is a summary of the empirical facts that are guiding contemporary, mainstream research and theories about schizophrenia.

Basic facts

1. Schizophrenia has a heterogeneous presentation, with disorganized, positive, and negative symptoms having different levels of prominence across time and across individuals.
2. Schizophrenia is relatively common, affecting approximately 0.7% of the world's population.
3. Prevalence is greater in men throughout most of adulthood, but is equal by the end of the risk period.
4. Schizophrenia has a peak of onset in young adulthood and is rare before adolescence or after middle age. Onset also interacts with sex, such that men are likely to become ill earlier in life than women.
5. Liability to schizophrenia is highly heritable (about .81), and concordance between identical twins is almost 50%, suggesting a role for environmental or stochastic influences as well.
6. All drugs with established anti-psychotic effects block dopamine D2-like receptors, but antipsychotic drugs are not effective for all schizophrenia symptoms. Among available agents, the atypical antipsychotic Clozaril is the most effective; however, it carries unique risks for some.

Etiological facts

1. Linkage studies (which identify regions of the genome where schizophrenia genes might be found) suggest a number of regions that show genome-wide significance.
2. The unexpressed genetic liability to schizophrenia affects cognitive and brain functioning and brain structure. The most prominent impairments in

individuals with heightened genetic liability, such as patients' nonpsychotic relatives, have been measured on executive functioning.

3. Several early neurological insults, later life stressors, and nonhereditary genetic risk factors confer additional risk. These include (in order of impact): migrant status, older fathers, *Toxoplasmosis gondii* antibodies, prenatal famine, lifetime cannabis use, obstetrical complications, urban rearing, and winter or spring birth.

Pharmacological and treatment facts

1. While antipsychotics can lead to immediate improvement for some individuals, the time course of medication effects varies widely with some patients showing responses to medication more than a month after beginning treatment.
2. Exposure to amphetamine, a dopamine agonist, can result in schizophrenia-like symptoms in some individuals. This effect may interact with liability, such that a single dose can trigger relapse in patients, but more chronic use is usually needed to induce psychosis in low risk populations.
3. A single exposure to phencyclidine and other NMDA receptor antagonists (such as ketamine) can result in schizophrenia-like symptoms in some individuals.
4. A number of psychosocial treatments, including social skills training, family interventions, cognitive behavioral therapy, and cognitive training have been found to be effective for a number of psychotic symptoms.

5. Longer duration of untreated psychosis is associated with a poorer treatment response.
6. Patients have a 4.9% rate of suicide, which is far greater than the average risk in the United States.

Pathological facts

1. In postmortem studies, pyramidal neurons in input layers of the prefrontal cortex have a reduced dendritic spine density; whereas hippocampal neurons show signs of arrested migration.
2. GAD67, that converts glutamate to GABA, is reduced in schizophrenia patients. Reelin, an important factor involved in synaptic plasticity which colocalizes to GABAergic interneurons, is also reduced.
3. Even in first-episode patients, the lateral and third ventricles are somewhat larger, whereas total brain volume is slightly smaller.
4. Medial temporal lobe structures such as the hippocampus, superior temporal, and prefrontal cortices as well as the thalamus tend to be smaller in patients with schizophrenia.
5. Functional abnormalities occur in a number of brain systems, including prefrontal and temporal cortices and sub-cortical structures.

Behavioral facts

1. Cognitive tests are challenging for many, but not all, patients even during remission. The greatest deficits appear on tasks such as verbal memory, performance IQ, and coding tasks.

2. The extent of patients' cognitive deficits generally predicts functioning in work, social interactions, and independent living perhaps even more than symptom expression.

Diathesis-stress model

Based on the strength of biological facts contemporary researchers posit a biological vulnerability to schizophrenia which may stem from two sources: genetic factors and prenatal or delivery complications; both having repercussions for fetal brain development. The diathesis-stress model suggests that constitutional vulnerability to schizophrenia, in which genetic and acquired constitutional factors compromise brain function and structure. Researchers postulate that certain brain maturational processes during the post-pubertal period play a significant role in the expression of latent liability to schizophrenia. Furthermore, external stressors may also play an important role in the expression of schizophrenia. Researchers argue that schizophrenic's have an enhanced sensitivity to stress, which may result from the disturbing effects of stress hormone release on brain functioning. Thus, it is the interaction between stress and vulnerability that is essential to the etiology of schizophrenia, although researchers have not identified the specific nature of this interaction or even the specific biological and environmental factors involved (Walker *et al.*, 2004).

While the diathesis-stress model provides an easy to follow guide to the interactions between biology, society and self in the development and manifestation of schizophrenia; it is clear that none of these biological facts or etiological conceptions provide any insight into the subjective experiences of schizophrenia. While it may be argued that mainstream psychiatry may have no explicit use for understanding the experiences of schizophrenics except insofar as it provides an atheoretical basis for nosology; various authors argue that insight into the subjective nature of psychopathology's subject matter is essential not only to our understanding of our conception of the disorder, but also for how we interact and interpret individuals that we assume to be suffering from schizophrenia. Even though disorders of self-

experience are emphasized in classic literature and in phenomenological psychiatry as indispensable clinical features of schizophrenia, they are neglected in contemporary psychopathology due to epistemologically enthused suspicion of studying anomalies of subjectivity (Parnas & Handest, 2003). Similarly Yon *et al* (2005) argue that psychopathology of subjective experience is systematically neglected, partially because of concerns about reliability and to a degree due to the prevailing behaviouristic epistemological paradigm. This neglect is particularly perceptible in the domain of schizophrenia.

It is not that we should dismiss the biological paradigm in our understanding of schizophrenia, but that the language that we use to relate and understand schizophrenic individuals is based on this paradigm. This is problematic inasmuch as introducing foreign terminology that promotes knowledge, as opposed to familiar language that promotes insight and dialogue, practitioners and patients are left without a common language. Research on self-experience is significant insofar as it adds to an alternative conceptual meaning system regarding schizophrenia; which is generally described in terms of “biochemical imbalances in neurotransmitters, manifested as disruptions to thoughts, perceptions, or behaviours, yet this discounts the extent to which mental illnesses are experienced as disturbances of normal bodily feelings and functions” (Rudge & Morse, 2001, p. 78). Therefore, while phenomenological research may provide useful knowledge regarding the prodromal symptoms associated with self-experience in schizophrenia, to further refine contemporary taxonomies, and describe fundamental experiences that may be related to specific biological substrates; the purpose for psychology is to obtain a more insightful understanding of the experience of schizophrenia. This should be accomplished while remaining anchored in the biological components thereof – so that a common language may be developed or at least sought after between practitioners and patients, as well as among practitioners.

Before delving into a discussion about self-experience in schizophrenia it would be useful to provide a brief overview of the concept of phenomenology and how it

conceptualizes the self so that the ensuing discussion may be contextualised in a broader psychological and phenomenological tradition. The following section provides a discussion of the philosophical origins of phenomenological concepts and the application of these methodological principles and ontological notions in the fields of psychiatry and psychology.

Phenomenology

Philosophical origins

The phenomenological or transcendental method developed due to rising disgruntlement with a philosophy of science and man exclusively based on the investigation of the material, objective world (Moustakas, 1994). Phenomenology encourages science and the study of man to remain focused on what it is actually like to experience the world; rather than relying exclusively on a materialist account of our relation to the world, which neglects concrete experience in favour of developing explanations of what it is to be human based on foreign, physical terms. This is problematic insofar as it confuses “two different kinds of things – experiences and causes”; and once lost in the alien world of causes, insight into the nature of experience appears irretrievable (Wrathall, 2005, p. 10). Deriving from Greek words *phainomenon* (to appear) and *logos* (reason), phenomenology implies a logical study of phenomena as they appear in concrete experience (Pivčević, 1970). Although the term appeared in Immanuel Kant’s (1986, p. 182) philosophical works referring to the study of “objects of possible experience”, it achieved clear definition in the historical philosophy of G.W. F Hegel, most notably in *The Phenomenology of Spirit*. Hegel used the term to refer to “knowledge as it appears to consciousness, the science of what one perceives, senses and knows in one’s immediate awareness and experience”; and used this as a basis for establishing certain knowledge (Moustakas, 1994, p. 26).

In an attempt to establish a certain foundation for knowledge and simultaneously avoid the objectivism normally associated with Kant’s transcendental philosophy and Hegel’s Idealism, Edmund Husserl contrasts objectivism with transcendentalism. Husserl understands the search for objective truth as the attempt to seek that, in our pregiven world, which is “universally valid for all rational beings”. Transcendentalism, on the other hand, asserts that the meaning we derive from the world is based on a subjective structure (*Gebilde*), and it concerns pre-scientific experience (Bernstein, 1983, p. 10). Philosopher of science Richard Bernstein (1983) warns that

transcendentalism should not be mistaken for some form of psychological subjectivity or idealism; rather it is a scientific procedure for approaching phenomena. This procedure is informed by the a priori structures of transcendental subjectivity that ground scientific knowledge and the pre-given life-world.

Husserl argues that these apodictically known structures of transcendental subjectivity allow us to capture the essence of phenomena. However, in order to achieve this we must approach the phenomena without scientific prejudices or biases, so that we may experience the pre-given life-world in a way that the phenomenon *presents itself* (Bernstein, 1983). Husserl aimed to obtain an essential understanding of human consciousness and its relationship to outer objects; and show that such knowledge is founded by essence and intuition, and so it is prior to empirical knowledge (Moustakas, 1994). Thus, while he acknowledged that understanding was reliant on interpretation he sought to reinstate the objective nature of this interpretation. Husserl asserted that if all historical presuppositions are temporarily suspended so that phenomena may present themselves to us, we may grasp the things themselves so that we may have an essential understanding of them.

Husserl claimed that this essential understanding of phenomena can only be achieved by an unbiased and rigid methodological study of things as they appear. This unbiased description is possible through the “clearing away” of preconceived assumptions or perceptions: Husserl uses the term *epoché* (Greek: abstaining from judgement) to describe this process (Farber, 1943). *Epoché* necessitates the purging of suppositions, transcending them so that knowledge may be reached above all possible doubt (Moustakas, 1994). Thus, the “phenomenological attitude” involves an approach in which we aim to “go beyond the natural attitude of taken-for-granted understanding”. Ultimately the focal point of phenomenology, for Husserl, is managing our pre-understandings by the process of *epoché* (Farber, 1943, p. 20).

Epoché parallels transcendental-phenomenological *reduction* insofar as the aim is to move beyond typical patterns of thought or “natural attitudes” to elucidate the essence

of a particular phenomenon (Hanning & Nill, 1995, p. 7). For Husserl, reduction referred to a sweeping self-meditative procedure in which one 'brackets' the natural world of interpretation so that one may see the essence of a phenomenon (Finlay, 2008). This attempt to bracket out everything in the natural attitude towards the world is executed in an attempt to recognize the pre-reflective world in its indispensable forms and meaning, prior to describing and interpreting our experience of the phenomena of pre-reflective reality (Edwards, 2001). It is a process whereby one transcends the everyday and reaches into the *pure ego* in an attempt to convert the world into phenomena by retracting or reducing (Latin: *reducere*) back to the foundation of the meanings of experience (Moustakas, 1994). French philosopher Jean-François Lyotard (1991, p. 47) explains that

I, as empirical and concrete subject, continue to participate in the natural attitude toward the world...but I make no use of it. It is suspended, put out of play, out of circulation, between parentheses; and by this 'reduction' (or "*epoché*") the surrounding world is no longer simply existing, but "phenomena of being"...Insofar as the concrete ego is interwoven with the natural world, it is clear that it is itself reduced; in other words, I must abstain from all theses concerning the self as existing. But it is no less clear that there is an *I*, who properly abstains, and who is the *I* even of the reduction. This *I* is called the *pure ego*, and the *epoché* is the universal method by which I grasp myself as ego.

The *epoché* is the initial step in coming to grasp things as they appear, in returning to 'things themselves'. In phenomenological reduction the focus is textually describing what appears in terms of the "external object [and] the internal act of consciousness" (Moustakas, 1994, p. 90). For Husserl, there are a few steps included in reduction: 1) the *epoché* of the natural sciences; 2) the *epoché* of the natural attitude; and 3) eidetic reduction. The *epoché* of the natural sciences reduces scientific knowledge and theory to the life-world from the view of the natural attitude. This is followed by the *epoché* of the natural attitude (the phenomenological *epoché*), which 'brackets' the taken-for-granted life-world. This guides one to the phenomenological psychological reduction, which involves an examination of a phenomenon as "presence without attributing

existence to it...reducing it to the field of the psychological". In transcendental reduction one moves beyond the subjective experience that is the focus of phenomenological psychological reduction, in order to centre on transcendental consciousness (Finlay, 2008, p. 6). The transcendental phenomenological epoche requires a suspension of the supposed apparent perspective with which reality, world and being are viewed in the attitude both of everyday life and of science; and this naive natural 'straight forward' attitude is replaced by a reflexive attitude (Blankenberg, 1980a).

Husserl's "eidetic reduction" or *intuition of essences* seeks to identify the necessary but not necessarily sufficient condition for a phenomenon "to be what it is", namely, the essence of a phenomenon (Hanning & Nill, 1995, p. 7). Philosopher Emmanuel Levinas (1973, p. 104 - 105) holds that essences (*eidōs*) should not be confused with a "character or moment of individual objects that has been isolated by an effort of attention". Moreover, the essence is not essentially vague either, but can be determinate; its ideality characterising the object's "mode of existence". Just as individual objects, idealities and essences allow for truth and falsity; and the *eidōs* is constituted by the invariant that exists within the multitude of possibilities that lie within the perception of the object. Lyotard (1991, p. 40) claims that

The essence is therefore experienced in an actual, concrete intuition. This "vision of essences" (*Wesensschau*) has nothing of a metaphysical character...the essence is only that in which the "thing itself" is revealed to me in an *originary givenness*...This involves a "return to things themselves" (*zu den Sachen selbst*).

In order to develop a rigorous methodology according to which essences may be intuitively sought, Husserl introduced the concept of *free imaginative variation* (Finlay, 2008). This concerns the employment of imagination to discover possible meanings that erupt from the tension between polarities and divergent perspectives. The objective is to obtain structural descriptions of an experience of a phenomenon, and it focuses on the meanings of the experience, relying heavily on intuition to integrate the

various structures into essences (Moustakas, 1994). The process of imaginative variation opens up the essence itself of the object or phenomena (Lyotard, 1991). Imaginative variation therefore involves a reflective and reflexive process in which the possibilities of perception are examined and the thematic structures of experience are exposed from the descriptions obtained from phenomenological reduction (Moustakas, 1994).

Philosopher Martin Heidegger gave phenomenology an existentialist orientation and revised Husserl's phenomenological method – which he viewed as operating unsuccessfully on the level of epistemology - so that it might appropriately address the ontological question of *being* (Wrathall, 2005). Following Husserl, Heidegger (1962, p. 58) explains that phenomenology is allowing “that which shows itself [to] be seen from itself in the very way in which it shows itself from itself”. So while he accepts the conviction of phenomenology that an analysis of the essential structures of meaning necessitates a movement beyond the subject-object dualism, it must do so in ‘the very way’ that it shows itself. This implies going back to our original experience of the world and he identified this original experience as *being-in-the-world* (King, 1964). Heidegger critiqued Husserl's ‘mangling’ of the phenomenological method, arguing that all Husserl's phenomenological interest was directed to establishing experience as “a region for science [which] misplaces more than ever the possibility of letting the entity be encountered in its character of being” (Heidegger, 1994, p. 208). Thus, by attempting to reduce existence or human experience to the strict domain and achievements of science, Husserl misses the original experience of what it is to be human in favour of establishing scientific – and therefore certain - grounds of human knowledge. Heidegger argues that such an approach is an extension of the tradition associated with Cartesian psychology and Kantian epistemology since Husserl attempts to find “a much more radical point of departure than Descartes was able to, with the aim...of finding the mathesis of experiences and determining the pure possibilities of experiences purely a priori” as indicated by Husserl's instruction to go to the things themselves, to grasp them in their essence (Heidegger, 1994, p. 211).

Heidegger and Gadamer challenge this Cartesian assumption and emphasise the 'finite', 'dependent' and 'contingent' nature of all understanding. They argue that historical circumstances provide a set of unspoken pre-understandings in terms of which any act of understanding is ultimately made possible. Since we are unable to have explicit insight into everything on which our understanding depends we can never claim with any confidence that our understanding is without presuppositions (Pivčević, 1970). Gadamer argues that understanding is grounded in the public sphere of evolving, linguistically mediated practice, rather than in the private sphere of the pregiven, changeless subject. He asserts that the modern tendency of locating the conditions of reason in the transcendental subject ignores the transcendental context of history and language. Therefore, Husserl's attempts at locating a priori intuitive apprehensions of phenomena neglect the contextual character of understanding by situating the transcendental nature of understanding in the ideal subject. Gadamer, then, rejects Husserl's transcendentalism insofar as it ignores the circular logic and proliferation of interpretations central to understanding in favour of continuing the philosophical tradition that attempts to found knowledge in certain truths (Madison, 1988).

In a discussion of the method of reduction used in phenomenology Merleau-Ponty (1962, p. xv) highlights this when he warns us that "in order to see the world...we must break with our familiar acceptance of it" and, more importantly, "from this break we can learn nothing but...the impossibility of complete reduction". This implies that, since all our understanding is based on presuppositions, epistemological objectivity is not only impossible but also such a view impedes on understanding or grasping the phenomena prior to theoretical assumptions. While Merleau-Ponty recognizes and values Husserl's notion of the *epoché* he, along with Heidegger and Gadamer, acknowledges that the transcendental nature of reduction lies within the hermeneutical nature of intersubjectivity and historicity. Merleau-Ponty claims that this universal quality is largely overlooked within Husserl's transcendental idealism and addresses what he perceives to be the ideal nature of transcendental reduction by founding reduction in existential phenomenology (Merleau-Ponty, 1962, p. xv). Merleau-Ponty

claims that such foundationalism may be avoided if we recognize that knowledge may be created intersubjectively; that knowledge may be temporarily established within dialectic, consensual meanings. He holds that in order for transcendental subjectivity to be intersubjectivity the *cogito* must reveal the possibility of a historical situation. Reduction, then, does not lead to certain knowledge but highlights the differences in our relation to the world, in the way the self lives in the world with others (Blankenberg, 1980a).

While Heidegger, Gadamer and Merleau-Ponty all owe much to Husserl, all question the possibility of suspending pre-understandings in understanding. In other words, they question whether understanding can even occur without our contextualized pre-suppositions. All three thinkers argue to include in the horizon of pre-understandings “foreunderstandings” suggesting that we explore their meanings, content and impact, since all three hold that even within the procedure of *epoché* we cannot be divorced from our own historicity and embeddedness in the world (Finlay, 2008). These thinkers independently developed hermeneutic critiques of Husserlian phenomenology, adopting a ‘contextualist’ theory of meaning. Meaning is thought to manifest in relation to the historically and linguistically conditioned context in which the subject matter plays a part. According to this view, since our transcendental contexts are continually shifting, all understanding is essentially an interpretive act; and thus the basis for reason is essentially historical interpretation and therefore is essentially hermeneutic (Madison, 1988).

