Beyond adaptation, beyond the negative

Phenomenological reflections on schizophrenic existence

Wouter Kusters | Elizabeth Pienkos

Rob Sips | Jasper Feyaerts

Content

Published by *Stichting Psychiatrie en Filosofie*, Netherlands

www: www.psychiatrieenfilosofie.nl

e-mail: info@psychiatrieenfilosofie.nl

Introduction

Wouter Kusters

In this booklet you find four papers on the cross-domain of philosophy and psychiatry, all four of them circling around the concept and experience of psychosis, and all four rooted in the tradition of phenomenological psychiatry. The four authors came together at the conference in Rotterdam in August 2019 of the ISPS (The International Society for Psychological and Social Approaches to Psychosis). The theme of the conference was *Stranger in the City: The Circular Relationship between Alienation and Psychosis and the Healing Power of Human Reconnection*.

In the papers city life was an implicit, and in some cases more explicit, theme as a factor for alienation. A more distinctive feature of the papers was that they all four somehow transgressed the usual boundaries of phenomenological orientations in psychiatry that tend to focus on the individual, the intra-psychic, and that only secondarily refer to the relations, connections and disconnections with the social. Before we turn to the papers themselves, I present a quick overview of some of the history and background of the phenomenological psychiatric tradition.

History

Phenomenology as a philosophical approach relevant for psychiatry started in the early twentieth century, especially in the German-speaking world. It can be seen as a reaction to the scientification of knowledge, and the intrusion and colonisation of the so-called life-world by the systemic world of objectified knowledge. In philosophy, the discipline of phenomenology led to a shift of attention from knowledge as accumulated by scientists about the objective world, to the study of everyday experience within a not-yet-objectified life-world. After the groundbreaking, fundamental work of Edmund Husserl, phenomenology became the most important branch of philosophy for the humanities and for learned circles in the middle period of the twentieth century. In its orbit, we may count such names as Martin Heidegger, Henri Bergson, Maurice Merleau-Ponty, Jean Paul Sartre, Emmanuel Levinas. All modern continental philosophy would be unthinkable without this phenomenology.

In the first half of the twentieth century psychologists and psychiatrists were also highly influenced by this current of thought. Outstanding psychiatrists of that period, like Binswanger and Minkowski, were personally well acquainted and on good speaking terms with, respectively, Heidegger and Bergson. In phenomenology attention lies on ‘how things, the world, others are experienced’ by a person in consciousness. These experiences are examined on their own, without referring to how

things really, or "objectively," are. This reality, or objectivity, is pushed to the background, and on the foreground the actual experiences of how things appear is examined. And when there is variation between how psychiatric patients and non-patients experience objects, sounds, supposed causalities, persons, and the world, the method of phenomenology promises a scientific entrance into the study of the quality of that abnormal experience, without reducing or explaining it in terms of aberrations from how things "really" are. This phenomenological perspective led in early twentieth century psychiatry to a range of detailed case studies and examinations of psychopathological phenomena, which are still a gold-mine of interest for the researcher and psychiatric practitioner (e.g. Jaspers, 1997, Binswanger, 1965, Conrad, 1958).

As we all should be aware, and as the more informed historian of psychiatry can tell you, after the 1950s, due to a variety of factors, biological psychiatry and the modern neuro-biological paradigm quickly rose to prominence and remained dominant until the early years of the 21st century (and likely beyond). This rise was at the expense of the highly informed, subtle case-studies into psychosis that were performed in the first half of the 20th century. These were to be replaced by rougher statistical generalisations and coercive, inhuman measures to drug and numb all those who were deviant. In the Western world at that time, this neuro-bio-paradigm was well embedded within capitalism, and was complicit in the subjugation and transformation of the general population into a more productive workforce. And in the opposite, communist sphere of psychiatry at the time, application of the spirit-destroying drugs was aimed at an even more direct political goal than in the West.

Since the 1990s, we can witness two new developments. First of all, the renewed attempt, after the anti-psychiatry movement of the sixties and seventies, by the patient movement for their autonomy, their rights, their emancipation, and destigmatisation. Secondly, and what is more important for the papers below, new attention was devoted to the older studies of the earlier phenomenological school. A landmark study was Louis Sass' *Madness and Modernism* in 1992, in which the American author, a psychologist and literary theorist, in one stroke revived interest in the older school of phenomenology and started a kind of neo-phenomenology of psychosis and other mental disorders.