Phenomenology, consciousness and the self

The notion of ‘the self’ is central to all psychological discourse since psychology is the study of subjectivity, the capacity for self-reflexivity, and all its manifestations: and subjectivity, which is equated with the sense of self, can be considered the medium in which all conscious experience is rendered possible and takes place (Kircher & Leube, 2003). While it has received notable attention in philosophy and psychology, ‘the self’ has no solid definition but rather serves as an “umbrella term that encompasses a range of concepts that relate to self-reflective

activity...”consciousness”, “ego”, “soul”, “subject”, “person”, or “moral agent”” (Atkins, 2005, p.1). ‘The self’ has an extensive and contentious history in psychology; and there are a variety of diverse ways in which the self is interpreted in psychology and philosophy, ranging from biologically determined views of subjectivity as epiphenomenon to the self as a narrative construction.

Our current conflicting conceptions of the self derives (although not exclusively) from Descartes’ troubling portrayal of the human condition in terms of rationalism and naturalistic philosophy (Bernstein, 1983). Consequently, thought on subjectivity split into two paths; analytical and continental philosophy. The analytical stresses the linguistic, objective conditions of knowledge that constitute subjectivity, or the self, and is generally empiricist and materialist; thus, providing the base for psychological approaches like behaviourism and functionalism. Phenomenological psychologists, such as Gerstmann, Lacan, Plügge and Moss, have vehemently defended against the notion that psychology be reduced to the observable “facts of behaviour” (Valle, King & Halling, 1989, p. 46). This approach has also received considerable resistance from phenomenological philosophers such as Husserl, Heidegger, Sartre and Merleau-Ponty, who argue that the proper study of man is the study of his/her experiences (Welton, 1999, p. 16). Continental thought on subjectivity adopts a metaphysical approach that includes thoughts of subjectivity centered on theology (Hegel, Kierkegaard, Heidegger), romantically enthused atheism (Nietzsche, Freud, Foucault) and even forms of metaphysically neutral materialism (Merleau-Ponty); giving rise to psychoanalytic, psychodynamic and existential-phenomenological psychological thought (Atkins, 2005).

Danish philosopher Søren Kierkegaard (2004, p. 43) portrayed the self as a constellation of opposites and as a “relation that relates to itself as a relation” and defined madness as a form of disruption in this relating. German philosopher Friedrich Nietzsche, following Kierkegaard, defined the self as an ensemble, driven by habits and desires that subtly manifest a self-awareness which is cultivated by being embedded in our world, a world that we share with others (Lysaker & Lysaker, 2004,

p. 107). In *The Genealogy of Morals* Nietzsche (2008, p. 40 - 46) explains that the initial establishment of a community brought with it fortifications that protected man from his “ancient instincts of freedom”; and these instincts all turned inwards, into man, for internal satisfaction since our basic drives could no longer be directed externally. Thus, the emergence of subjectivity and birth of the “bad conscience”, the “torture chamber” of the soul; where one is both the torturer and the tortured. And the tortured soul indeed suffers; this is the price he/she pays for the basic, instinctive “pleasure of suffering”: this is the basis of the dynamic dichotomy that devilishly and divinely divides the soul “against itself”. And it is within this division that the self develops as that *relation* that divides the soul. Following Kierkegaard and Nietzsche, Freud accorded a central role to the body and its drives in the emergence and maintenance of subjectivity, or the development of self. Freud viewed the psyche as “divided against itself” via powerful libidinal instincts, whose conflictual nature forms the basis of the structural organization of subjectivity (Atkins, 2005). The relation that constitutes the self is then the movement between the repressed instincts which form the content of the unconscious and objects of consciousness, a movement mediated by the preconscious. Thus, the self is that relation that develops a pattern of affecting and being affected by libidinal cathexis of repressed instincts (Freud, 1991).

Phenomenology, although connected to this tradition, highlights the importance of the body in subjectivity in terms of the power of embodiment to structure perception and consciousness (Atkins, 2005). Phenomenology understands the subject in relation to the various structures of consciousness – intentionality, ipseity, temporality, embodiment – and aims to consider all the conditions that allow for the emergence of subjective consciousness, as opposed to locating the self in a central, static position in the individual. Phenomenology has traditionally been interested in the ‘hard’ problems of consciousness, or experience, as opposed to the mechanistic aspects of consciousness, although this is not an exclusive interest. Cognitive philosopher David Chalmers divides the problem of consciousness into “hard and easy” problems. The easy problems refer to those phenomena to which one can directly apply the standard methods of cognitive science (computational or neural mechanisms) (Cooney, 2000,

p. 137). These include the ability to discriminate, categorise and react to the environment, integrate information, and report on mental states, access internal states, focus attention, control behaviour and distinguish between wakefulness and sleep (Zillmer, 2001, p. 16). These problems concern an explanation of consciousness in terms of cognitive abilities and functions. Therefore, only the functional mechanisms underlying these processes need to be identified. The hard problems of consciousness, however, tend to resist computational or neural mechanistic explanations. According to Chalmers the particularly hard problem of consciousness is the problem of experience, of subjectivity, which is fundamental since it is an entity which cannot be explained in terms of anything simpler (Cooney, 2000).

In *The Theory of Psychoanalysis* (1991, p. 357) Freud argues that all our knowledge in psychological, particularly psychopathological, research is “invariably bound up with consciousness”; since, as noted by Jung, consciousness is a prerequisite of being, of experience (Jung, 1927). Similarly, German philosopher and psychologist, and forerunner of phenomenology, Franz Brentano in his argument of the “unity of consciousness” argues that the self underlies the “totality of our psychic life”, and that any consideration of the self must begin with the problem of consciousness (Rancurello, 1968, p. 42). This is sensible enough in light of the fact that these thinkers inherited from the Enlightenment a reconfiguration of man in respect to his consciousness freed from theological conceptual restraints. Self-reflective consciousness became the most human of all human qualities, being that fundamental attribute that distinguished ‘man from the brutes’; and thus became central to Renaissance humanism, and is still the focus in domains of epistemology, cognitive science, ethics and psychology.

The point of departure in phenomenology is consciousness, specifically the structure of consciousness. Husserl attempts to solve the problem of investigating the other (without direct access) by stipulating the structural components of consciousness, which are present in all subjects, but in a unique manner (Giorgi, 2002). Husserl expanded on Brentano’s views and defines consciousness as the flow of lived

experience that comprises subjective life (Moustakas, 1994); and in order for consciousness to manifest, there must be something to be conscious of, an intentional object (Merleau-Ponty, 2005). Husserl used the term *intentionality* to highlight the link between experiencing subjects and the experienced world, and is the basic structure of consciousness' encounter with the world (Heidegger, 1994).

Intentionality can be divided into two features: the first refers to the fact that consciousness is always consciousness of something; awareness always has an object and in this way subjective experience is always directed toward something external to the self (Davidson, 2002). The second aspect of intentionality refers to the "comportment" of the subject toward his/her own awareness and his/her objects of awareness. This refers to the "position-taking" capacity of consciousness, manifested in the fact that consciousness is not only an awareness of objects but also a process of acting on them (Davidson, 2002, p. 43). Heidegger's notion of *Dasein* (being-there) is a way of conceptualising the self that expands Husserl's views on intentionality, and gives the question of consciousness an ontological orientation. The term serves to illustrate that our intentional link to the world is not one of knowledge, but rather one of experience, or existence. *Dasein* always finds itself in a context, a world, in which it understands its comportment to its world; that it always exists in a meaningful relationship to other entities, a point highlighted by his notion that existence is *being-in-the-world* (Wrathall, 2005). Thus, consciousness, and therefore the self, is always constituted in its lived relation to its world of experiences.

Merleau-Ponty (2005) expanded on the co-constituting relationship between the self and world by highlighting the significance of corporeality for our sense of self. He argues that our ability to manifest action in terms of intentionality requires the objectifying force of a bodily space in which actions can be performed in relation to an external space (the world). He claims that if bodily space and external space form a practical system that comprises the background against which the object of our action may be clearly identified it is evidently in action that the spatio-temporal quality of our consciousness is brought into being. Our bodies act in a "space [which] is given to us

in the form of the world” and this allows us to experience *being-in-the-world* or to ‘live’ our experience (Merleau-Ponty, 1962, p. 105). Merleau-Ponty uses the notion of *embodiment* to illustrate how consciousness and the body interact to produce lived experience, which occurs in the meeting of external space and bodily space through consciousness. The term embodiment serves as a nodal point for conceptualising how consciousness, intentionality and temporality (the experience of lived time) converge to produce subjectivity in the form of meanings that regulate the experienced relation between subject and object. In his view, the main feature of embodiment is “bodily intentionality” or the “intending” quality of the lived body (Merleau-Ponty 1962, p. 137).

An important concept that maintains the integrity of sense of self through time is ipseity, the inherent sense of mineness, that the ‘I’ is itself. *Iipseity* refers to a pre-reflective self-awareness in which we are “directly, non-inferentially, or non-reflectively conscious of our own thoughts, perceptions, feelings, or pains” (Parnas & Handest, 2003, p. 124); and is sustained in the intentional, corporeal and temporal structure of our existence. When experience appears in a first-personal mode of presentation, it is bestowed as *my* experience and an example of basic self-awareness (Lysaker & Lysaker, 2004). Ipseity essentially concerns the problem of identity, and constitutes the sameness of the sense of self that can only be expressed in the first person, as opposed to *idem*, which refers to the objective sameness of our material body (Atkins, 2005). Ricoeur argues that any understanding of identity must consider the double nature of identity that structures existence; and that hermeneutics and narrative structure the relationship between these two aspects of identity (Atkins, 2005). While a process of sedimentation in our concrete world develop character traits that relate and conform to *idem* (the ‘what’ of identity), the development of personal identity is mediated through a self-referential narrative process that endows the self with permanence in time. He states that narrative uses conceptual and temporal schemes, which structure experience into continuous temporal movement and conceptual relationships out of objectively disconnected moments and features of existence (Atkins, 2005).

Merleau-Ponty (1982) points out, that once the self is no longer reduced to transcendental idealism and attributed pre-constituted, isolated psychological states (as with Cartesian dualism), the problem of other people inevitably arises. This is a problem of an incarnate mind which can be touched, and can touch; and in this sense the problem of others parallels the problem of the self. Husserl notes that the experience of others is inherently paradoxical since somehow I, the interiority, must be the exterior that I present to others, and the body of the other must be the other him/herself (Merleau-Ponty, 2005). This paradox is only sensible if the historical situation of each individual is considered; and the fact that each prevents the other from achieving complete individuation by being exposed to the concrete, arresting gaze of another consciousness; and this co-constituting moment is what Husserl refers to as inter-subjectivity.

Merleau-Ponty (1982) notes that the problem of others is also connected to the problem of the world since the world is the place in which we experience others: and the salient problem is how to think of the world in such a way that others are conceivable. Sartre (1966) highlights this issue when he notes that the presence of the other transforms the world, my world, since the other's regard of me not only shifts my perception of the world of objects, and therefore my relation to those objects, but also, and more importantly, it alters my relation to myself. Consequently, the other becomes enmeshed with the sense of self; his/her gaze is projected into my Ego, and thus internalized into my way of relating to the world. This suggests that our intentional relation to others is not one of knowledge, as already suggested by Heidegger, but one of mutual affectivity, in which the regard of the other is internalized into my own sense of self, incorporated into the mineness of my experience, into my personal narrative. This sense of ipseity is reinforced when I become aware that my regard for the other is also internalized in temporally structured and continuous encounters with others, which constitutes the continuity of who I am, and serves as a foundation for the process of individuation.

All these concepts serve to illustrate the co-constituting nature of the self and other, or subject and object suggesting that the self is not a unified, separate entity from the world of objects and others, but is constituted in a dynamic, dialogical relationship with the world, structured by intentionality, corporeality, temporality and intersubjectivity. Thus, any phenomenological consideration of the self requires a consideration of all these structural-dynamic elements; which is reflected in phenomenological investigations of schizophrenia.

Psychology, psychiatry and phenomenology

Halling and Nill (1995, p. 1) claim that “existential-phenomenological psychiatry has the unfortunate distinction of being the most commonly misunderstood and inadequately articulated movement in the field”. They claim that this may be attributed to the fact that there is not an authoritative source since it developed spontaneously in various areas in the western world. Herbert Spiegelberg (1972) notes that during the time that phenomenology and existentialism were being developed in European universities, psychology and philosophy were closely inter-mingled, and so attempting to differentiate between their respective developments is a difficult task. Furthermore, existential phenomenology should not be confused with phenomenological psychiatry and psychology since there are schools in psychology that are purely phenomenological insofar as research is guided only by phenomenological methodology (Spiegelberg, 1972). Existential psychology and psychotherapy, although linked with the phenomenological tradition, is an approach that “seeks to analyze the structure of human existence”, and thus is primarily concerned with the existential realities underlying experiences (May, 1995, p. 7).

Halling and Nill (1995) emphasize that the existential-phenomenological movement in psychiatry and psychology should be viewed as a particular way of thinking about and interpreting the human condition in a manner that differs significantly from natural-scientific modes of explanation, rather than a specific movement informed by one source or unified principles since there are variations – subtle and explicit – of the use of phenomenology in psychiatry and psychology. This variety of meanings of

phenomenology is not only historically determined but also relates to the ambiguous nature of the subject itself (Blankenberg, 1980b). Sybille Rulf (2003) distinguishes between three different meanings of phenomenology in psychology: nosological, Jaspersian and philosophical, influenced by the works of Husserl, Heidegger and Merleau-Ponty. In North American/British psychiatry phenomenology entails a descriptive psychopathology directed by an objective observer (Rulf, 2003). Many contemporary psychiatric texts refer to phenomenology as the study of psychopathology, comprising signs, symptoms, and underlying emotions and cognitions. Used in this manner phenomenology provides a foundation for nosology – disease definitions, dimensional classifications and diagnostic categories and served as the initial foundation for the DSM and ICD (Andreasen, 2007).

Phenomenology and psychopathology

The second meaning was proposed by German psychiatrist Karl Jaspers (1883 – 1969) who uses the term to refer to an empirical procedure that aims at a descriptive psychopathology of the states of consciousness (Rulf, 2003). Jaspers (1963, p. 55) rejects the Husserlian sense of phenomenology that aims to uncover the ‘appearance of things’ (*Wesensschau*), and uses the term to denote “an *empirical method of enquiry* maintained solely by the facts of the *patients’ communications*”. Thus, he retains Husserl’s original conception of phenomenology as a descriptive psychology. Blankenberg (1980a) explains that the aim is to approach the phenomena without the aid of theory while recognizing that the categories used to describe and apprehend psychopathology entities are implicitly based in theory. However, phenomenologically oriented psychopathology should not be viewed as limited to description and taxonomy, but rather aims to create some awareness of what the patient feels and is conscious of (Blankenberg, 1980a). Jaspers (1963) argues that by affording the patients space to describe their experiences the clinician is able to establish an empathetic understanding of the presenting psychic states; and this is the most valid means of accumulating well-defined data. Regardless of his reservations, Jaspers commended Husserl for bringing us back to ‘things themselves’ and claims that a descriptive interpretation of the essence of experience is essential to the unbiased

study of the mentally ill since Jasper's intention was to establish an alternative to dogmatic knowledge that was prevalent in mainstream psychiatric discourse (Hanning & Nill, 1995).

In reaction to the inability of psychiatry to locate biological substrates of mental illness, it became increasingly apparent in the 19th century that the scientific objective of psychiatry was to develop nosological systems and taxonomies based on abnormal mental phenomena (Spiegelberg, 1972). By the late 19th century the priority lay in establishing psychiatry as a rigorous biomedical science and psychiatrists like Kraepelin attempted to anchor this establishment in descriptive clinical psychiatry and nosology centered on a 'disease-entity' model of mental illness (Porter, 2002). Influenced by the disease model advocated by Wilhelm Griesinger, Kraepelin aimed to develop extensive classifications that inform prognosis, which culminated in his *Clinical Psychiatry* (1907) and so, while not excluding the subjective experiences of patients, his primary interest was the objective aspects of mental illness (Spiegelberg, 1972).

Psychiatry has the often paradoxical aims of developing a scientific understanding of mental illness (psychopathology), and of trying to heal those suffering from mental maladies (clinical psychiatry) (Porter, 2002). Jaspers (1963) critiqued Kraepelin's work as neglecting the role of the clinical psychiatrist and the role that the therapeutic interaction plays in understanding the patient and in the recovery process. Jaspers (1963, p. 853) argued that Kraepelin's narrow focus on the disease model reduced his conceptual world to

a somatic one which in the company of the majority of doctors he held as the only important ones for medicine, not only as a matter of preference but in an absolute sense. The psychological discussions in his Textbook are brilliant in parts and succeeded with them as it were unwittingly. He himself regarded them as temporary stopgaps until experiment, microscope and test-tube permitted objective investigation.

Jaspers (1963, p. 1) aimed to maintain focus on the clinical psychiatrist as a practitioner that engages with individuals, as opposed to relying solely on general concepts and laws provided by psychopathology. Since the subject matter of psychopathology is conscious mental life it is essential that a study of the subjective experiences of the mentally ill be central to the study of psychopathology, which will broadly inform the practice of clinical psychiatry. But psychopathology is limited insofar as there “can be no final analysis of human beings as such, since the more we reduce them to what is typical and normative the more we realize there is something hidden in every human individual which defies recognition”. Phenomenological philosophy serves to inform the methodological practice of psychopathology in a manner that allows some sensitivity toward the subjective experiences of individuals. While Jaspers claimed that philosophy has nothing positive to offer psychopathology (apart from methodology) as such, it does serve to prevent the psychopathologist and clinician from allowing prejudgments from clouding one’s judgment, and generally helps develop personal attributes that enhance understanding of the long tradition of important questions asked in psychiatry (Jaspers, 1963, p. 1).

Existentialism, phenomenology and psychopathology

Jaspers was not the only one to highlight the insufficiency of biologically focused psychopathology that views the psychic epiphenomenally. Various psychiatrists associated with the Heidelberg Clinic in the late 19th century endeavored to marry phenomenological principles with psychopathology and clinical practice; including Willy Mayer-Gross, Hans W. Gruhle, Kurt Schneider and Viktor von Weizsäcker (Speigelberg, 1972). Blankenburg argues that this tradition is linked to what he calls ‘differential phenomenology’, implemented by Binswanger, Blankenburg, Kuhn, Minkowski, Prftter, Tellenbach, Eng and de Koning (Blankenberg, 1980a), and entails outlining the similarities in different regions of psychological phenomena. This requires searching for the pathological in the healthy and vice versa so as to find the common denominator in varieties of self-world experiences. The aim, according to Blankenberg, is to highlight the differences between pathological and healthy

behaviour in order to illuminate those essential points at which the pathological deviates from the healthy (Blankenberg, 1980a).

Ludwig Binswanger was one of the main proponents of phenomenology in psychopathology and received strong support from Erwin Straus, Eugene Minkowski and Viktor von Gebattel (Spiegelberg, 1972). Binswanger critiqued Jasper's phenomenology as enclosing itself in isolated psychic phenomena rather than connecting these phenomena meaningfully. Thus, Jasper's notion that the world of the schizophrenic is essentially unintelligible was challenged by Binswanger, who argues that all psychic phenomena are existentially comprehensible (Spiegelberg, 1972). Binswanger (1963) used Heidegger's existential philosophy as a basis for uncovering the underlying rationale of mental illness, claiming that symptoms need to be interpreted in the context of the patient's 'world-design', and that pathologies may be understood as distortions of particular modes of existence. Thus, while Binswanger agreed that phenomenology is a suitable methodology for psychopathology, he introduced an existential interpretation of individual patients; and so phenomenology was no longer simply a means of data collection but of understanding, in which the patient needs to be contextualized in his life-world (Binswanger, 1963).