Background & themes

Phenomenology, as it is understood and practiced by psychologists and psychiatrists today, is the attempt to pay attention as much as possible to conscious experience as it occurs to a human subject. Often this experience is called first-person experience, in

contrast to second person interaction and third person knowledge. Essential to phenomenology is that in order to examine these processes of consciousness, the phenomenologist must reduce as far as possible his or her own theoretical and everyday prejudices and ideas about what human experience is or should be. Compare, for example, the phenomenology of a piece of music: in such an analysis we would not examine the way it is performed by an artist, neither would we study the ideas, life and other compositions of the composer, but instead we would only focus on how an actual listener to that particular piece of music would experience the music as it unfolds.

The main question of the phenomenology of psychosis is then: what it is like to be psychotic? And so we are not interested in the causal factors of the psychosis, but we want, first of all, to know what is actually being experienced by someone who is psychotic, without falling into our explicit and learned notions, or our implicit presuppositions and prejudices.

Of course, it could be argued, that that is what every decent psychologist and psychiatrist should want to find out, and indeed there are many similarities with other approaches, professional attitudes and methodologies. There are however also a few important and clear differences:

In contrast with most other approaches, phenomenology takes the so-called ab-normal not as a deviation, a reduction, or as a missing of something with respect to the normal. Instead, it tries to understand the deviant or abnormal in its own right. For instance, when a traditional psychiatrist meets a so-called delusion, she will treat it as a non-entity, as a thought error, which is therefore unreal and to be avoided and fought against, as something with no meaning. The phenomenologist, however, will wonder and examine what the place of the delusional thought or thought complex is within the whole of a person's experience, as something with a meaning. A delusion will be examined and questioned not in order to fight against it, but as an entrance into the life-world of a person and the structure of his experience.

Again, such an attitude towards delusions may also be found among some practising psychiatrists and researchers in psychopathology today. But there are more differences. One peculiar but important difference is that the primary aim of a phenomenologist of psychosis is not to help and care for actual psychotic patients, but to inquire into extraordinary life-worlds and experiences. That inquiry may indirectly be of value for those who are deemed with the diagnosis of psychosis, however, 'help' or ' care', as in "reducing psychotic symptoms" is not the main focus. Instead, becoming acquainted with extra-ordinary experiences, difficult to understand, may also help the phenomenologist, or the community or society that he represents. Affinity with and curiosity into other ways of experience and living is for a phenomenologist a stronger

drive than the inclination to help, to care, let alone to 'normalise' others. Because of this, the focus of a phenomenological researcher is not so much on the life stories of a concrete suffering individual; instead he aspires to reach through the individual narratives and expressions to a kind of universal structure of mind and experience. This, however, does not prevent anyone from consulting the insights of a phenomenology of psychosis to learn more about a particular individual or to develop therapeutic approaches that more fully reflect the changes in his or her life-world.

Alongside this aspiration to understand the varieties of experience and their universality, phenomenologists tend to wonder about, to question, and to examine the so-called normal way of experience. Instead of trying to accommodate and adapt psychotic experience to a given "normal" frame of reference, the normal, habitual or usual frame of experience itself comes under scrutiny in phenomenology. For example, when a psychotic person says he is afraid of time travelers from the second world war, the phenomenologist may start to wonder how and why we normally make such a hard distinction between travelling in time, and travelling in space.

Above I mentioned the phenomenologist's method as trying to place isolated phenomena and expressions within the whole of a person's experience, as something with meaning in a larger, integral sense. Pienkos describes this in her article in this booklet as follows: "The goal of this approach is to describe the transformations in the experience of self, others, and world, making intelligible a particular set of symptoms as manifestations of the experiential whole of an individual." With this focus on the experiential whole, the phenomenologist wants to place what may often appear to be strange and fragmentary symptoms like delusions or hallucinations within a broader understandable whole of a certain life in a particular life-world. This emphasis in phenomenology helps to avoid the common mistake made in biomedical approaches to psychiatry of attempting to explain away psychotic symptoms as meaningless effects or correlations of a neurological disorder.

A problematic issue or tension of psychiatric phenomenology, however, is that by placing isolated symptoms within a larger whole, the phenomenologist must engage in some form of interpretation, applying concepts or explanations that are not immediately found in the patient's experience itself. Even by simply integrating the isolated experiences within a whole, the phenomenologist may be able to construct a plausible and coherent story, but she may also overlook the potentially paradoxical nature of experience and unwillingly force fundamentally incoherent or chaotic experiences into a coherent but incorrect narrative. On the other hand, if the phenomenologist only repeats or restates various symptoms or experiences, phenomenology becomes nothing else than the repetition of the voice of the patient

as echoed by the researcher. In other words, the problematic tension in phenomenology will always oscillate around the question of how much theory, abstractions, and patient external narratives do we allow in neutral assessments of the experience of a psychotic patient?