Larry Davidson (1994) argues that Binswanger's use of the Heideggerian ontological structure as a means of accounting for schizophrenia confuses the ontological, philosophical level of contemplation covering possible experiences with empirical explanation appropriate to concrete lived experience. Husserl's notion of 'psychologism' refers to this sort of confusion between psychology and philosophy: he stresses that there should be a division between the respective fields' tasks so that ontological concepts are not conceived as the origins of ontic conditions (Davidson 1994). More specifically, psychologism is the theory that logical truths depend on human modes of thought comprehended from the perspective of a positivistic psychology: Husserl argued that modes of thinking and logical truths are separate, even though human consciousness has access to these truths (Giorgi, 2008).

This tradition – which includes thinkers like Laing and van den Berg - of interpreting the meanings found in phenomenological studies within a broader philosophical context is distinct from a purely descriptive phenomenology. Influenced by the philosophy of Heidegger, Gadamer, Ricoeur, Derrida, Lyotard, Foucault and others, some contemporary researchers argue that since there is a proliferation of possible meanings of human experience, human science research is essentially interpretive, and descriptive research is meaningless in isolation (Giorgi, 1992). Following philosopher Mohanty, Giorgi (1992) notes that while both descriptive and interpretive methodology are pertinent in social science research, both serve distinct functions. While descriptive research – primarily associated with Husserlian phenomenology – involves the elucidation of the meanings of experienced objects, interpretive research – associated with interpretive phenomenological analysis (IPA) - is the clarification of obtained meanings within a specific theoretical perspective. Thus, he argues, descriptive science serves to limit the boundaries of interpretive science but does not replace or reduce the role of interpretive phenomenology. And while interpretation is more prevalent than description, in the context of basic science description should have epistemological primacy since it is consistent in relation to evidence (Giorgi, 1992).

Phenomenological social science research methodology

From the above discussion it should be clear that even within phenomenological research there are various interpretations of the philosophical principles upon which it is based. For example, interpretative phenomenological analysis (IPA) is guided by interpretative, hermeneutic and existential principles (Eatough & Smith, 2006); whereas empirical phenomenology is guided by the descriptive aims of Husserlian phenomenology (Moustakas, 1994). Ultimately all approaches aim to gain an understanding of the description of subjective experiences. In order to gain an understanding of subjective experience, existential phenomenological psychologists claim that it is necessary to have a research method that tries to reveal the essential meaning of the phenomenon under study, rather than creating abstract theories (De Castro, 2003). Phenomenology focuses on comprehending the whole meaning of the

experience of particular phenomena, rather than isolating various components without understanding the basic meaning structure that gives sense to the whole experience (De Castro, 2003). In De Castro's view:

If we divide a given experience into parts before having understood how the person who lives that experience articulates it, we are going to talk about abstract concepts that do not have any sense for that person. In other words, we cannot grasp a sense of the whole of a given experience by separating the parts from the general context in which every part is based. If we were to do so, we would make artificial explanations about experiences because we would be approaching them from our own perspective, which would be divorced from the sense of the whole of the experience for the person who lives it (De Castro, 2003, p. 47).

This implies that the phenomenological approach encourages the movement from a concrete description of the experience of an individual to an interpretation of his/her experience: rather than formulating abstract explanations about the experience of the subject without following and understanding the description of his/her experience as it is presented and manifested in his/her consciousness (De Castro, 2003). Exploring subjective experience requires appropriate phenomenological methodology (Parnas & Handest, 2003): and the existential phenomenological approach in psychology claims that its methodology serves to gain comprehension and understanding of the experience of the human being from the conscious perspective of the individual who is having the experience (De Castro, 2003).

Phenomenology emphasizes how consciousness synthesizes experiences into idiosyncratic perception: thus it takes the direct experience of the subject as its starting point and seeks to elucidate it descriptively (Edwards, 1991). According to Zaner (1971) phenomenology ultimately aims to describe and illuminate the facticity of the world (how we directly engage in the world) and of consciousness since these features comprise the setting in which our lives are concretely lived and experienced. The phenomenological approach attempts to consider a fundamentally human condition from the perspective of the individual, a view that includes the "qualities of a

unique individual as well the qualities of shared human existence” (Todres, 2002, p. 2). Thus, phenomenology in general is descriptive and interpretive.

The phenomenological research strategy differs significantly from other methodological approaches, particularly in terms of how it views subjectivity. According to Amadeo Giorgi (2004, p. 5) phenomenology avoids rigid methodological imperatives that result in reducing the acknowledgment of subjectivity. Such “inadequate strategies” include the removal of subjectivity: this concerns the behaviourist denial of consciousness and therefore stands in direct contradistinction to phenomenology. Similarly deconstructionists attempt to dismantle subjectivity via socio-cultural factors, thereby eliminating the centering or unifying function that subjectivity provides (Giorgi, 2004). Giorgi (2004) asserts that researchers who attempt to treat the field of psychology purely as a natural science tend to acknowledge subjectivity only as an inference based on the observable variables involved in behaviour. Although Giorgi acknowledges that physiologically-oriented researchers concede that subjectivity is a matter of importance in research; he states that the concession is made only insofar as subjectivity is viewed as an epiphenomenon. This implies that subjectivity is simply the “effect of the activity of the some or other body part or the central nervous system” (Giorgi, 2004, p. 5).

Yet another attempt at the objectification of subjectivity involves the reification of subjectivity. For example, scales designed to ‘capture’ the individual differences in self experience. All of these strategies are problematic for phenomenology inasmuch as each emphasises and attempts to mimic the methodology of the natural sciences at the expense of understanding subjectivity (Giorgi, 2004). This resembles Merleau-Ponty’s (1962, p. 75) assertion that the essence of phenomenology is perception, which depends on variables such as the psycho-biological meaning of a situation, which are not physical and therefore evade “physico-mathematical analysis”. Consequently, the rigid methodology endorsed by the natural sciences succeeds in constructing only a semblance of subjectivity. However, phenomenology should not be confused with approaches that tend to exaggerate subjectivity. Such approaches

include social constructivism, discourse analysis and the narrative approach. Phenomenology postulates that subjectivity involves the synthesis of various meaning constituents, which include social constructs, narratives, discourse, intrapsychic mechanisms, physiological, and possibly even spiritual levels of experience (Giorgi, 2004).

Practically the phenomenological research method in psychology adheres to the following guidelines and steps (Blankenburg, 1980a; Giorgi, 1977; Giorgi, 2008):

1. Procedures are directed by philosophical phenomenological principles as initially outlined by Husserl.
2. Participants are asked to describe phenomena of interest without the guidance of a definition. The maximum amount of information is sought and all information obtained through interaction with the participant is relevant, since the participant in relation to his/her world is significant in phenomenological research.
3. The researcher assumes the attitude of phenomenological reduction and a psychological perspective of the phenomena of interest.
4. The researcher reads the entire description, initiating the process of discovering psychologically relevant meanings.
5. The description is re-read and transformed into manageable meaning units.
6. The natural descriptions provided by the participant are then transformed into expressions that convey significant psychological meanings.
7. The meaning units are then used as a basis for constructing a basic structure of the experience.
8. A comparison is made between the meaning units and the developed structure to ensure that all fundamental components are included.
9. The researcher creates a dialogue between the structure, meaning units and the raw data so as to fully elaborate the findings of the study. This is followed by a dialogue with the literature.

Phenomenology and schizophrenia research

Although phenomenological approaches to the study of schizophrenia were popular in earlier stages of its conception, recent trends have tended to regard phenomenological research as opposing the objectifying, biologically-oriented aims of psychiatry and psychopathology research. However, a tradition of phenomenological psychiatry and psychology has continued from early writers like Eugene Minkowski, Ludwig Binswanger, Kurt Schneider, Victor von Gebsattel and Wolfgang Blankenburg; to later authors including Louis Sass, Larry Davidson and John Cutting. These authors view philosophical phenomenologists – Husserl, Heidegger, Scheler, Merleau-Ponty and so on – as providing concepts that render psychopathological presentations intelligible, rather than viewing phenomenology as purely a taxonomic device (Owen & Harland, 2007). However, even the use of phenomenology as central to the development of nosology has dwindled with the implementation of the DSM as central to the practice of psychiatry and clinical psychology (Andreasen, 2007).

While various researchers (Corin, 1990; Eng, 1974; Kimura, 1982; Laing, 1960; Macnab, 1965; and Sass, 1990) have applied phenomenology to the study of schizophrenia, Davidson (1994) argues that this research has only had a modest impact on our understanding of schizophrenia. He stipulates that certain methodological and theoretical issues, such as validity and forms of psychologism, have contributed to phenomenology's modest impact. However, he maintains that it is still a valuable methodology in our understanding of schizophrenia. The issue of validity has been approached via the argument that obtaining subjective data through the intentional structure of consciousness provides a valid foundation according to which knowledge may be interpreted and compared (Davidson, 1994; Giorgi, 2008). In order to tackle the issue of psychologism, or philosophizing the pathological, Davidson (1994), following the suggestions of Minkowski and Jaspers, argues that schizophrenia may ultimately be explained by underlying neurophysiological brain abnormalities, and that phenomenology should aim to prepare empirical science by providing descriptions that are to be accounted for by underlying biological mechanisms.

This appears to be the trend in contemporary phenomenological schizophrenia research, which aims to add to the development of a solid phenomenological foundation for a taxonomic project that ultimately endeavors to correlate pathological experience to its biological substrate. Contemporary researchers (Davidson, 2002; Handest & Parnas, 2003; Parnas & Sass, 2001a) provide clinical phenomenological descriptions of anomalies of self-experience that are distinctive during the incipient stages of schizophrenia spectrum disorders that are not available in typical contemporary texts. Furthermore, they claim that these consistent anomalies of self-experience do not meet the criteria of standardized, operational check lists (DSM-IV-TR, ICD-10) (Parnas & Handest, 2003). This does not imply that phenomenologists adopt a biologically reductionistic view of schizophrenia but that the biological, social and psychological are interlinked parts of existence, which – while studied separately – function harmoniously to produce existence. Thus, the various fields of biology, sociology, ethnography, psychology and so on serve to complement one another, without affording any etiological dominance.

In fact, current phenomenological approaches to the study of schizophrenia critique the disease model and mainstream psychiatric definitions as well as the discursive frames of biological/physiological and symptom description common in psychiatric discourses. It is argued that in using biochemical language as metaphor, the words of neuroscience are used to *re-present* the picture of embodied, subjective experience as opposed to understanding the experience. The effectiveness of such language use relies on “metaphor’s ability to portray slippage of meaning with seeming simplicity: slipping between the poles of body/mind, subjective/objective, nature/science and destabilizing the taken-for-granted relations of domination embedded in scientific language” (Rudge & Morse, 2001, p. 72). Parnas and Handest (2003) argue that “solipsism and existential enactments of anomalous self-experience” restrict the medical model’s conception of schizophrenia, since symptomatology and self-experience are usually separated. They claim that the symptoms of the illness and self-experience are closely intertwined; and this has “important implications for diagnostic and therapeutic practices” (Parnas & Handest, 2003, p. 132).

Parnas and Handest (2003) claim that even those researchers who explore the subjective experience of schizophrenia seldom recognize the mind/body interactions within the experience. In such structures, management of symptoms refers more specifically to management of the mind in separation from the body (Rudge & Morse, 2001). This echoes Merleau-Ponty's claim that empiricism has demystified the notion of sense experience by reducing it to the possession of a quality; as a particular patterning of units of sensation. He claims this move was accomplished by distancing sense experience from our *being-in-the-world*. In other words, this demystification has been achieved by separating sense perception from subjective experience. Such a move is evidenced in science's "unquestioning faith" in the notion that a 'truth-in-itself' is lodged in perception: that the linear causal reason underlying all impressions can be found. Thus, mainstream psychology has focused on an attempt to resolve the human condition into a sequence of causal relationships, thereby being reduced to a physical entity lacking in internal processes. The result is that the "emotional and practical attitudes of the living subject in relation to the world were incorporated into a psycho-physiological mechanism" (Merleau-Ponty, 1962, p. 54).

Another example of phenomenological resistance to mainstream conceptions of schizophrenia is Sass (1994) who develops a view that contrasts traditional psychiatric and psychoanalytic discourses concerning poor reality testing as central to the concept of psychosis and the associated change in the content of experience as primary in the manifestation of delusions. Following French philosopher Jean Paul Sartre, Sass argues that the delusional individual is in fact a 'morbid dreamer' who attempts to escape the anxieties of the human condition by focusing on the world of imagination, on the subjective qualities of the world. Similarly Parnas and Sass (2001a, 2003) resist the mainstream classification of schizophrenia in terms of positive, negative and disorganized symptoms. Questioning conventional interpretations of the positive-negative distinction they argue that positive symptoms do not "involve anything new but only an *awareness* of what is always present...in the context of diminished self-presence". Hallucinatory phenomena seem to represent normal experiential phenomena that have been experientially transformed due to

being lived in “the abnormal condition of hyperreflexive awareness and diminished self-affection” (Sass & Parnas, 2003, p. 433). They argue that hypereflexivity and diminished self-affection also provide a conceptual basis for understanding negative symptoms insofar as the resultant impact on ipseity prevents the schizophrenic from engaging with the world of others and objects in a manner that is grounded in an integrated sense of self.

Schizophrenia and self-experience

Several recent phenomenological researchers argue that the disorders of self-experience represent the experiential core of schizophrenia (Cermolacce, Naudin & Parnas, 2007; Lysaker, Johannesen & Lysaker, 2005; Parnas & Handest, 2003; Parnas & Sass; 2001a, 2001b, 2002, 2003; Parnas, Bovet & Zahavi, 2002; Nelson, Yung, Bechdolf & McGorry, 2008; Raballo, Saebye & Parnas, 2009; Rulf, 2003;). Many researchers have focused on the prodromal stages of schizophrenia, suggesting that the basic defects in self-experience are already subtly present in schizotypal or schizoid like personality traits (Parnas & Handest, 2003; Sass & Parnas, 2003). Parnas, Bovet and Zahavi (2002) state that recent phenomenological research on the self and schizophrenia has also emphasized the neurodevelopmental correlates of phenomenological descriptions of self-experience in schizophrenia. That this disturbed sense of self is not related to memory is evidenced by the observation that Alzheimer’s or amnesiac patients, despite global losses, retain an undisturbed sense of private I-ness (Rulf, 2003). This may relate to impaired self-monitoring insofar as the schizophrenic patient is unable to reflect on his/her self *as a subject*. This ability, according to Kircher and Leube (2003) characterizes patients with a variety of core symptoms of schizophrenia. In light of the diversity of these symptoms it is unlikely that a single self-concept or self-system is disturbed. Rather, it might be useful to think of specific sub-systems that underlie these different symptoms. These systems are connected to a “complex self-model” that is the result of an interaction of multiple systems that comprise the experience “to be a self” (Kircher & Leube, 2003, p. 659).

Recent authors (Lysaker & Lysaker, 2008; Rulf, 2003) have critically reviewed phenomenological literature on schizophrenia, and both articles conclude that a central theme is the disorder of self-experience. In a comparative study of various perspectives of self-experience and schizophrenia Lysaker and Lysaker (2008, p. 5) assert the following regarding the phenomenological perspective:

When set alongside other views, phenomenological analyses of schizophrenia distinguish themselves with their structural focus on the disorder's first-person dimensions. They not only observe anxiety, feelings of emptiness, and disordered psyches but also tie these phenomena to breakdowns in perceptual capacities, what many call "common sense." This is of particular interest because it suggests that for some phenomenologists, Sass excepted, sense of self is less a matter of introspection than a phenomenon that accompanies, perhaps even arises out of worldly engagements.

This echoes Rulf's (2003, p. 1) assertion that various phenomenological "investigations [of schizophrenia] converge in seeing as the cause of schizophrenia the disorders related to intersubjectivity and ipseity"; these being fundamental components of self-experience. A disturbance in ipseity correlates with the loss of the integral sense of self-reference and the immediate connection to the world of objects. The individual can no longer identify his/herself as a subject; which serves as the basis for self-experience, of embodied subjectivity. This does not imply that the reversal is true; that the self is experienced as object and the world is experienced as subject. This would be impossible since one would have to situate one's consciousness in the world of objects.

Rulf (2003) argues that the focus of phenomenology on the entire person develops insights that are circular since all points of exploration reveals a close relationship between various dimensions of self/world experience. She explains that a disturbance in ipseity is linked to the problem of intersubjectivity, which is linked to autism, which is itself an intersubjective defect. This means that the embodied sense of self that pre-reflectively accompanies experience, that structures experience, is closely linked to

intersubjectivity, or relationships, attachments, bonds, and so on. The literature, however, is not clear on what the precise nature of this relationship may be. The constructs borrowed from phenomenological-existential philosophy have been applied in a manner that allows very little room for a definitive differentiation between ‘the self’ and the relation with the other person.

While authors investigating schizophrenia from a phenomenological perspective seem to have developed some consensus regarding the central role of intentionality, ipseity and intersubjectivity, how the disruption of the sense of self in schizophrenia may be explained without becoming trapped in the circular logic of such arguments appears to be a significant challenge. Nevertheless, interpreting symptoms of schizophrenia as attempts at re-establishing a connection with the world of others and the self provide a conceptual framework in which seemingly bizarre thoughts and behaviour may be intelligible. This alternative interpretation of madness, Rulf argues, provides an opening up of possibility in understanding that allows room for “human options, inviting compassion and understanding instead of fear” (Rulf, 2003, p. 33).

Conclusion

The aim of the literature review was to outline important concepts related to schizophrenia, sense of self and phenomenology, as well as to provide contemporary phenomenological research on schizophrenia. The conception of schizophrenia has undergone significant changes during the last century, and the current trend is to view schizophrenia as primarily mediated by biological processes, and approached primarily in terms of symptomatology. However, phenomenological researchers in the field of schizophrenia argue that such an approach is far too narrow, and that research needs to broaden its scope to include the experiences of schizophrenics. The review indicates that contemporary phenomenological schizophrenia research identifies anomalies of self experience as central to the experience and manifestation of schizophrenia; and thus call for a return to conceptualizing schizophrenia in terms of a disturbance of consciousness. The phenomenological concepts used to describe the structures of consciousness and self-experience were also discussed in some

detail since these concepts are central to the phenomenological research under critical review. The literature review has also demonstrated that while contemporary reviews of phenomenology and schizophrenia are available (Rulf, 2003), as well as reviews of self-experience in schizophrenia (Lysaker & Lysaker, 2008), a review of self-experience in schizophrenia in phenomenological studies is required to clarify what this type of research reveals about self-experience in schizophrenia.

Research Methodology

The qualitative research paradigm stems from an interpretative alternative to positivistic and empiricist traditions; and views the social sciences as holistic in nature and idiographic (Fouché & Delpont, 2002). Qualitative research aims to understand social life and the meanings people attach to everyday life and can be defined as research:

that elicits participant accounts of meaning, experience or perceptions. It also produces descriptive data in the participant's own written or spoken words...the researcher is therefore concerned with understanding rather than explanation; naturalistic observation rather than controlled measurement; and the subjective exploration of reality from the perspective of an insider (Fouché & Delpont, 2002, p. 79).