A last but not least important issue in the phenomenology of psychosis concerns the question what a psychosis actually is: how do we define it, determine it? The diagnostic problems that haunt ordinary psychiatry, concerning the status of schizophrenia and the taxonomy of other kinds of psychoses, are also problematic for a phenomenology of psychosis. How do we detect a psychosis in first instance, before we have given our experiential definition? Related to this is the question whether we conceive psychosis more like a dynamic process, or more like a continuous state. Phenomenologists that focus on schizophrenic psychoses tend to speak about life-worlds, focus on bizarre bodily awareness and tend to take into account also so-called negative symptoms. Phenomenologists of more manic or schizoaffective psychosis, tend to focus more on an inherent psychotic dynamics, or dialectics, and on context-driven transformations. Perhaps these are different approaches that bring different questions to light, but perhaps these differences also have to do with a further subdivision of the category of psychosis itself.

Some of these questions are specific to phenomenology, others are bound to all psychiatry and philosophy. In the following four papers we will see how the authors all deal in their own way with these common questions.

Literature

Binswanger, L. 1965. Wahn: Beiträge zu seiner phänomenologischen und daseinsanalytischen Erforschung. Tübingen: Neske Verlag.

Conrad, K. 1958. Die beginnende Schizophrenie: Versuch einer Gestaltanalyse des Wahns. Stuttgart: Thieme Verlag.

Jaspers, K. 1997. General Psychopathology. Translated by J. Hoenig and Marian W. Hamilton. Baltimore, MD: Johns Hopkins University Press. Originally published as Allgemeine Psychopathologie (Berlin: Springer Verlag, 1913).

Minkowski, E. 1933. Le temps vécu. Paris: Quadrige.

Sass, L. A. 1992. Madness and Modernism: Insanity in the Light of Modern Art, Literature And Thought. New York: Basic Books.

Authors

Elizabeth Pienkos is a licensed clinical psychologist and an assistant professor of psychology at Clarkson University in Potsdam, NY. Her research focuses on the phenomenology of schizophrenia and other psychotic disorders. She was co-first-author on the Examination of Anomalous World Experience (EAWE), a semi-structured phenomenological interview that explores subtle changes in the lived world that are more frequently found in schizophrenia. She has conducted qualitative research on the lived world in schizophrenia and on differences in self and world experience in schizophrenia and depersonalization disorder, and is also currently studying experiences of mental health care among residents in her community.

Rob Sips obtained his master degree in philosophy at the university of Antwerp. Currently he is conducting qualitative research, through individual interviews and focus groups, on psychosis in the context of a PhD program, at the Center for Contextual Psychiatry, affiliated with the University of Leuven. Rob furthermore is a member of the board of beGeesterd, a newly formed Flemish center aimed at the exchange between the domains of philosophy and psychiatry. The current focus of his research is on sudden insight experiences and perspective changes and the way these experiences can severely destabilize a sense of self, others and reality as such.

Jasper Feyaerts is a clinical psychologist and philosopher currently affiliated with the department of psychoanalysis & clinical consulting (Ghent University) and the center for contextual psychiatry as a post-doctoral research fellow. His current research involves, amongst others, phenomenological and psychoanalytic approaches of psychosis with a specific emphasis on developing non-doxastic accounts in diagnostic, etiological and therapeutic research.

Wouter Kusters is educated as a linguist and philosopher at the universities of Utrecht, Amsterdam and Leiden. His research on the philosophy and phenomenology of psychosis was also fed and inspired by his own experiences, and this led to his award winning philosophy books in Dutch “Pure Madness; In Search for the Psychotic Experience” (2004), and “Philosophy of Madness; Fundamental and Transgressive Insights” (2014), which is due to appear in English in 2020 at the MIT Press. He works as writer and editor for several Dutch publishers and is project manager for the Dutch Foundation for Psychiatry and Philosophy.