Qualitative research has an inductive orientation and its research design is flexible and unique, and evolves throughout the research process (Whitely, 2002). The unit of analysis is holistic and open-ended (Whitely, 2002) and analysis focuses on the relationships that exist in a social setting (Fouché & Delpont, 2002). The researcher is an inseparable component of the research process, in which the researcher's experiences are considered valuable data (Whitely, 2002). Furthermore, since the aim is to construct social meanings based on interactive processes theory and data are fused. This creates a context in which the interpretation of the data is situationally and theoretically constrained and contained (Neuman, 2006).

Research design

A research review may be defined as a review that summarises "past research by attempting to draw overall conclusions from studies" thought to address a particular topic of interest (Cooper, 1989, p. 4). The aim of a review is to bring researchers concerned with the topic of interest up to date with what is known about the topic as well as providing new insights that enhance knowledge. These insights take several

forms, the most significant ones being the resolution of contradictory studies, identifying new ways to interpret research and outlining a path for future research (Galvan, 2006).

Fink (2005, p. 3) states that a research review is a “systematic, explicit, and reproducible method for identifying, evaluating, and synthesising the existing body...of work produced by researchers”; and can be partitioned into seven steps. (1) selecting a research question; (2) selecting article databases; (3) choosing search terms; (4) applying practical screening criteria; (5) applying methodological screening criteria; (6) doing the review; and (7) synthesising the results (Fink, 2005, p., 5). According to a paper concerning the scientific legitimacy of the research review, Cooper (1989, p., 1) conceptualises the research review as a “scientific inquiry involving five stages which parallel the stages of primary research”. These stages include: (1) problem formulation or research question; (2) data collection; (3) evaluation of data; (4) analysis and interpretation; and (5) dissemination of research review results.

The researcher followed an adapted version of the methodological steps as stipulated by Fink (2005) and Cooper (1989):

1. selecting a research question
2. data collection: this includes selecting article data bases and choosing search terms
3. evaluation of data: this includes applying practical and methodological screening criteria, which are be guided by inclusion and exclusion criteria
4. analysis and interpretation: this involves a critical deconstruction and synthesis of the research
5. dissemination of review conclusions: this involves the submission of the thesis.

Research Question

What would phenomenological literature reveal about self-experience in schizophrenia?

Data collection

According to Fink (2005, p. 17) review searches rely on five main sources; online public bibliographic databases (e.g. PsychInfo), private bibliographic databases (e.g. NexisLexis), specialized bibliographic databases (e.g. Cochrane databases of systematic reviews), manual searches of references in articles; and expert guidance. The research followed the five methods of data collection suggested by Cooper (1989), which parallels Fink's (2005) data collection for research reviews.

First, the “invisible college”, is a close group of professionals that are loosely tied to the research problem. Researchers from the University of Pretoria and other universities were consulted regarding research trends and useful data bases. Second, the ancestry approach was used in tracking citations in bibliographies of seemingly relevant articles so that the researcher developed a clear understanding of prior relevant research. Third, the descendency approach, which involves social science citation indexes, was used to identify researchers closely connected to self-experience in schizophrenia. Fourth, the researcher made use of abstracting services available in the library sciences department. Therefore, the researcher made extensive use of university librarians so that relevant studies were exhaustively indexed. Lastly, the researcher relied heavily on on-line computer searches on databases available via the university library (e.g. PsychInfo, Medline) and search engines available on the internet (e.g. Google Scholar). The following is the list of the databases and search engines used:

1. Google Scholar
2. PsychInfo
3. Medline
4. EBSCO Open Access Journals
5. ScienceDirect Freedom Collection
6. Academic Search Primer
7. Periodicals Archive Online

8. JSTOR Arts and Sciences IV Collection
9. Annual Reviews
10. Taylor and Francis Social Science and Humanities
11. Wiley Interscience
12. Sage Publications
13. Wiley-Blackwell
14. SpringerLink
15. Project Muse
16. Ingenta Connect
17. Health Source: Nursing/Academic Edition
18. Cambridge Journals Online
19. SA Publications

The research reviewed is in no way exhaustive since it is limited to English publications, and also depends on the availability of research and the resources at the researcher's disposal. However, the researcher is of the opinion that the review covers a large sample of the available English phenomenological literature on self-experience in schizophrenia.

Evaluation or delimitation of data

The practical screening criteria limited the review to:

1. English publications of journals between 1990 and 2008
2. Articles published in mental health journals, mainly psychological, psychiatric and nursing studies
3. Articles using phenomenological research methodology studying self-experience in schizophrenia
4. Only peer reviewed articles were included: unpublished theses, dissertations, reports or conference papers were excluded from the review.

Based on Fink's (2005, p. 139) and Galvan's (2006, p. 55 – 60) guidelines the following methodological screening criteria were used to evaluate the quality of the reviewed research:

1. Validity and reliability of research: the reviewer noted whether the research was conducted by an individual or team. A research team increases the validity of qualitative research, and if it is individually conducted research the report should explicitly outline the individual research process. When there was a research team it was observed whether the data analysis was initially conducted independently: the independent analysis of data supports the validity of the study insofar as the researchers are unable to influence one another's analysis. Also affecting the validity of research is whether outside sources were consulted; peer reviews and expert consultations add to the validity of the study since it adds multiple informed interpretations of the data.
2. Proof of a rigorous research design: the reviewer considered whether the method of qualitative analysis is described in sufficient detail, in a manner that explicitly outlines the type of research design.
3. Explicit sampling methods: the reviewer considered whether the researchers used a purposive sample or a sample of convenience. Galvan notes that studies using convenience sampling are rather undesirable and that the results of such studies should be interpreted cautiously. The reviewer also observed whether the demographics of the participants are provided so that the reviewer may judge the adequacy of the sample.
4. Description of tradition of inquiry and research perspectives: the reviewer considered whether the epistemological tradition of the research paradigm is described and linked to the research. This ensures that the researcher is well acquainted with the tradition he/she is working in, and that terms and concepts are used in a manner that is consistent with that tradition.

5. Explanation of methods of interpretation and analysis: the reviewer noted whether the research process has been explicitly described in sufficient detail. Also, the reviewer noted whether the participants were consulted on the interpretation of the data. Galvan refers to this process as member checking; and a description of this process assists the reviewer in establishing an idea of the reliability of the results.

Data analysis

Cooper (1989, p. 28) claims that research reviewers are under no obligation to apply “any standard analysis or interpretation” and therefore a high degree of subjectivity is involved in interpretation of research. According to Fink (2005) descriptive literature reviewers use their experience and knowledge to synthesize the research by assessing the differences and similarities in the purposes, methods and findings of research. In order to provide a systematic quality to the analysis the researcher followed Fink’s (2005) guidelines regarding the main descriptive categories of a review analysis. The research literature was compared according to the following descriptive categories: (1) purpose of the research; (2) methods; (3) findings; and (4) conclusions/discussion. The data gathered from categories (3) and (4) were organized according to the following descriptive themes: ipseity and intentionality, embodiment, temporality, intersubjectivity and autism. The data gathered from categories (1) and (2) are explored in the critical discussion.

Soundness of research

Lincoln and Guba (De Vos, 2002, p. 351) propose four constructs that “stand as criteria against which the trustworthiness of the [research] can be evaluated”.

Credibility concerns whether the description was accurately identified and described by the researcher (De Vos, 2002). This was ensured by presenting outside researchers and professionals with the data so that their interpretations may be compared to the original researcher’s interpretations. Furthermore, credibility was

enhanced by embedding the data in the phenomenological tradition, thereby applying theoretical parameters to the research (De Vos, 2002).

To ensure the *transferability* of the findings to other settings, the researcher referred back to the original theoretical framework – phenomenology - to illustrate how data collection and analysis was guided by the standards of a systematic literature review (De Vos, 2002).

By providing a detailed and comprehensive description of the research methodology the researcher aims to augment the *dependability* of the findings (De Vos, 2002). Moreover, dependability was enhanced by the participation of an external evaluator. The researcher and an external researcher analyzed the literature independently and the findings were integrated into a final report.

Confirmability concerns “whether the findings of the study could be confirmed by another” (De Vos, 2002, p. 352) and overlaps with the dependability of the findings. This consideration was attended to during the integration of the independent analyses of the data. Since the interpretation of the data is intimately related to certain inherent characteristics of the researcher; the external evaluation of the interpretation of the research enabled the researcher to identify her personal characteristics that permeate the interpretation. This allowed the researcher to acknowledge that she is an inseparable component of the research process who imbues the interpretation of the data with a personal perspective.

The research process

The aim of this section is to provide a personal account of the research process so that the reader may get a richer perspective of the personal qualities and interpretations that have influenced the overall process: thus also enhancing the soundness of the research. Throughout the process I realized that a beneficial review would consist of drawing themes from the research in a manner similar to what one would do when developing descriptive themes in phenomenological research. One of

the most important things that I realized was that my understanding of the phenomenological method as well as the philosophical thought underlying the method had an enormous impact on how I interpreted the articles under review, and consequently how I drew specific themes from the data. The research, then, did not follow a linear process, for example writing each chapter separately and distinctly from other chapters, since each section of the dissertation impacted and significantly influenced other sections. Therefore, there was dialectic, discursive movement between the theoretical underpinnings of schizophrenia and phenomenology, and the themes that emerged from the research. During the research process it became clear to me that in order to understand the reviewed literature having significant knowledge of the philosophical and psychological history of phenomenology and schizophrenia was essential. Therefore, an important part of the process was gathering vast amounts of literature for my understanding of the themes covered in the reviewed research. For example, I could not adequately reflect on the meaning of ipseity in schizophrenia research without first of all understanding what ipseity is, which is not evident in the actual research, and the types of schizophrenic processes the researchers linked ipseity to. It also became clear that my literature review would have to include my understanding of the relevant concepts in our general understanding of schizophrenia and phenomenology so that the reader may have a richer context according to which she/he could interpret the soundness of the themes.

Initially, based on my limited comprehension of phenomenological literature, the distinct themes that I believed emerged from the data included ipseity, intentionality, temporality and embodiment. As my understanding of phenomenology became more refined it became clear that ipseity and intentionality are concepts that are so closely intertwined that to present them as two separate themes would detract from the important interaction between these two structures of experience. Thus, this theme became less about what could be said about the static content of ipseity and intentionality, but that research indicates that schizophrenics share very particular experiences concerning the relationship between consciousness and identity.

Furthermore, I included temporality and embodiment under ipseity and intentionality as sub-themes due to the considerable theoretical overlap, that ipseity and intentionality are co-structured by our sense of embodiment and temporality, and so cannot be reported as distinct themes. This theoretical overlap is also evident in the research reviewed; it is just that different researchers have focused on different aspects of these structures of experience. This is important since I was weary of imposing my understanding of the phenomenological structures of experience onto the research and manipulating the findings to suite my understanding of schizophrenia. Obviously, it would be impossible, and not advisable, to completely divorce my understanding of these structures of experience from how I thematically interpreted them from the research; but the themes should still accurately reflect the type of research being conducted, as well as the meaning the researchers attribute to these themes.

My understanding of the research and the resultant themes was also significantly influenced by all the literature on schizophrenia that was consulted. This is because the type of research reviewed has strong roots in the initial developments in psychiatry and schizophrenia research. Many researchers evoke the conceptualizations of schizophrenia from the pioneers in schizophrenia research, which are also tied to the phenomenological tradition. The concept of autism became an increasingly significant theme as more and more research was reviewed; however, in order to understand the actual significance of autism, and how it relates to phenomenological literature, it was important to consult these older texts on schizophrenia. The point is that the themes derived cannot be divorced from the rich philosophical and psychological concepts in which the type of phenomenological research reviewed is embedded; and so the literature review progressed parallel to the data analysis.

Research that did not base the phenomenological method used strictly on the philosophical guidelines outlined initially by Husserl was excluded from the review. The reason for this is that the phenomenological method is interpreted in varying ways by different researchers, and many do not use the phenomenological structures of

consciousness in the interpretation of data. I decided to use research that has a strong philosophical base and research that used phenomenological concepts in their findings and discussion since this limited the parameters of the research; and because I think that this type of research best reflects basic phenomenological principles. This made it easier to derive themes from the data that are consistent with phenomenological concepts in which the research is embedded. Therefore, I focused exclusively on research that used phenomenological research methods and used phenomenology as a theory.

Regarding the discussion the practical and theoretical implications of the themes and the consistency of the internal logic of phenomenological views of the self in schizophrenia became salient. This is because it was not a question of what researchers are saying about schizophrenia, but how this data is presented; and how psychology will be able to benefit from this sort of research in a manner that adds value to the practice of psychotherapy. Consequently, I have added a section that explores the role of psychology in relation to the insane, specifically those with schizophrenia, and how this type of reviewed literature may be used to help practitioners establish some sort of dialogue between the sane and insane, or therapist and patient.

Themes

Introduction

A total of 22 articles were reviewed, the authors consisting primarily of psychiatrists well versed in phenomenological philosophy and keen to meaningfully combine the two fields. Of the research reviewed Parnas, Handest and Sass appear to be the principal researchers in terms of the amount of articles published but also the in-depth philosophical context they provide. Davidson also stands out since he focuses on important methodological and philosophical concerns specific to phenomenological studies of schizophrenia. The majority of the literature identifies disturbances in the experience of ipseity as central to the anomalies of self-experience in schizophrenia. The researchers, however, have focused on varying aspects of ipseity and intentionality. Some have focused primarily and directly on ipseity and intentionality (Parnas & Handest, 2003; Sass & Parnas, 2001a, 2001b, 2003; Parnas, Jansson, Sass & Handest; 1998). Sass and Parnas (2001a, 2001b, and 2003) attribute this disturbance in ipseity to disturbances of self-affection and hyper-reflexivity. Other authors (Cermolacce, Naudin & Parnas, 2007; Davidson, 2002) argue that awareness and sense of self in schizophrenia are dominated by passive components of subjective experience. Various authors have investigated ipseity and self experience in schizophrenia from particular perspectives – embodiment (Rudge & Morse, 2001), temporality (Fushs, 2007; Pringuey, Kohl, Schwartz & Wiggins, 2003) and intersubjectivity (Rojcewicz & Rojcewicz, 1997; Sass, 1994) – and are sub-themes under ipseity and intentionality.

Embodiment relates to ipseity and self-experience insofar as the body is central to any experience, specifically self-experience. The corporeal body encloses consciousness in a singular, separate self. Temporality refers to the temporal quality of our existence, of lived time. It is linked to ipseity since the moments in which we experience ourselves are organized into a meaningful memory according to which we narrate a history of the self. In order for a self to develop as a separate identity from the world of

others, intersubjective bonds are required. This concerns ipseity in that it relates to the areas of mine and not mine. Part of basic ipseity is the capacity to distinguish between subject and object, to pre-reflectively understand the boundary between one's self and objects in the world. To establish oneself as a separate identity, one must engage with other identities. Our intentional stance towards objects is significantly different from our intentional stance towards others. Others are not merely objects, specifically objects of knowledge; they are entities with which we intend to engage and interact. Thus, intersubjectivity is central to the development of identity and sense of self.

Some authors (Bovet & Parnas, 1993; Parnas & Bovet, 1991; Parnas, Bovet & Zahavi, 2002; Parnas & Sass, 2003) attempt to use autism as a conceptual adhesive unifying these various aspects of sense of self in a solid theoretical relationship. The authors argue that autism, or 'natural self-evidence' consists of ipseity, a sense of being embedded in the world and a sense of attunement with others. The loss of 'natural self-evidence' is characterized by a loss of meaning in which the schizophrenic experiences disturbances in ipseity, situatedness and intersubjectivity. Due to the extensive amount of research on autism, and researchers' attempts to reconcile conceptual issues using autism it is not a sub-section under ipseity even though there is considerable overlap between these concepts.

Ipeity and intentionality

A pilot study conducted in 1998 by phenomenological psychiatrists Parnas, Jansson, Sass and Handest examined the experience of the prodromal stages of schizophrenia in terms of the alterations of self-experience. They found anomalous patterns of self-experience among a significant number of participants, including diminished sense of self-presence and *ipseity*, observing that the majority of participants reported that they feel cut-off from others and that they do not feel present or engaged. The authors concluded that most participants ultimately experienced a loss of distinctiveness regarding the sense of 'I' and Other, which significantly impacts all features of self-experience (Parnas & Handest, 2003). In a more recent study Parnas and Handest (2003), based on various clinical case studies, conclude that during the prodromal

stages of schizophrenia, the pathology is manifested primarily as a disorder of consciousness, characterized by profound alterations of self-experience.

The above-mentioned authors identified a number of early stage experiential phenomena among 17 schizophrenic participants: sense of altered presence, sense of altered corporeality, altered stream of consciousness and altered ability to discriminate between the self and not-self. They propose that the common denominator in the manifestation of these symptoms is a disturbance of the sense of self. Irregularities of experience so far described, involving subjectivization of the world and instability of the self shatters the experiential equilibrium normally characteristic of our “basic relation” to the world. They argue that one of the most prominent features of altered consciousness in the pre-onset stages of schizophrenia is disturbed *ipseity*, a disturbance in which the sense of the self “no longer saturates the experience”. Unstable *ipseity* and the resultant lack of common sense create a vacuum at the very core of one’s subjectivity. This vacuum deprives the schizophrenic of reliable dispositional attitudes that usually permeate cognition and emotion with a sense of typicality and recognizable direction. The authors suggest that these disturbances seem to constitute a foundation for the more explicit and articulated anomalies of self experience in schizophrenia (Parnas & Handest, 2003, p. 130).

Parnas and Sass (2001a) note that disturbances of presence or intentionality are the earliest type of prodromal symptom in schizophrenia. They explain that the most outstanding aspect of this disturbance is an “unstable sense of groundedness, fullness or the reality of the self and a frequent, intimately correlated feeling of alienation from the world” (Sass & Parnas, 2001a, p. 105). They observed that schizophrenics often complain that some essential part of their self constitution has been altered, which usually cannot be identified by the patient; and that this alteration has a profound affect on the schizophrenic.

Sass and Parnas (2001a; 2001b; 2003, p. 427) argue that schizophrenia is “fundamentally a self-disorder or ipseity disturbance...characterized by...distortions of

the act of awareness”, which include disturbances involving hyperreflexivity and self-affectation. Hyperreflexivity refers to exaggerated forms of self-consciousness in which a subject experiences an innate feature of self-experience as some sort of external object, and is related to the schizophrenic tendency to withdraw from a consensual world of human emotions. Sass and Parnas (2003) argue that hyperawareness or hyperreflexivity precludes spontaneity, and may interfere with the basic sense of vitality since consciousness is invaded with experiences that would normally occur in the periphery of consciousness. The second aspect, according to Sass and Parnas (2003), involved in distortions of awareness prominent in schizophrenia is self-affectation. Normal self-affectation is a “condition for the experience of appetite, vital energy and point of orientation: it is what grounds human motivation and what organizes our experiential world...thereby giving objects their ‘affordances’” (Sass & Parnas, 2003, p. 436). Diminished self-affectation or auto-affectation would then involve the weakening of the “sense of basic self-presence, the implicit sense of existing as a vital and self-possessed subject of awareness” (Sass & Parnas, 2003, p. 428).

Parnas and Sass (2003) note that patients often report “increasing hyperreflexive objectivication of the introspective experience”; and the authors argue that this is consistent with cognitive abnormalities characteristic of disorganized symptoms. They claim that excessive self-awareness characterizes the attentional disturbances that seem to prevent the schizophrenic from remaining anchored in a specific frame of reference or orientation. This hyperreflexivity and loss of basic orientation typical of formal thought disorder result from a diminishment of basic affective concerns, which, being constituted in self-affectation, normally provide meaningful orientation in everyday life (Sass & Parnas, 2003). The absence of self-affectation and exaggerated self-consciousness alter the structure of thought and perception in a manner that does not allow for the usual differentiation of internal and external objects of awareness. In other words, the basic structure of ipseity is radically transformed. The authors argue that progressive presentation of schizophrenic symptoms should be understood in terms of structural transformations in ipseity and the resultant effect this has on basic awareness and vitality (Sass & Parnas, 2003). In schizophrenia mental content

becomes “quasi-autonomous, bereft of its natural dimension of mineness...Thoughts are felt as...ego-less, decentered from the Self”. This diminishment in ipseity denies the experience its lived context, which may invite, or have been invited by, a hyper-reflexive withdrawal into consciousness. This is associated with an unusual splitting or doubling of the self, in which the self is split into the observed and the observing ego; neither possessing the sense of ipseity (Parnas & Sass, 2001a, p. 108).

Using Wittgenstein’s work Sass (1994, p. 70) argues that this withdrawal into consciousness can be explained by the schizophrenic’s engaging in a “solipsistic mode of experience”. This solipsism refers to a felt subjectivization of the lived world that is associated with a passive withdrawal into consciousness (Sass, 1994). This withdrawal invokes instability in ipseity since the schizophrenic’s tendency toward hyperconsciousness and passivity disturbs the non-reflective, immediate sense of self. Parnas and Sass (2001a) argue that solipsism may be motivated by the profound alterations in self-experience notable in the early stages of schizophrenia, a paradoxical reaction to the disintegrating sense of self, involving increasing subjectivication of the world, which feeds into the dissolution of the self.

Larry Davidson (2002) investigates the relationship between the active and passive components of subjective experience in schizophrenia in relation to Husserl’s account of intentional analysis. He explores the organization of sense of self in two people diagnosed with schizophrenia who experience delusions of control. Following Husserl, Davidson (2002, p. 43) explains that the comportment of subjective experience – an aspect of intentionality – consists of active and passive constituents: and that consciousness is “not only a process of active willing, it also is a process of finding oneself attracted to certain options...of being moved in certain directions without having made a conscious choice”. It is through these active and receptive processes that an individual is able to develop a sense of self; since one reflects on prior experiences and receives the meanings of those experiences. Davidson states that these two individuals experienced alteration in their sense of self to the extent that their actions, and the consequences of those actions, somehow became attributed to

an external force. He concludes that their sense of self is “dominated by passivity and...impoverished with respect to more active and volitional aspects” of subjective experience (Davidson, 2002, p. 46).

Davidson argues that the impact that cognitive disruptions and hallucinations have on the direct awareness and attention of schizophrenics encumbers the development and/or maintenance of the basic sense of self: namely, the integration of passivity and activity in experience. This “loss of a stable sense of self at [a] foundational level” prevents the schizophrenic from engaging in more sophisticated active experience. Davidson bases this conclusion on clinical experience with schizophrenics who displayed cognitive dysfunction prior to the loss of the stable sense of self (Davidson & McGlashen, 1997). Furthermore, Davidson (2002, p. 52) evokes Strauss to explain this phenomenon: delusions of control can be understood as representing the schizophrenic’s active attempts to “come to terms with his/her altered sense of self, with the sense that his/her experiences do *not* seem to stem from his/her own subjectivity, that s/he *does* feel controlled by external forces”. Davidson briefly adds in his discussion that the epidemiology of schizophrenia may be influenced by cultural, historical and political factors: and capitalistic, Western societies that value self-sufficiency, materialism and individualism may contribute to the manifestation of schizophrenia.

In an investigation of psychopathological self-experience in schizophrenia phenomenological psychiatrists Cermolacce et al., (2007, p. 710) argue that auditory hallucinations suggest a distance between the meaning of the hallucinations and the intentional movement that generates them. The authors speak of “hallucinatory passivity”, which refers to the fact that hallucinations present themselves in a ‘reduced givenness’ in which the schizophrenic is passively bombarded with the (usually) oppressive meaning without an intuitive sense of his/her intentional link to the hallucination. This “subjective mode of givenness to the world” relates to the schizophrenic’s excessive propensity to objectify his/her own thoughts and actions through a form of exaggerated self-consciousness and hyperreflexivity. While these

processes are normal features associated with imagination and reflection, the schizophrenic's processes are marked by a form of solipsism in which the subjectivication of lived experience is never called into question.

Embodiment

A disturbance in ipseity in the form of a disconnection of the subject from its world of objects is intimately related to the experiential state of disembodiment. If I have lost my integral sense of self-reference it is because I can no longer immediately perceive the world of objects, and therefore can no longer identify myself as a subject; which serves as the basis for my experience of embodiment. This implies that disturbed ipseity reflects a disturbance in the experience of one's self as subject and one's world as object.

Research has indicated that in the incipient stages of schizophrenia there are a variety of experiential bodily dissociations, with a prominent propensity to experience the body principally as an object of experience, as opposed to the means of experience (Parnas & Handest, 2003; Parnas & Sass, 2001a). Parnas and Sass (2001a) note various corporeal disturbances in the prodromal and active phases of schizophrenia. In some cases there is a loss of bodily coherence, the experience a feeling of morphological change, motor blocks (sudden inability to act out intended actions) and deautomatization of motor action (sudden need to be consciously aware of usually habitual performances). Schizophrenic conditions are presented in research and clinical observation as though the mind can be separated from the body (McCann & Clark, 2004); and schizophrenics demonstrate an increasing experiential distance between subjectivity and corporeality (disembodiment). Rudge and Morse (2001) conducted a discourse analytic study of recovering schizophrenics, focusing on the experience of recovery. The two participants reported that the experience of schizophrenia occurs across the body and the mind, "in a field of practices of schizophrenia played out in their bodies as much as in their minds" (Rudge & Morse, 2001, p. 70).

In schizophrenia disembodiment manifests itself as a “phenomenological distance” within perception and action, specifically in relation to the self (Parnas & Handest, 2003, p. 125). Perception is not lived but is more like a mechanical, receptive, sensory process unaccompanied by its usual affective feeling-tone (Parnas & Handest, 2003). This phenomenological distance relates to the distorted intentional aspect of consciousness and is described by Parnas & Handest (2003, p. 124) as “a lack of immersion in the world, a lack of presence or a sense of imposed detachment from the world”. Such an imposed detachment was manifested in the experience of the “heaviness and emptiness of time as well as being in and out of place” by the participants in the Rudge and Morse study (2001, p. 71). Aldridge and Stevenson (McCann & Clark, 2004), for example, portray a person with schizophrenia whose delusions featured a belief that her body had become severely distorted, as not having a ‘real’ connection with the world. For other sufferers the condition may present as though the body is acting of its own accord and not under conscious control (McCann & Clark, 2004).

Naudin and Azorin (1997) argue that the human quality of voices in hallucinations indicates a disturbance in the intentional relationship with the other. This relationship is defective insofar as the human voices present a pseudo-encounter with the disembodied other, an immanent encounter in which there is no distinction between the self and other, a difference that is usually mediated by the body. They conclude that the authentic intersubjective encounter is essentially inter-corporeal; it is the concrete frame that allows us to interact and bond with the other, who transcends our enclosed subjectivity. Rulf (2003) notes that several researchers (Kimura, 1982; Naudin & Azorin, 1999; Parnas & Handest, 2003) argue that the experiences of schizophrenic’s suggest “a disturbance in the belonging of the self to its bodily being”, and the attempt at re-appropriating the self organizes the schizophrenic’s defective intentional stance. Thus, attempts to establish a firm relationship with the sense of self and the body structures the schizophrenic’s intentional stance to the world; and since this attempt is usually fraught with ambivalence, so is the intentional stance.

Temporality

Phenomenological psychiatrists Pringuey et al., (2003, p. 1) suggest that schizophrenia presents a special form of human temporality in which the individual attempts to re-constitute his/her disturbed sense of self in the ever elusive 'now' and that the symptoms of schizophrenia should be viewed as attempts at this existential stabilization. They describe the expression of the disorder as a sort of "existential impatience" dominated by the impossibility of concretely grasping the present, a moment which, they argue, always dynamically constitutes the individual. Although the schizophrenic displays the two constitutive, continuous moments of being a self – coming to oneself (difference of identity) and the maintenance of being a self (identity of difference) – the schizophrenic, having no solid sense of self, does not display the normal temporal movement between the two.

The authors use Kimura's notions of 'Ante-Festum' (before the festive) and 'Post-Festum' (after the festive) – which describe two opposing ways of situating oneself in existence - to illustrate the schizophrenics need to establish his existence (Rulf, 2003). According to Kimura the schizophrenic inhabits a world conducted by possible miracles or imminent disaster; and the temporal structure is governed by the anticipation of the future with a menacing apprehension (Ante-Festum) of events. The Post-Festum time consciousness is characterized by an afflicted sense of irreparable loss of the past, which one finds with depressives and paranoids. The foreboding associated with the Ante-Festum is manifested in an inability to wait, and eagerness to escape the past: the experience of the anguish preceding separation, which the schizophrenic ambivalently wants to achieve and avoid. The schizophrenic denial of continuity with the past, and inability to positively anticipate the future leaves the individual with an un-constituted sense of subjectivity. Kimura argues that the Ante-Festum structure of temporality is a manifestation of the disturbance in ipseity, or becoming a self; that without a grounding sense of self the individual is unable to move dialectically between past and future in a way the constitutes the subjective present (Rulf, 2003).

Pringuey *et al.* (2003) argue that in schizophrenia existence itself is impatient and dominated by the foreboding before an unknown future; it is both a constant fear of being unable to come to oneself and an anxious attempt to reach this uncertain future. Projection toward the future and a connection to the past are fundamental components of temporality; which is structured by a sense of self that integrates the countless moments of our existence. Having a disturbed sense of subjectivity the schizophrenic is unable to move dialectically between the co-constituting moments of identity and difference, of unifying the disparate nature of existence.

In an attempt to establish a link between the subjective experiences of schizophrenia and research on single mental dysfunctions Fushs (2007) provides a comparison between neuropsychological research and phenomenological analyses of the temporal structure of the disorder. He argues that the concepts of working memory, attention and executive control implicitly refer to the temporal structure of consciousness explicated by Husserl, which consists of retentive, presentational and protentive functions, which integrate disparate moments into an 'intentional arc'; allowing us to direct ourselves toward the world meaningfully. He stipulates that disturbance of sense of self experienced by schizophrenics may be caused by a suspension and weakening of the intentional arc. Consequently, the loss of operative intentionality compromises the integrating capacity of the self, which, in turn, destabilizes the integrating functions of the self, and, without the grounding of an intentional temporal structure, the schizophrenic experiences profound disturbances in sense of self.

Intersubjectivity

To illustrate the schizophrenic's – for a lack of a better term - intersubjective style and tendency to withdraw from intersubjective space Sass (1994, p. 91) provides an analysis of the delusional content in Freud's Schreber case. Sass notes that a distinctive feature of Schreber's experience is that he fails to accept the 'common world', and substitutes this shared world with a solipsistic or autistic faith in his own immediate experiences; thus experiencing is experienced in passive, detached

isolation. By removing this ‘common world’ of experience, the schizophrenic is essentially removed from the “flesh-and-blood world of shared action and risk”; and so the objective, tactile quality usually experienced in relation to objects and other people are experienced as purely subjective phenomena. This, however, does not lead to a narrow experience of the world as purely subjective but rather that the schizophrenic experiences in two realms that differ significantly in terms of their ontological status. One is experienced as objective and would correlate with what we would consider normal experience and the other is the solipsistic experience described above. This objective world is experienced somewhat differently to what we would typically characterize as normal insofar as it is a universalized objective experience. For example, thought broadcasting is a perceived universalization of the schizophrenic’s consciousness, but the schizophrenic is still able to retain a secretive world that is completely detached from others.

In an attempt to understand why schizophrenic hallucinations typically take the form of human voices Stephen Rojcewicz and Richard Rojcewicz (1997) use Merleau-Ponty’s view of intentionality to provide a conceptual framework for understanding hallucinations. They argue that the deficit that promotes the manifestation of hallucinations is essentially a disturbed relation between a subject and his/her world. The schizophrenic’s withdrawal from a consensual human world can be apprehended as a “slackening” of our tendency to act intentionally. Hallucinations are then attempts at compensating for the impoverished being-in-the-world experienced by schizophrenics (Rojcewicz & Rojcewicz, 1997, p. 1).

The authors use Rojcewicz and Lutgens’ philosophical thesis of genetic phenomenology, which suggests a motivational relationship between the body and the soul, to conceptualize and explain this intentional slackening. Rojcewicz and Rojcewicz explain that perception involves a two-tiered *intentional arc*: it requires a solicitation of objects to be perceived and the “free assent” of the perceiver to perceive. They claim that this assent is lacking in schizophrenia and it seems to be specifically linked to solicitation offered in interpersonal relationships. They explain

that this slackening is proceeded by an emotional withdrawal from the world of human relationships, which is accompanied by “intense anxiety and confusion, as consensual validation from a shared world becomes more and more remote”. Thus, hallucinations, and possibly other symptoms of schizophrenia, could compensate for the slackening in intentionality, for the “inability to assent” to a world that lacks substance. This compensation is partially achieved by connecting the individual to the “impoverished world of voices”; and it is that world that substitutes the world of human relationships (Rojcewicz & Rojcewicz, 1997, p. 27).

To illustrate the particular importance of human voices the authors use Freud’s analysis of the Schreber case. Freud argues that early stages of repression involve a detachment of libido from their emotional world; but during the final stage hallucinations and delusions serve to return libido into the world of emotions in a distorted and fragmented form, a development which Freud referred to as “the return of the repressed”. Furthermore, the early development of self is inextricably linked to hearing and the development of language. Therefore, human voices in hallucinations may serve not only to re-establish a connection with the intersubjective world; but also to establish a less fragmented sense of self within this now unfamiliar human world (Rojcewicz & Rojcewicz, 1997).

Pringuey *et al.* (2003) argue that the existential impatience experienced by schizophrenics reflects persistent and excessive attempts at achieving individuation. They explain that individuation is the endless, dynamic process of self development in which the self is established in relation to the other. Reviewing an article by Pringuey on the same topic published in 1997, Rulf (2003) explains that the schizophrenic ambivalence toward individuation – the self is always trying to define itself in relation to the other, while that other is perceived as threatening and insidious – manifests as a disorder of interpersonal contact. Pringuey views the self as a dialectical movement between the self and the other; thus any disorder in the sense of self always implies a disturbance in the relation with the other – a breakdown in the dynamic intersubjective process.

Autism

Bleuler's concept 'autism' has received increasing attention in recent literature, using the concept to highlight the fragile relationship between intentionality, intersubjectivity and ipseity in the schizophrenic patient (Parnas, Bovet & Zahavi, 2002). Various authors consider autism a personality trait that predisposes individuals to developing schizophrenia and is central to schizoid and schizotypal phenomena (Bovet & Parnas, 1993; Parnas & Handest, 2003; Parnas & Bovet, 1991; Parnas, Bovet & Zahavi, 2002; Parnas & Sass, 2003).

In an article exploring schizophrenic autism phenomenological psychiatrists Parnas et al., (2002) assert that various dimensions of subjectivity appear to be impacted by autism; disturbances in intentionality, the realm of self and intersubjectivity. This is because disturbance in natural self-evidence is "constituted by three intertwining moments...a pre-reflective sense of self (ipseity), a pre-reflective embeddedness in the world, and a pre-reflective attunement with others". Parnas *et al* (2002) assert that such a disturbance is related to a "loss of meaning" characteristic of autism; and this loss of meaning appears to be intimately associated with intense hyperreflexivity. Furthermore, they suggest that this tendency may be understood as an impoverished attempt at restoring the basic sense of self-presence that usually permeates experience. Parnas and Sass (2002, p. 108) also consider the possible compensatory nature of hyperreflexivity, arguing that it may serve as an attempt to recover from perpetual perplexity and restore the "loss of self-evidence".

Phenomenological psychiatrists Bovet and Parnas (1993, p. 571) provide a detailed exposition of delusion formation in schizophrenia, linking it to what they call the autistic predisposition, an "elementary phenotypic expression of the vulnerability to schizophrenia". The authors stress that autism should not be understood as a symptom of the disease process but rather as a phenomenon that is identifiable in intersubjective space, in which the individual's expressive-perceptual adjustment to the world is defective. This autistic defect manifests three related phenomenon: a defective attunement to the world, fragile intersubjective bonds and obscurities in self-

temporalization. The schizophrenic subject, unframed by intersubjective bonds, is unable to look within him/herself as a guide to the temporal flow of his existence. They argue that when an individual with such a vulnerability finds him/herself in a situation that threatens his/her autonomy, he/she may react by reshaping the context of his/her being-in-the-world. This modification, they assert, is accomplished by a “delusional reshaping of experience or by temporary, senseless ‘alloplastic’ behaviour”. In other words, either the individual reinterprets his/her entire existence or breaks away from any common sense relationship with the outer world (psychosis) (Bovet & Parnas, 1993, p. 585). Similarly, in a more recent article, Parnas and Sass (2001a) propose that delusions form as a result of pre-existing, autistic anomalies of self-experience or schizotypal experiences, which they illustrate using clinical vignettes. Critiquing cognitive approaches to the development of delusions, the authors argue that schizophrenic psychosis indicates a reorganization of existential orientation, or a reshaping of being-in-the-world, which transforms consciousness on a global scale.

Bovet and Parnas (1993) argue that delusions in schizophrenia are a means of expressing the experience of the dissolution of the self and thus propose that it is a secondary manifestation of the fragmentation of the self, which is viewed as central to the psychopathology of schizophrenia. Following Maturana and Varela they claim that the sense of self as a founding instance can only appear “in the context of intersubjectivity and historicity”: and the autistic impairment evident in schizophrenia is related to a defect in the co-constitution of the self and the interpersonal world (Bovet & Parnas, 1993, p. 593). It is within the breakdown of the framing provided by the relationship between self, world and other that schizophrenic delusions begin to develop; which involves a disinhibition of intentional attribution (the intentions we attribute to outer world). In the initial phases of delusion formation the disinhibited attribution relates to the schizophrenic’s defective self-temporalization insofar as he/she looks to the world for indications of personal future events. The individual’s being-in-the-world is reinterpreted in terms of some common, ontological quality in the world. This means that the meaning an individual would normally derive from ontic (Greek: *onta*, meaning real being) attunement to the world is replaced by an

ontological (referring to universal possibilities) relationship with the world in which the schizophrenic interprets minor events as having universal significance of which he/she is the centre. Thus, without the grounding framework of intersubjectivity in which the integrity of the self is maintained the individual has no recourse to the lived world – which is framed by corporeality and temporality – and reverts to the whole abstract world, of which he/she is obviously the centre, in order to derive some meaning in his/her existence (Bovet & Parnas, 1993). Cermolacce, Naudin and Parnas (2007) interpret the immanent expression of subjective experience in schizophrenia as an attempt to compensate for his/her “loss of natural evidence”.

In order to better understand the phenomenon of autism Parnas and Sass (2003) evoke Blankenburg’s notion of self-evidence; particularly how the schizophrenic seems to have lost the usual common-sense orientation to reality. Blankenburg understood this loss of natural self-evidence as the essence of autism in schizophrenia and therefore related to the tendency toward social withdrawal, slowing and inactivity. Phenomenological researchers Naudin, Mishara, Wiggins and Schwartz (1999) explore the relationship between common sense, autism and the self using Blankenburg’s idea of self-evidence as a framework. They argue that common sense is constituted by temporal experience of the self, which is dependent on personal identity and social ties: thus, common sense, the sense of self and intersubjectivity are interdependent processes that cannot be practically separated, although we do so for theoretical purposes. The authors conclude that the disturbance in the relationship between self, other and world relates to a metacognitive impairment in which the schizophrenic is unable to read the intentions and motivations of others. According to Rulf (2003) this supports Parnas and Bovet’s (1991) notion that autism, as a basic relational deficiency prior to psychotic break, plays a primary role in the lived experience of those suffering from schizophrenia. In Kimura’s view the onset of psychosis is often related to relational difficulties with close others since it is central to the continuous development of sense of self. This notion is supported by findings that indicate the most commonly noted premorbid characteristics of schizophrenia, are

disturbances of the determination of “I” as myself (ipseity) and a breakdown in intersubjective bonds (Rulf, 2003).

Conclusion

Based on the research it is clear that there is a reciprocal, dialectic movement between sense of self, ipseity and intentionality, embodiment, temporality, intersubjectivity and autism. Autism has been presented as a separate category due to the historical origins of the concepts and the vast amount of schizophrenia literature focused on autism. However, it must be remembered that autism is closely intertwined with the phenomenological structures of consciousness and sense of self as it is presented in the reviewed research. In fact, the themes are presented in separate descriptions for the sake of conceptual clarity. However, practically and theoretically all these structures are equally present in the same moments in experience. It appears, though, that no one concept may be afforded conceptual primacy at this point. The only concepts available to mediate between these constructs in schizophrenia research are consciousness and sense of self. These concepts are very broad and only serve to highlight the fact that the only unifying notion is the relationship and reciprocal impact between these structures of consciousness and experience.

While the varying aims of the different researchers reviewed all serve to complement one another, it is not clear how the relationship between these structures of experience is envisioned. The aim of the next section, the critical discussion, aims to explore this conceptual difficulty in detail; and proposes an alternative conceptualization of this relationship in schizophrenia.

Critical Discussion

Introduction

The purpose of the critical discussion is to explore the conceptual difficulties identified in the reviewed research. It is argued that by adopting the views of other phenomenological thinkers, such as Levinas or Bergson, researchers may establish some conceptual clarity on the relationship between sense of self and the structures of consciousness and experience. This requires a re-conceptualization of the 'self' in psychopathology, specifically schizophrenia research. The philosophy of Emmanuel Levinas was utilized to demonstrate the possibility of an alternative interpretation and conceptualization of this relationship and of the self. While this is not offered as a strict interpretation it does illustrate the various interpretative possibilities in this type of research. The critical discussion also considers methodological questions concerning the difficulty applying ontological concepts to concrete life situations. Therefore, the focus is on the applicability of central phenomenological constructs to empirical science.

The discussion concludes with a consideration of the broader implications of this type of research for the practice of psychotherapy. It is argued that phenomenological research beneficial is to repairing patient-practitioner dialogue and to the methodological difficulties faced in psychotherapy research. Furthermore, phenomenology complements both the qualitative nature of psychotherapy and the values of empirical science and so should be considered a possible conceptual framework for the field of psychotherapy.

Critical conceptual considerations

The themes explored by the above researchers are not new to the field of psychiatry and psychology, and date back to the beginnings of the respective fields. Initially schizophrenia was understood to be a disorder of consciousness, which manifests a

disturbance in relating to the world and others. It appears that within the broadening intellectual landscape molded by postmodern and deconstructionist critique of the Enlightenment tradition researchers are able to explore aspects of schizophrenia that were previously prohibited from the strictly empiricist scientific community. This means that there is consistent phenomenological research on the theoretical structures of consciousness, although this research is still on the periphery of scientific schizophrenia research. The increase of this type research may also be attributed to the fact that phenomenology has allied itself with the aims of natural science; and while it vehemently defends the importance of subjective experience, it does so with the aim of refining our understanding of how the underlying biology impacts the actual experience of schizophrenia. While the biological correlates and supposed etiology of schizophrenia are not to be ignored or played down simply because they have reduced dialogue between practitioner and patient, psychology needs to reconsider how it may use this research to re-establish the silenced dialogue between madness and reason. Thus, the task is not for psychiatry to loosen its epistemological grip on our understanding of schizophrenia (and all forms of madness for that matter); but for psychology to use what a variety of fields have to offer on the subject in a creative way that may re-establish contact with the schizophrenic.

The research reviewed suggests that not only the diminished sense of self is a primary feature of the manifestation and experience of schizophrenia; but that this breakdown in the sense of self is intimately related to a disorder in ipseity. While researchers have attributed and linked the disturbance in ipseity to various aspects of the structure of experience to varying degrees – hyperreflexivity, diminished self-affection, intersubjectivity, autism and temporality – most agree that all these aspects of experience are impacted by a disturbance in ipseity. Within this context hallucinations and delusions are viewed as compensatory mechanisms that schizophrenics use to stabilize their sense of self and re-connect to the world of shared emotions and actions. It is clear from the themes that researchers seem to have developed some consensus regarding the central role of *autism*, *intentionality*, *ipseity* and *intersubjectivity*. However, as noted by Rulf (2003), the interpretations create insights

that are circular: a disturbance in ipseity is linked to the problem of intersubjectivity, which is linked to autism, which is itself an intersubjective defect. This means that the embodied sense of self that pre-reflectively accompanies experience, that structures experience, is closely linked to intersubjectivity - relationships, attachments, bonds - which, in turn, is closely connected to our sense of reality. Such circularity is possible since all points of exploration begin and end with the self. In other words, although the self is considered in relation to the world and others, schizophrenia is viewed primarily as pathology of the pre-constituted self, an inability of the distinctly separate self to relate to various aspects of existence, namely the world and the other. Although reference is made to the emergence of the self in – and co-constituting relationship between - historicity and intersubjectivity, schizophrenia is located primarily in the pathological self, a self unable to integrate these constituting relations, thus developing pathological relations with the world and others.

Locating this disorder of relating primarily in the self complements the purpose of current research, which aims to add to the development of a solid phenomenological foundation for a taxonomic project that aims to connect pathological experience to underlying biological components. This makes sense in light of the fact that the majority of this research was conducted from the perspective of psychiatry. Now, one must understand that this pathological schizophrenic self is theorized in a manner that does not place any responsibility within the localized self. Rather, it is the animal in man that is viewed as primarily deficient, man's biology, as opposed to the psychological expression of his existence. These researchers argue that due to some as yet unknown biological abnormality the basic building blocks for developing a unified sense of self and relating to the world have been compromised. And so it is up to science to locate these biological correlates so that effective treatment may be developed. This is not to say that one should abandon this type of phenomenological research, or that the biological constituents underlying schizophrenia should be not be sought after. Research into the neurological and neuropsychological components of the experiences of schizophrenics is a fruitful enterprise that is convincingly linking physical structures with phenomenological concepts. The concern is that the

phenomenological critique of the biological model of schizophrenia is limited to grievances about the lack of adequate descriptions of typical experiences of sense of self in diagnostic criteria; rather than questioning the entire mainstream conceptualization of what it means to be a person, particularly, what it means to be schizophrenic. The problem for psychotherapy is that we have adopted the language of science to represent the inner world of the individual, and relationships; and this is a category error since we are using that which is unconscious (biological processes) to describe that which is experienced consciously. It is not that the language of science in itself strips us of our understanding of the inner experience, since people will adequately use whatever metaphors they have at their disposal to describe the inner experience. Rather, by emphasizing the superiority of scientific knowledge of experience above insight we fail to see how individuals attribute meaning to experience using these available metaphors.

The problem is that even though psychology has no definite notion of the self and other, and the relationship between them, the manner in which this research is delivered takes the notion of a distinct sense of self for granted. However, it must be said that many of the researchers do acknowledge that, in a very Kierkegaardian manner, the self consists of a constellation of relations, between itself and others. And an important point suggested by this research is that a unified sense of self depends on the relationship between various aspects of the structure of consciousness – ipseity, intentionality, embodiment, intersubjectivity and temporality. Researchers also acknowledge that these structures develop in an intersubjective space, and that any disturbance in the sense of self immediately implies a disturbance in intersubjective space. The concern is that this self is understood as roughly pre-constituted, and in a way pre-defective due to the underlying biological components of the self cause some sort of vulnerability to the development of schizophrenic and schizoid like conditions. If the self were viewed as a dynamic process that is always unfolding within interubjective and intrapersonal space, then one understands that the supposed defectiveness lies within the continuously unfolding relationship. So the task for our biologically oriented researchers is it seems to identify the underlying constituents of

these relationships, which they seem to have identified in the phenomenological structures of consciousness. Another task is to recognize the variable nature of our understanding of the self – and any related disturbances – and that there is a certain amount of freedom in how we interpret our sense of self, in how we interpret the human condition. Having no fixed condition the field of psychology is open to the myriad of possibilities and rather than becoming attached to a particular mode of interpretation – a particular theory – we embrace the multitude of unique perspectives so that we may view our field as the art of interpreting man.

Heidegger (1962) notes that in an attempt to determine the essence of man as an entity, the question of his being remains forgotten; and in using consciousness and how it interconnects experience as the methodological and conceptual point of departure in the study of schizophrenia the supposedly disturbed ‘self’ is assumed to be something ‘self-evident’, and the possible meanings of schizophrenia, and potential ontological foundations and ontic significance of the self, remain decidedly undetermined. This brings us to a basic question: how then do we approach the study of the person, the self, specifically the ‘disturbed’ self, if this is in fact the task of psychology? Even following Pope’s suggestion that the proper study of man is man, we still need to ask ourselves, “But what is man”. Binswanger, in an attempt to translate Heidegger’s ontological concepts into the ontic sphere realized that in such a conceptual framework one cannot really ask “what is man?” And he concedes that the self can never be the object of study, and that the other can only be understood as a “partner in the I-thou relationship” (Straus, 1964, p. 256).

The reviewed research suggests that a primary disorder of schizophrenia is a disturbance in basic identity (ipseity), which unfolds in the relationship with the world and others; and it may be beneficial for phenomenological researchers to consider other philosophers that have explored the ontological conditions of the emergence and maintenance of identity. One such phenomenological philosopher is Emmanuel Levinas, and his work aims “to abandon the dominant Western logic of Essence with its striving for identity and totality” and looks to alterity and transcendence as an

alternative point of entry into the problem of Essence (Burggraeve, 2006, p. 81). Ponzio claims that Levinas's work begins and ends (or his work's beginnings and endings) with questioning whether "the properly human may exceed the space and time of objects, the space-time of Identity? Whether there exist relations that cannot be reduced to the category of Identity and that have nothing to do with relations between subject and object, with relations of exchange, equivalence?" (Ponzio, 2006: 6).

Through an exploration of the phenomenon of malaise, Levinas reveals the "weight of being that is crushed by itself" and relates it to the impossibility of conceiving the origin of being, which Western ontology has (mistakenly) located in nothingness. He explains that the "problem of the origin of being is not the problem of its proceeding out of nothingness, but that of sufficiency or insufficiency" (Levinas, 2003, p. 70). Western ontology has traditionally replied negatively to the question of whether "being is sufficient unto itself" since what our finitude seems to offer us is nothingness and suffering, which we have taken upon ourselves to fill and relieve (Levinas, 2003, p. 58). Levinas argues that this view fails to recognize our capacity for self-sufficiency in our (intentional) relationship to the world: that "the suffering of needs is not a lack" requiring fulfillment, but rather that needs promote self-sufficient existence (Levinas, 2003, p. 59). If the subject, or self is to be understood as an exponent of Being it is difficult to conceive of the process of acquiring (and requiring) that which is at our disposal as a lack. Thus, it is not that we have needs, but that we possess the capacity to satisfy those needs, and therefore are able to develop a mastery over those needs. And by possessing our needs, we in effect possess ourselves, which comprises *ipseity* or the sense of 'mineness' that accompanies 'being oneself' (Burggraeve, 2008).

The satisfaction of need invariably involves nourishment, which is essentially the "transmutation of the other into the same, which is the essence of enjoyment": the happiness one reaches through independence, through self-sufficiency (Levinas, 1979, p. 111). Levinas's phenomenological conceptualization of enjoyment collapses

the strict distinction between subject and object, or mind and body insofar as “the immediate relation with that which is foreign consists of experiencing it in terms of enjoyment. At this level there is no distance between the I, that is the body, and that which the I flourishes on” (Ponzio, 2006, p. 10).

Levinas, then, rather than promoting the primacy of the Other above the self, provides a critique of Western Reason’s characterization of the self, or self-consciousness, as dual or binary identity, as a unity divided in itself; that “self-consciousness exists in and for itself, and by the fact that, it also exists for another; that is, it exists only in being acknowledged [by the other]”, and so Identity is achieved in the dialectic between difference and Identity as governed by Reason (Hegel, 1977, p. 111). Hegel argues that the concepts of identity and difference are also both related to a third concept, that of ‘identity-in-difference’, a notion that accounts for how the unique entity, within the context of the same (identity), may be recognized as *different* (Burns, 2006). Levinas finds this problematic inasmuch as the concept of dialogue or dialectic is understood as a relationship between preformed, autonomous subjects who decide to exchange communication (Ponzio, 2006).

In *Totality and Infinity* Levinas characterizes the relation to the Other as a ‘relation that is a non-relation’; since it is a relationship based on desire (characterized by non-satiety) as opposed to need (characterized by a cycle of satiety) (Levinas, 1979). This means that our typical understanding of a relation as that between two separately constituted entities that engage in some sort of exchange or assimilation – as one experiences with the objects of satisfaction – does not apply to the relation between the ‘I’ and Other, but that the relation is the condition of the ‘I’ and Other. In fact, the subject’s relation to the world is conditioned by the relation to the Other insofar as objects can only become objects when they can be detached from the subject and given to the Other (Burggraeve, 2006). And so, the relationship between self and other cannot be absorbed into the Husserlian conception of the intentional relationship between subject and object: moreover, the multiplicity in which we exist can only exist

if there is a certain distance between self and other; a distance that does not negate a relationship between self and Other (Levinas, 1979).

Perhaps the circular logic found in the reviewed research may be amended somewhat if Levinas's objections to the Western conception of identity are taken into consideration. If we collapse the strict relationship between subject and object, then these researchers would not have to construe a circular relationship between these different aspects of the structure of experience since they will be able to recognize all these aspects as co-constituted in the relationship. This is not to say that we should use these concepts to strictly explain the why of schizophrenia, but rather that these considerations broaden the language we can use to describe the processes involved in schizophrenia, but also refine our conceptual understanding of the processes involved in identity. Furthermore, Levinas's views de-centers the role of the self without privileging the role of the other or the world and urges that the only central point in identity is the point of contact between these aspects or structures of identity.

The research indicates that schizophrenia is characterized by persistent, excessive and ambivalent attempts at achieving individuation (the endless, dynamic process of self development in which the self is established in relation to the other) – the schizophrenic is always striving to define him/herself exclusively in relation to the other (e.g., as a victim of an all-powerful oppressor), while that other is perceived as threatening and insidious. Thus they are dominated by a feeling of foreboding; it is both a constant fear of being unable to come to oneself and an anxious attempt to reach this uncertain future in the other (Prinquey *et al.*, 2003). Engaged in the static ambivalence toward individuation the schizophrenic is unable to project toward the future and connect to the past: he/she, unconnected to others, is fixed in a motionless 'now', in a stagnant identitylessness.

This ambivalence toward individuation parallels the schizophrenic's ambivalence toward isolation since individuation (identity) is existentially bound to the condition of isolation. Levinas notes that a crucial feature of existence is the inescapability of the "identity of being [which] reveals its nature as enchainment": that one is chained to

oneself. And that existence is characterized by the need to escape the fact that one is oneself, a need which manifests in a form of suffering which invites escape (Levinas, 2003, p. 55). And while enjoyment of the objects of the world offers provisional escape, it is only in the radical alterity of the other that the isolation of being may be escaped. The totality of self-enclosed being, its isolation, is infringed radically by the other since it problematises the egoism of the subject but it “does not destroy its solitude”: and since Otherness is not completely outside of the sphere of the subject, it does not lead to assimilation, opening up a fissure of the ‘I’ as Identity. The Other, then, is inseparable from the subject but at the same time, as absolute alterity, can never be absorbed into the totality of the subject – which does not return to itself – hence his characterization of the relation to the Other as a ‘relation that is a non-relation’ (Ponzio, 2006, p. 13). Freud (1935) argues that while schizophrenia is characterized by isolation from the world of others, of withdrawing vital energy from the world, it is an ambivalent isolation in which the schizophrenic is fixed (in a false dilemma) between devastating loneliness and totalizing, consuming engagement with the world. And so, there develops a rigid relationship with the world in which the meaning of existence is immanent, and direct without the spacing between that allows for the development of fluid relations and meaningful interpretations. Although Freud’s thought has no direct bearing on phenomenological literature, in this context his metaphor for individuation has been included to further understand the process of individuation. However, it is acknowledged that Freud is not strictly a phenomenological researcher; his views on individuation are metaphorically meaningful.

Without this spacing (afforded by individuation), the significance of proximity and of co-existence is lost, and the ability to make sense of the world, of existence is reduced to an immanent, static knowledge of the world. This impacts the entire structure of existence if one considers Nancy’s (1997, p. 8) interpretation of the world: “world means at least being-*to* of *being-toward* [*être-à*]; it means rapport, relation, address, sending, donation, presentation *to* – if only of entities or existents to each other...thus, world is not merely the correlative of *sense*, it is structured as *sense*, and reciprocally,

sense is structured as *world*". The schizophrenic, then, engulfed in isolated existence, is unable to incorporate this sense into his world, and so not only loses his sense of self but also, in a manner of speaking, loses the world. Understanding schizophrenia primarily as an isolated relation, rather than locating the deficiency of relating in the pathological self of the schizophrenic, the features of existence impacted in schizophrenia (ipseity, intentionality, autism, intersubjectivity) may be viewed as expressions of a particular mode of existence. To put it briefly, isolation impacts the ability toward individuation, which in turn compromises the development of a fluid sense of self, which is constituted in the relation to the other. Without the fluid distancing between self and world afforded in the intersubjective dynamic, making sense of the self and the world is affected in a manner that appears incomprehensible to those engaged, together, in making sense of the world.

This interpretation does not aim to serve as a fixed foundation for the interpretation of schizophrenia, but rather to illustrate that the problematic logical conceptualization of schizophrenia in phenomenological psychology may be alleviated somewhat if the primary feature of the disorder is located not in the self, nor in the other (as is common in anti-psychiatry literature) but in the existential relation. This is not to say that we should not use the long tradition of metaphors at our disposal to enhance our understanding of the other, particularly the schizophrenic other, we should just not use them in an etiological capacity in an attempt to find first causes. And this invariably occurs when we use the pre-given self as the starting point for understanding mental disturbance since it reduces possible explanations and forces the practitioner into to an explanatory role, as opposed to a relating role. This ability of the practitioner to relate relies on the appreciation of the plurality of possible interpretations that existence may have; meanings that are proliferated in the dynamic intersubjective space between therapist and the other.

Methodological considerations

Based on the history of ontologically oriented research there has not been much success in identifying the ontological conditions that allow schizophrenic and schizoid

type states to occur (Blankenburg, 1980b; Davidson, 1994). Blankenburg (1980b) argues the problem lies in the fact that the following question has not been answered by ontoanalysts: in what sort of relationship do the essential possibilities of human existence stand to the conditions of their appearance? It has been a considerable challenge attempting to answer this question since empiricists have also failed to identify the underlying biological components of schizophrenia. Larry Davidson (1994, p. 107) asks the critical question whether phenomenology is “primarily a philosophical system...or a method for qualitative research”; and suggests that it is a valuable methodology in the human sciences, specifically in schizophrenia research, but also provides an ontological foundation that addresses important philosophical concerns. What is problematic, he argues, is when researchers consistently confuse ontological explanations that consider the possibilities of existence with empirical explanations about the real experiences of schizophrenics.

Heidegger (1962) notes that attempting to empirically study the ontological conditions of existence would not only be an impossible task, but defeats the point of considering these conditions. Since the conditions of being are always subject to interpretations, a fundamental aspect of ontology is possibility and variability: and attempting to fix or locate a specific notion of ontological conditions would be futile and impossible. The point is that ontoanalysts must not fall into the same trap that they warn against; attempting to establish certain ontological foundations of schizophrenia, much in the same way the biological model has established itself as the only truth of the human condition. We must remember that the ontological foundations of existence are also metaphors to explain the why of human existence, the why of the schizophrenic condition. Rather than asserting these metaphors as the strict foundations of schizophrenic existence these metaphors may be used in establishing a common dialogue between sane and insane in our search for the meaning of schizophrenic experiences.

While most of the reviewed research uses ontological and philosophical concepts to understand experiences described by schizophrenics, they are not substituting

philosophical concepts with empirical concepts. Since the aim is to link these structures of experience to biological substrates the relationship between empirical and ontological explanations are complementary. Ontological concepts provide a language to describe the structure of that which is experienced by schizophrenic which can be linked to empirical concepts about the actual functioning of consciousness. So the manner in which this type of phenomenological research has been conducted does not conflict with the aims of science since its objectives are deeply rooted in the context of empirical science. However, one should not forget the value of these philosophical concepts, and how they relate to actual experience for the practice of clinical psychology or psychotherapy. These concepts provide a rich conceptual and linguistic base for understanding the complex experiences of schizophrenics; and while any interpretation of general psychopathological experience should not be taken as fixed, these concepts can provide some sort of common language for practitioners and patients to talk about pathological experiences.

Since the ontological foundations of human existence are subject to interpretation I will offer the aforementioned interpretation of the findings as just that, an interpretation. The data has been interpreted in this specific way since the author thinks that schizophrenia is essentially a breakdown in the basic relation to the world, a breakdown that affects all the process and structures involved in consciousness and experience. Furthermore, this interpretation aims to serve the field of psychology; and for that reason it aims at constructing the possible interpersonal and intrapersonal dynamic process involved in the experience of schizophrenia. The purpose is to contribute to the development of a language that helps explain the experiential why of schizophrenia based on the actual meanings schizophrenics attribute to their experiences: and being based on their experiences I think the ultimate aim would be to develop a common language since clinical psychology is aimed at creating a dialogue with madness, which is considered in detail in the following section.

Broader considerations

Introduction

The following section aims to explore the disrupted patient-practitioner dialogue in the field of mental health, and how psychology's heavy reliance on biological metaphors relates to the status of truth in the natural and the social sciences. It is argued, following Foucault, that there is a deafening silence in the dialogue between madness and reason, or patient and practitioner since psychology has adopted the language of the natural sciences. Phenomenological research – and its guiding philosophical principles – is one approach to the study of self-experience in the mentally ill since it affords no scientific presuppositions regarding the experience of, for example, schizophrenia in the attempt to understand and describe it. This provides somewhat of a 'clean slate' on which psychotherapists may be able to start developing a common language with those with schizophrenia, and other forms of insanity. The rest of the introduction is a reflection on the experiences and thinkers that have influenced the themes that I have broadly considered.

The content in this section was primarily inspired by the philosophy of Foucault and Nietzsche, as well as my experiences in a psychiatric institution during my clinical training. These experiences must be contextualized in a setting consisting of an over crowded government institution occupied mainly by psychotic patients and frustrated staff. My reading of Foucault and Nietzsche has helped to conceptually clarify some of the cognitive dissonance and discomfort experienced during my training.

During this training I got the impression that therapists and patients – particularly psychotic patients - rarely spoke about the same thing. Although the content appeared to be similar the type of experiences, thoughts and feelings attached to that content scarcely shares a common ground. While the patient is experiencing whatever turmoil that inhabits his inner world, the therapist thinks about the patient in terms of pathology and treatment. To aid in this task the therapist is equipped with a theoretical

base according to which the psychological manifestation of the disorder may be understood; and most importantly, the incomprehensible ramblings of the madman may be conceptually contained within the confines of theory. Thus, the therapist, from the beginning, is not in a very good position to truly grasp the meaning of the turmoil: unable to reach the other in his suffering, too distant to gaze into his world. I am not suggesting that therapists are not capable of developing a meaningful relationship with patients. In fact, I think that some people have a remarkable capacity to grasp the meaning of another person's experiences, and that many therapists do so authentically. The tradition of thinking handed down from humanism and the ideal of science suffocates this very capacity. Armed with the certainty of truth, the marvel of modern medicine and the humanitarian need to help/treat others therapists have no other choice but to help patients become aware of the falsity of their experiences and to take their medication. This is not to say that this is exactly what therapists do in practice but these are the guiding norms of the system in which therapists practice.

When I was thrust into this system my initial intention was to really help the patients but I became increasingly uncomfortable with the type of interventions required of me. This is because the treatment goals outlined by the multi-disciplinary team usually conflicted with the expressed need of the patient. Attempting to achieve these goals in therapy I found that the more I pushed these objectives, the more the patient pushed away, not even pushing back. I felt that while I had the theoretical knowledge, the ability to engage and an entire system backing me up I felt powerless to do what I had initially intended to do; to help. An introspective analysis of this feeling led to the conclusion that I was not powerless to help, I was powerless because my sole intention was to help – and to help within the strict confines institutional convention. I also became aware that most of my discomfort arose when expected to help patients understand that their beliefs are delusions and their experiences false. This is because whenever I attempted this I would usually feel the patient delicately or violently sever our connection. I decided from that point that my primary intention in therapy was to try to understand the patient.

Once I began to listen I began to realize that the manner in which I could intuitively understand even the most bizarre themes and experiences and engage with these psychotic individuals as comprehensibly as I would far more lucid patients could not be explained or explored with the biopsychosocial theories at my disposal. Struggling to find the type of understanding I was looking in psychodynamic and various other texts I turned to philosophy. Nietzsche helped me find some meaning in my anxious need to annihilate the suffering of my patients by suggesting that one cannot alleviate the suffering of another but can help discover meaning with him/her. Foucault helped me to think about why I was having such difficulty using the available medical and psychological metaphors in my attempt to engage with the patients. Through these thinkers I have envisioned a way – for myself – to be able to talk about the same thing with a patient, to engage in a dialogue in which therapist and patient share a common ground. This common space is not based on any epistemological conceptions of the truth or falsity, or health and pathology, of experiences but rather simply on the ability to talk about the same thing, to have a common conception of a particular experience. This is the space created by a simple gesture, taking the experience, whether plausible or bizarre, seriously.

Madness, unreason and dialogue

Psychology is in the unfortunate but also privileged position; unfortunate since we are not able to lay claim to any particular truth about human behaviour, particularly madness; but we are in a privileged position to question the scientific ideal and its *will to truthfulness*. Psychology lies in the periphery of this scientific ideal, and, at best, serves as an aid to the attainment of truth provided that it follows all the rules of science. Operating at a distance from the scientific ideal, psychology is in a position to evaluate scientific values and if they add value to our dialogue with madness. Nietzsche (2008) argues that our will to truthfulness stems from the meaningfulness of suffering, and that this meaning was provided by the ascetic ideal, the Christian ideal, and with atheism dethroning God, we are now left with only a will to truthfulness; leaving a gaping void in our will to meaning. He explains that it is the “meaninglessness of suffering, and *not* suffering as such, has been the curse which

has hung over mankind up to now” (Nietzsche, 2008, p., 136). Now those who suffer in the darkness of unreason, the insane, who are searching erratically and bizarrely for meaning are anointed with the scientific ideal’s will to truthfulness by its very own priests, those working in the field of mental health; thus deepening the void of the meaninglessness of suffering. Rather than explaining *why* we suffer, or why the insane suffer as they do, the scientific ideal, convinced of its own truth, attempts to externally alleviate that suffering by inserting the light of reason in the abyss of madness; a task handed down from Renaissance humanism, which has now developed into a culture of sympathy.

The moral and political promotion of sympathy is not in itself negative; but promoting it almost exclusively and under the guise of love could misrepresent our human nature. How are we able to authentically love ourselves and others if we refuse to accept that to be human is to suffer and cause suffering; and that fear is entrenched in the various modes in which we experience life? And if we are not able to acknowledge this, how are we to truly sympathise with the sufferer, in other words; how will we ever be able to empathise with others? Put differently, what could we possibly know of the suffering of others, if we are blind to our own suffering?

The psychiatric patient, perhaps due to being chaotically and directly in contact with our most fundamental nature, is very sensitive to the “gift of sympathy”; and usually immediately after its reception, it is returned to the sender in its most pure form: fear, aggression and loathing, or even indifference. One must think simply of a friend that you may have attempted to console during a period of deep depression: often these individuals feel alone; and to presume you may enter that isolation because you are not comfortable with their suffering can sometimes be met with anger and distancing. Nietzsche (2002, p. 104) explains that in man the creature and the creator come together: and that sympathy for the “creature in man” is essentially sympathy for that which must necessarily suffer. This Nietzsche refers to as the “worst of all pampering and enervation” that is an insult to the strength of men, and an abomination to strong men. Nietzsche claims that only the weak deny that suffering is an isolated

experience, since they fear the experience itself. Although some account of the suffering may be shared with others, it is nonetheless an isolated experience.

This culture of sympathy finds its most noble expression in the field of mental health, where professionals work tirelessly to alleviate the suffering of the insane. And there are various schools of thought in psychology about how suffering should be approached. However, most approaches (CBT, family, systems, solution-based, Gestalt, and DBT) aim towards the alleviation of suffering. While all agree that suffering cannot be completely divorced from our experience of life; we should strive to alleviate it as much as possible. Now, you will hear often in the clinical setting that the most important tool in therapy is the therapist's ability to engage with the patient and this belief is based on the understanding that somehow a strong, empathetic relationship with another person helps the patient adjust better to his/her world. These two therapeutic aims (to alleviate suffering and developing an empathic relationship) emanate a very powerful tension: since the first aim draws the therapist into a sympathetic relationship with the patient. The therapist, in a need to maintain distance from his/her suffering is unable to appreciate the necessity of, or rather, the *meaning* of, the experience of suffering for the patient and therefore, he/she cannot enter a portion of that dark space that the patient inhabits. And so, rather than entering the patient's world, the therapist must content him/herself with standing on the sidelines, witnessing the patient's incomprehensible suffering, while helplessly attempting to provide some kind of 'moral support'. While support is an admirable quality in a good friend the job of a therapist is not to befriend his/her client.

The purpose of this discussion is not to down-play the importance of sympathy or the value of psychotherapy; but to illustrate the impact of our will to truth on the practice of psychotherapy. The difficulty in attempting to understand the experience of a schizophrenic relates to the therapist's presupposition that the experiences of the schizophrenic are false, fantasy, delusion. So while the therapist is able to recognize that the patient is suffering, he/she cannot understand the meaning of the suffering. The only treatment option available in this conceptual framework is to correct what is

false and to alleviate the recognized suffering. This discussion should be seen as an example of how our will to truth, and its tendency to deny and discipline that which does not fall under the realm of truth, impacts the field of psychotherapy. One of the most important impacts is how the assumption of scientific, empirical language in the field of psychotherapy has disconnected the semantic bond between patient and therapist.

In the preface to *Madness and Civilization* (2001, p. xii) Michel Foucault notes that “modern man no longer communicates with the madman” since the relationship between the ‘sane’ and ‘insane’ is mediated exclusively by the abstract, general concept of disease. He argues that the psychiatric monologue has developed in the silence, the space, afforded by the breakdown of dialogue between madness and reason. The question is, as therapists - who have adopted this psychiatric language – as modern professionals who aim to establish some sort of meaningful dialogue with the insane; how do we re-establish this dialogue, to break the silence between madness and reason? One could ask, however, to what end would this dialogue be established, and why is the prevailing disease-entity model inadequate for our understanding of the ‘mentally ill’? These objections are sensible in light of the flood of postmodern and anti-psychiatry declarations that madness is a myth and reducing the attempts to find the etiology in biology to a futile enterprise, but also identifying psychiatry as the authoritative power actively encouraging this particular construction of madness. The difficulty rests not so much in psychiatry’s conception of mental illness but the monopoly of this conception in our general understanding of madness. It is disquieting in an age that no longer recognizes the notion of absolute truth that society has accepted the idea of madness as a mental illness as the sole authority on our total understanding of the insane. While it is perhaps unreasonable to debunk the value of psychiatry in our understanding of the insane, and to underestimate the role that biology plays in the development and expression of madness: to base the relationship that we have with the insane purely on our biological notions of madness is to neglect the experienced, psychological component and intersubjective dynamics of madness.

All of this hinges on our conception of madness in relation to truth since, as Foucault has pointed out, madness has now become associated with the expression of unreason and falsity. This is problematic insofar as the experience of madness is understood in terms of the epistemological knowledge of the perceived world, which we attribute to the breakdown in biological perceptual processes; and neglect to see the breakdown in intersubjective dynamics that are so intimately tied up with the experience and expression of madness. Insanity is not merely a misconception of the perceptual world, it is not simply a break down in cognitive processes; it is a very particular way of relating to the world and others. This is not to say that this manner of relating constitutes the psychogenesis of madness, and has etiological primacy over the biological constituents. The point is that the monopolizing psychiatric metaphor provides a very limited way of penetrating the world of the insane in a manner that affords an authentic dialogue. The importance of the epistemological status of reason in our understanding and treatment of madness is illustrated by the ancient but enduring tendency in the treatment of the insane to obtain from the patient an admittance of madness. By extracting some sort of confession that the patient is deficient in his reasonable or epistemological estimation of the world, the patient is declaring the truth about himself, a light in the darkness of unreason (Foucault, 1993). In other words, if the patient is unable to generally recognize truth in the dark abyss of insanity, he should be made to recognize that his only truth is that his personal truth is clouded by darkness and unreason; and thus he possesses no truth, that truth may only be instructive, inserted externally and that his redemption lies in allowing the medical and psychological authorities to correct this misapprehension. This strict dichotomy between the darkness of madness and the blinding light of reason, and the consequent exclusivity of truth allows madness no space to assert itself in any respectable manner, it has no voice in our age of science and reason; its voice is drowned out by the absolute certainties expounded by psychiatric discourse, it is silenced since it is simply a physical defect that requires correction. Thus, there is no *dialogue* between madness and reason.

Psychotherapists have also been thrust, but mostly willingly, into this coercive role of correction as can be seen in the aims and techniques used, which ultimately endeavor to gently discipline the insane into functional members of society, and if that cannot be achieved, than at least manageable individuals. Psychotherapists are psychosocial aids to the institution of psychiatry. And within the prevalent dichotomous conception of truth the metaphors permeating the field of psychology are understood and applied literally, an explanation of insanity's dispossession of truth. This is an understandable leap in light of the fragile distinction between truth and metaphor, as noted by Nietzsche; rejecting the modern view of truth, he understands truth as an "illusion" of metaphors and rhetorical devices or persuasive techniques that "advance a difficult cause", which has become so "rhetorically intensified" that it constitutes the institution of inquiry that claims truth and knowledge as part of their discourse (Rorty, 1990, p. 22). And our prevailing modern epistemological metaphor is the "scientific ideal" (Bamford, 2005, p. 250).

In order for the humanities to retain a suitable epistemological status it has adopted the same linguistic and practical strategies as the natural sciences, positioning the scientific ideal in between human scientists and laymen, thus privileging, for example, psychologists' powers of observation within the human world. Even though this strategy does not exempt the humanities from scrutiny, this scrutiny rather concerns details pertaining to the methodologies used and the interpretation of the results. Thus, the human sciences, although epistemically flawed, are still better able to represent knowledge of the social world than, for example, folk wisdom, literature or poetry. This reliance on the scientific ideal requires that the language of the human sciences be as scientific as possible in order to appear as objective as possible. It seems psychology has managed to retain a relatively objective status by incorporating into its vocabulary and practice the language of science. Psychologists speak about 'variable', 'hypothesis', 'research design', 'models' and so on to create a distinct image of the procedures used to investigate the causal relationship between social phenomena.

By identifying itself as a “scientific sub-discipline” (Barlow & Durand., 2005, p. 102) of psychology, the study of psychopathology excludes any role that the practitioner’s own values and the values of the client may play in identifying the cause of the distress and the treatment thereof. Not allowing values to assist in an essentially human predicament and then replacing those values with notions of objectivity and truth introduces the same threat of cultural nihilism that Nietzsche refers to when he notes that the Enlightenment and the rise of modern science brought with it the replacement of faith with science (Bamford, 2005). Values which generally allow social acts to be meaningful are replaced by standards which hold no values in themselves, thus we must ask the question, how does the pathological patient attribute meaning to his/her actions and afflictions, particularly in the therapeutic context? Furthermore, the vast majority of clinical patients suffer from a variety of cognitive impairments and disturbances which may prevent him/her from appreciating the reliance on objective standards and methodologies. All this prevents the client from fully understanding his/her own psychological affliction as well as the techniques used in the therapeutic process.

The question is, how will we be able to rigorously study and understand the internal world of the self since mainstream methodology in psychopathology allows little room for understanding the subjective experiences of individuals, those individuals being studied and those conducting the research? How do we account for subjective experience in a manner which can be rationally discussed and scientifically recognized? While I think that areas such as neuropsychology and social psychology that work more with quantified data are able to emulate the natural sciences rather convincingly, the field of clinical psychotherapy faces epistemological and methodological difficulties in presenting case studies and retrospective insight as scientific understanding. Again, the question is: how do we reconcile the values of clinical psychotherapy with the values of science?

Traditionally the aims of science have been to remove the role that subjectivity plays in capturing and interpreting data in order to ensure the validity of scientific

knowledge. However, as the postmodern movement has vehemently pointed out, knowledge can never be divorced from subjectivity, that it is through subjectivity that we are able to perceive knowledge; a contentious issue in philosophy since Kant. Phenomenology attempts to account for the interrelated nature of subjectivity and knowledge by announcing itself as a philosophy of intuition - the term refers to that which is present to consciousness – and gives priority to intuited experiences over any theoretical conceptualization of those experiences since experiences have a self-evident quality (Giorgi, 2004). This issue of subjectivity becomes somewhat more problematic when the experiencing being is the subject of scientific enquiry: since we do not have direct access to the experiences of others, how does psychology approach the scientific investigation of others?

This conflict is illustrated by our continued struggle to link our phenomenal experiences to physical or functional concepts in a manner that illuminates the necessary link between the mental and the physical (O'Connor & Robb, 2003). Colin McGinn (Botterill & Carruthers, 1999, p. 211) claims that the mind-body problem is not really as problematic as it may appear, since animals (those with simpler cognitive systems) are not cognitively able to access certain concepts. He suggests that we could be just as “cognitively closed” to why consciousness is dependent on the brain. Cognitive philosopher Thomas Nagel points out that even if we could understand the neurophysiology of (if we were cognitively open to), for example, bat experience we could never know what it is *like to be* a bat (O'Connor & Robb, 2003, p. 418). This implies that, perhaps due to being cognitively closed, we are not able to know the experience of another; that at best we are able to *understand* what it may be like to be another. This requires some sort of empathetic capacity that is largely facilitated by language. Provided with some kind of description of the experience we are capable of ‘stepping in the other’s shoes’ and imagining how we would feel in the experience. However, we can never *know* what it is like to be that person, or to have had that experience.

This introduces a rather peculiar difficulty in psychology insofar as while we are able empathetically extrapolate the meaning of another's experience; this provides us with no information about the physical properties somehow linked to that experience. And so, intersubjective knowledge cannot conform to the strict empirical methods of science because there is no 'objective way' in which we sense the subject of observation. The body, for instance, is thought to play no decisive role in intersubjective experiences. This absence of the body's apparent objective quality implies that the meaning extrapolated from another tends to be considered empirically unsound. This is not to say that the body plays no role in self-experience, but rather that due to our relationship with the subject matter of the human sciences, we are unable to identify natural, objective laws that govern human experience and behaviour. Similarly with introspection, this allows us to delve into the never-ending abyss of subjectivity but allows us no insight into the brain. In fact, it may not even allow us insight into consciousness as such, but only our consciousness. The isolated nature of introspection makes it rather difficult to establish a clear common ground to scientifically build systematic knowledge let alone rigorous criteria that would provide a means to objectively establish certain 'truths' about the nature of consciousness.

This poses a significant obstacle in the conceptualization of 'the self' in psychology since in the human sciences "epistemological and ethical systems of selfhood provide no consistent basis for reasoning, making decisions or taking responsible actions" (Young-Eisendrath, 1987, p. 2). The tendency of the human and natural sciences to attempt to localise the 'thing-in-itself' of phenomena leads to anxiety related to the study of 'unobservables'; which, in turn, has led to skepticism about self theories and a vehement rejection of introspection as a valid form of knowledge generation. Phenomenological psychiatrists Valle and Halling (1989, p. 5) argue that since the recognition of patterns of personal characteristics of the self and others occurs in the dialectic, developmental relationship between the self and other, and this interpersonal development depends on the intersubjectivity of knowledge and action; it is ultimately through the intersubjective creation of meaning that we are able to make sense of the other. Thus, rather than distorting the dialectic nature of the human subject by

endorsing more quantifiable approaches, we should embrace what access we do have to the self and utilize introspection in a type of methodology based on a system of “intuitive apprehension”.

Longino (1990), in a discussion about the role that values play in objectivity, highlights the social character of scientific knowledge. She argues that objectivity in science as such is a “characteristic of the community’s practice of science” and therefore cannot be reduced to individual values or strict epistemological principles (Longino, 1990, p. 179). She argues that in order for a scientific community to lay claim to objectivity it must satisfy four criteria. First, there must be established pathways for peer review; second, there must be shared standards that critics and discussants may use; third, the community must engage with that criticism; and, lastly, equal intellectual authority must be shared by qualified members of the community. Therefore, objectivity in science may be understood as intersubjective qualification of the value of certain statements; a dialogue between discussants that is possible based on a common language and similar values.

Such an understanding of objectivity in science may be applied to interpretation and understanding in psychotherapy; while psychotherapy focuses primarily on the hermeneutic character of ‘knowledge generation’ it also aims to generate knowledge and meaning in a manner that adds to the discourses of the various practices within psychotherapy, as well as psychology as a whole. This is possible since psychotherapy, although containing diverse theories, stems from the same metaphysical base. Thus, while cognitive therapy, for example, focuses on the cognitions involved in the development of psychological disorder and psychodynamic theory focuses on the internal development of certain behavioral patterns, both theories assume that an individual is able to develop a particular pattern of behaviour, a pattern which that individual experiences as him/her self. And so, while different theories use different terminology in their understanding of psychological disorder, they do share a common language insofar as they are referring to similar

intersubjective manifestations. We are therefore able to compare our subjective experiences in psychotherapy based on a common language.

In order to meet the criteria for intersubjective objectivity psychotherapy's methodologies require some sort of overarching framework that may possibly adjudicate between the various discourses available in psychology. Psychologist Amadeo Giorgi proposes that phenomenology should serve as the basic epistemological framework for the human sciences as a whole, but argues mainly from the perspective of psychology. He claims that this is a necessary move for the human sciences since it is the only epistemologically suitable approach to subjectivity in science. The epistemological principles of phenomenology may possibly provide a framework that allows for the rational discussion of the various statements made in the field of psychotherapy. Phenomenology provides a way in which statements and observations in psychotherapy may be compared in a manner that enhances rich interpretations and understanding in therapy and clinical research; and is primarily a discussion of experiences prior to theoretical interpretation. Furthermore, since it focuses on the plurality of meaning prior to scientific assumptions, psychotherapy could be seen to be providing a plurality of interpretations based on varying perspectives and theories. In other words, the practice of psychotherapy could use the proliferation of various experiences and theories to develop complex sources of understanding. The shared standard of practice then would be that theoretical and scientific assumptions be suspended, or regarded as methodological tools, as opposed to truth or certain knowledge. The shared standard of practice would also be informed by a phenomenological understanding of objectivity and subjectivity, an understanding that reflects the interrelated nature of the two in the practice of psychotherapy. Thus, while psychotherapy is understood as primarily characterized by hermeneutic principles, the epistemology of existential phenomenology may be used to supplement this approach to provide a base according to which we can adjudicate between the various applications of these principles in the practice of psychotherapy and clinical research.

Existential phenomenology has been criticized for the type of idealism implicit in Husserl's transcendental subjectivism, for its lack of empirical substance and its 'loose' methodology. Bunge (1974), in line with the objectivist and Anglo-American tradition, asserts that phenomenology is a modern model of subjectivism in that it situates itself in opposition to objective sciences. He claims that this can be seen in its rejection of the existence of real things and its attempt to uncover the essences of things by means of some sort of intuition (*Wessenchau*). Furthermore, this intuitive process is neither explained nor is any evidence provided to justify existential claims. Bunge states that phenomenology and its offspring existentialism are nothing but forms of transcendental idealism that encourage ontological and epistemological subjectivism. Bunge warns us that such a conception of science has two negative effects on the social sciences. First, it focuses on individual behaviour while denying the real existence of social systems and macrosocial facts; and information obtained at an individual level is understood by means of interpretation. Second such an approach alienates students, particularly human sciences students, from empirical research, thus regressing to humanistic, as opposed to social, studies.

While I agree with Bunge that the complex and ambiguous terminology and understanding employed in existential phenomenology may not seem to be very compatible with the objectivist discourse of the human sciences; I do not interpret this as impeding on the human sciences. Although I also agree with Dilthey's distinction between the natural and social sciences, I only agree insofar as there is a difference. I think that based on the hermeneutic nature of social sciences the status of truth is not as definite as with the natural sciences. Thus, while methodology is different due to the subject matter, the epistemology of the social sciences also differs from natural sciences due to the difference in the nature of knowledge development in the different sciences. It is clear there are strong undercurrents of Dilthey's traditional distinction between the social and natural sciences; and a reliance on the Cartesian dichotomy between the subject and object in Bunge's critique of phenomenology. This can be viewed in his accusation that phenomenology is subjectivism insofar as it rejects the objective character of

empirical science. Furthermore, his critique assumes that the social sciences should in some manner emulate the empirical character of the natural sciences, so that knowledge of the social and natural may be accumulated into a commensurate body of scientific knowledge.

In light of the post-empiricist distinction between the natural and social sciences, the charge that subjectivism and idealism pervade existential-phenomenological thought may be reconsidered. Bernstein (1983) notes that Husserl's original project has strong foundationalist and subjectivist roots inasmuch as Husserl aimed to develop a rigorous, scientific system that would serve as a foundation for all knowledge claims and I agree that this form of transcendental idealism poses the problem of subjectivism in science. The 'existentialisation' of Husserl's phenomenology has worked consistently to remove these elements of foundationalism and subjectivism by challenging the various Cartesian dichotomies and reinstating the centrality of hermeneutics and understanding in the social sciences. Bunge's dismissal of existential phenomenology as subjectivist I consider to be an effect of a tenacious grip on the traditional dichotomy of the natural and social, and the subject and object, and a rejection of the hermeneutic character of all knowledge and understanding.

Following Rorty (1991) and Hesse (1980), since the underlying structure of all knowledge is essentially circular (hermeneutic) the main difference between the two sciences is really a matter of discourse. Since in the human sciences we work within the circular frame of hermeneutics we are faced with incommensurable discourses that do not possess a strict rational standard that adjudicates between the rational and non-rational. This is not to say that agreement cannot be reached but that the role of values is simply acknowledged and utilized in attempting to reach some sort of agreement. So, rather than posing the problem of developing such a standard the human sciences should concern themselves with the art of interpreting existence and experience. Existential phenomenology with its hermeneutic focus and its emphasis on consciousness appears to be suited to the human sciences, not as the

only methodology, but as providing an epistemological framework insofar as it is not concerned with developing a strict standard of rationality. While I do not contend that it should be the method of the social sciences as some thinkers (like Amadeo Giorgi) have argued. Rather, its epistemology may be useful in guiding thought in the human sciences and its individualist methodology may be suited to certain types of research, such as psychology, in the human sciences.

The existential phenomenological view provides a conception of the individual that is able to contain the physical and psychical qualities under a fairly unified hermeneutical framework that provides some methodological prescriptions. By resisting the traditional dichotomy between subject and object, and situating all understanding in a historical context, human science is able to develop ‘intuitively informed’ methods of inquiry in a manner that is epistemologically acceptable. This method reinstates the epistemological status of sources of knowledge such as introspection and empathy while retaining some of the rigid methodological character of modern science. By acknowledging that all science is guided by hermeneutic logic, the much sought after thread linking natural and social knowledge is also provided. Thus, on a very broad level, the natural and social sciences may engage with one another based on this common logic. Furthermore, this view does not strip natural science of its value, only its “scientific ideal” that fuels the traditional dichotomy between the natural and social sciences. Hence, existential-phenomenological philosophy provides a conceptual framework that considers both the natural and social science subject matter in a way that does not reduce one to the other. By allowing the social sciences – particularly psychology - space to develop and create a multitude of metaphors that rely on human experience, as opposed to biochemical metaphors, a similar space may be created between the schizophrenic and practitioner, space enough for a dialogue, an exchange, a common language between madness and reason.

Conclusion

The reviewed research revealed that the disturbance in sense of self in schizophrenia is intimately related to disturbances in the phenomenological structures of consciousness. These self disturbances are reflected in difficulties in ipseity, intentionality, embodiment, temporality, intersubjectivity and autism. In other words, self-disturbances relate to disturbances in the distinction between and the experience of subject and object, self and other, and self and world. Thus, any disturbance in the sense of self immediately implies a disturbance in the relationship between the self and all other aspects of existence related to the self. It would appear sensible to assume that if sense of self is in some way defective it would negatively impact the experience of self, world and other. This is not an unreasonable assumption and if one assumes that these relational disturbances stem purely from the isolated self, one neglects the dialectic relation between self, world and other. It is argued, using Levinas's notion of radical alterity and identity, that the self may be conceptualized as developing a distinct sense of self and identity in relation to the radical other. This argument serves to illustrate not only the conceptual difficulties in this type of research but also the possible theoretical ways in which these problems may be approached.

Other difficulties faced by this type of research are the methodological problems that arise when attempting to empirically investigate ontological concepts. These methodological considerations have not been ignored by researchers and it has been suggested that phenomenology serves as a descriptive guide for empirical science to the complexity of subjective experience. Thus, contemporary phenomenological schizophrenia research complements the aims of the biological sciences. While this is not problematic in itself there are other uses for in-depth descriptions and interpretations offered by this research. It is argued that these interpretations may aid the field of psychotherapy to develop a descriptive language – based on the experiences of schizophrenics – to re-establish dialogue between schizophrenic and therapist, or patient and practitioner. The theoretical conceptualizations found in phenomenological research may assist in developing a

common language for practitioners to understand the type of experiences that schizophrenics have. Also, it provides conceptual tools according to which a community of researchers and therapists may explore the experiences of those suffering from schizophrenia.

It is also argued that in order to incorporate phenomenological research in this manner the theoretical and practical context in which psychotherapy is embedded needs to be considered. Since the field of psychotherapy has assimilated the language of the empirical sciences dialogue between practitioner and patient has been severely compromised. This semantic assimilation relates to our will to truthfulness and our tendency to exclude or modify that which does not conform to this truth. Since understanding – within the framework of our will to truth – requires some sort of truth, the experiences of the mentally ill cannot be truly understood. Thus, in order to meaningfully understand the schizophrenic we must not view these experiences in terms of truth or falsity. By allowing the experience to ‘show itself’ the therapist is able to explore descriptions *with* the schizophrenic. Descriptions of self-experience are particularly pertinent inasmuch as they are not only intimate descriptions of the *person* but also descriptions of the qualities of experiences in schizophrenia.

It is suggested that since phenomenology encourages purging scientific prejudices and pre-judgments it seems to be a suitable epistemology for the field of psychotherapy. Not only does this type of research complement the aims of biological science but also those of psychotherapy. By encouraging an atheoretical stance to the self descriptions of schizophrenics, therapists will actively attempt not to categorize these experiences in terms of ‘true’ and ‘false’. This will help create an interpretive space which fosters dialogue between madness and sanity.

The aims of future research lie in addressing all the difficulties identified in the study. It is important for researchers to attend to the conceptual problems and possible alternative modes of interpretation. Studies that explore how the various structures of

experience interact in sense of self in schizophrenia may reveal not only the structures involved in the development of sense of self but how these structures develop in schizophrenia. Other studies could include exploring the relationship between autism and these structures. Themes revealed by phenomenological literature may be used to therapeutically explore themes related to the sense of self to determine how these themes emerge in therapy. Furthermore, the aim would be to determine what value these descriptions have in the practice of psychotherapy.

Conclusion

Early modern views of schizophrenia indicate that it is a disorder of consciousness, principally described as a disturbance of self-experience. The tradition behind these views has been continued by contemporary phenomenological researchers, who suggest that a disturbance in the sense of self is essential to the disorder. Since profound alterations of sense of self appear to be central to the manifestation and experience of schizophrenia phenomenological researchers argue that investigations into these experiences are essential for in-depth descriptions and interpretations. Recent reviews of phenomenological schizophrenia research (Lysaker & Lysaker, 2008; Rulf, 2003) conclude that the central theme is a disturbance in sense of self. It was suggested that a study reviewing what contemporary phenomenological research has revealed about self-experience in schizophrenia is required not only to organize what has been said; but also to identify any conceptual problems and possible avenues of future research. This type of study would also refine our understanding of the experience of schizophrenia; as well as our understanding of schizophrenia as a disorder of self experience. This was realized through a critical review attending specifically to recent phenomenological investigations into self-experience in schizophrenia.

The literature review indicates that while schizophrenia has a complex and bizarre symptom presentation and an unpredictable course and onset the most impressive feature of the disorder is a fragmentation in the functions and sense of self. Although earlier modern thinkers, such as Kraepelin and Bleuler, considered these alterations in the experience of self to be essential to the manifestation of schizophrenia they attributed this disturbance to underlying biological processes. Bleuler, however, was open to psychodynamic concepts in the psychological manifestation of the disorder. His concept of autism as withdrawal from reality is akin to Freud's notion of withdrawal of libido. Later phenomenologically oriented psychiatrists like Binswanger and Minkowski, while not disputing the role of biology, focused more on the meaning of experiences in the study of schizophrenia. These thinkers broadened Bleuler's notion

of autism to include the relationship between self, world and other. Other thinkers, such as Sullivan, Blankenburg, and Kimura, emphasized the importance of the intersubjective relation and the capacity to develop attachments and bonds in the development and expression of schizophrenia.

The literature review also revealed that current mainstream conceptions of schizophrenia suggest an underlying biological explanation for the development of the disorder. The diathesis-stress model, for example, suggests a biological vulnerability to schizophrenia, which may be genetic or due to delivery complications, and is triggered by stress. While research into the biological correlates of schizophrenia is beneficial, specifically to the biological sciences, it provides no insight into the experience of schizophrenia and so gives psychotherapists very little to work with. Current clinical practice is dominated by diagnoses and symptom presentation and although this suits the practice and aims of psychiatry it does not help foster the type of insight required in psychotherapy. A descriptive and interpretive science is better suited to the needs of psychotherapy. Phenomenological investigations into the experience of schizophrenia, specifically self-experience, are required to assist the therapist in developing insights into schizophrenia significant to the individual suffering from the disorder.

Central to these phenomenological investigations are phenomenological concepts used to describe the structures of consciousness and sense of self: ipseity, intentionality, embodiment, temporality, and intersubjectivity. These concepts resemble the themes derived in the dissertation, with the exception of autism, a concept related to the above constructs. Authors investigating schizophrenia from a phenomenological perspective seem to have developed some consensus regarding the relationship between these different constructs. It was noted that attempting to clarify these relationships invariably results in a circular argument. A disturbance in ipseity is linked to the problem of intersubjectivity, which is linked to autism, which is itself an intersubjective defect. This means that the embodied sense of self that prereflectively accompanies experience, that structures experience, is closely linked

to intersubjectivity which, in turn, is closely connected to our sense of reality. This circular logic was addressed in the critical review by using Levinas's philosophy as an alternative conceptual platform. By locating the development of identity and sense of self in the relation between self and other the relation between phenomenological constructs need not be considered negatively circular. Rather, this circularity may be viewed as unifying these constructs. This is not to say that the problem is now solved but it does suggest that there are alternative philosophies – that build on the foundation of original conceptions of phenomenology – that may augment thinking in this type of research.

While there are methodological challenges inherent to this research various authors tackling these issues suggest that phenomenology is valuable to psychopathology since it provides rich descriptions of the type of experiences that biological research needs to investigate. These descriptions may also be used in the field of psychotherapy to develop a descriptive language to restore dialogue between schizophrenic and therapist. This could help researchers to develop a common language to better understand the specific types of experiences that schizophrenics have. Consequently, it provides a means of exploring the worlds of schizophrenics.

Such a language is necessary since psychotherapy has assimilated the language of the biological sciences and can no longer engage with the schizophrenic based on a common language. This concerns our will to truthfulness and our will to meaning, and how our will to knowledge has overridden our will to meaning. Thus, our experiences may be dichotomized as either true or false. This impedes on the therapists ability to understand the experiences of the mentally ill, which invariably fall into the 'false' category. Thus an approach to schizophrenia with no preconceptions about the truth or falsity of the experience may be able to establish the meaning of these experiences with the schizophrenic. Such an atheoretical stance is proposed as essential to the study of subjectivity by phenomenologists; and thus appears a suitable epistemology for the field of psychotherapy, which also assists the biological sciences.

To conclude, the type of research yielded by phenomenological researchers working with schizophrenia suggests that central to the experience of schizophrenia is the loss of sense of self. This is an area of study that is closely linked to the practice of psychotherapy. Not only are the descriptions relevant to the understanding of schizophrenic experience but psychotherapists are well equipped to explore the sense of self. Phenomenology is also valuable to psychotherapy since it encourages adopting an atheoretical stance towards schizophrenics so that a common language, a comprehensible, reciprocal dialogue between schizophrenic and therapist may be established.

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