Wouter Kusters, december 2019

Phenomenology, schizophrenia, and the city

Elizabeth Pienkos

Abstract

Traditionally, phenomenological theories of schizophrenia have emphasized disturbances in aspects of subjectivity that refer back to a separate self, with relatively little acknowledgement of the impact of the surrounding world. However, epidemiological research consistently demonstrates a strong relationship between traumatic and stressful life events and the development of schizophrenia, suggesting that encounters in the world are indeed highly relevant for many people diagnosed with this disorder. This paper reviews foundational texts in phenomenology and phenomenological psychopathology on the nature of subjectivity and its disturbances, finding support for broadening contemporary phenomenological models of schizophrenia to incorporate world events and their subjective meaning as essential aspects of this disorder. It argues for viewing schizophrenia as a *situation*, emphasizing the particular relationship a person has with the world. The situation of schizophrenia might be characterized as one of unpredictability, instability, fragmentation, disconnectedness or alienation, and meaninglessness. This approach is applied to the experience of living in the city, an aspect of the lived world relevant for many persons with schizophrenia.

Introduction

> "Jet lag" we call it, dutifully resetting our watches as though it were merely a consequence of entering a new time zone. As though it has nothing to do with abruptly finding ourselves in a world whose background colors, shapes, and smells diverge drastically from those where we were a few hours earlier. A new time zone? Well, yes, if by this we mean a place whose rhythmic *timing*, or pulse, is oddly other than that where we just came from—a zone whose specific dynamism tempts our skin and jangles our ears in weird new ways, crashing our sensory organization, forcing our nervous system to reorder itself as best it can. The sudden strangeness is jarring to our animal body, and especially rattling when we're compelled to adapt to the new circumstance in a matter of minutes. (Abram, 2010, p. 138)

> To lack a primal place is to be "homeless" indeed, not only in the literal sense of having no permanently sheltering structure but also as being without any effective means of orientation in a complex and confusing world. (Casey, 2009, p. xv)

The first passage should resonate with anyone who has ever made a long trip by plane, or even by train, bus, or car. The fact that our bodies respond to the world around us, alternately falling into and out of our worlds' rhythms, is intuitively known to us all. And yet much research on the human mind and its pathologies apparently neglects to integrate this knowledge, insisting on enforcing a split between the mind and the body, and between the self and the world. The failure to acknowledge the situatedness of the human being risks ignoring what may be some of the most relevant or salient aspects of distress and disruption, the role of the world itself in creating the conditions of alienation and disorientation, as Casey suggests in the second passage.

Biomedical approaches to psychiatry may be especially prone to this splitting between self and world, as they tend to view psychiatric symptoms as isolated, thing-like objects, which have no meaning beyond their ability to indicate disturbances to particular locations and processes in the brain (Parnas, Sass, & Zahavi, 2013). Perhaps nowhere is this more obvious than in schizophrenia, a disorder that has been especially prone to characterizations as a brain disorder (Davidson & Strauss, 1995), with the consequence that primary treatment continues to be psychotropic medication (Morrison, 2019).

Phenomenological psychopathology has provided one necessary counterweight to this trend. The goal of this approach is to describe the transformations in the experience of self, others, and world, making intelligible a particular set of symptoms as manifestations of the experiential whole of an individual (Parnas & Zahavi, 2002). However, much contemporary research in phenomenological psychopathology pays relatively little attention to the role of environmental and social factors in the onset and course of schizophrenia (Krueger, 2018). Instead, it emphasizes disruptions to individual consciousness as most relevant or primary in the disorder (often in the sense of being both temporally original and encompassing the core or basic disturbance of which other disturbances are expressions (or sequelae); see Sass, 2014), which are hypothesized to be due to innate neurobiological abnormalities (see Parnas, Bovet, & Innocenti, 1996; Borda & Sass, 2015). This does not fully coincide with the convincing body of research on the link between psychosis and environmental stress. Evidence of increased incidence of schizophrenia and psychosis amongst persons with trauma histories, migrant backgrounds, and urban upbringing (Selten et al., 2013) indicates

that environmental factors should be more thoroughly integrated into phenomenological conceptualizations of psychotic disorders.

This paper proposes that the world of an individual plays an essential role in the development of schizophrenia, and that this should be integrated into phenomenological models of psychopathology. That is, subjectivity cannot be adequately understood without a thorough incorporation of the experiential context in which consciousness develops: the world that an individual encounters, interprets, and integrates into his or her conscious awareness. This is not a new thesis, and indeed has longstanding foundations in both phenomenological philosophy and psychopathology. However, much current phenomenological research on schizophrenia emphasizes changes in self-experience or in the *lived* world, the latter term reflecting only the subject's idiosyncratic ways of experiencing worldly events, while ignoring the finite possibilities for meaning borne by the events themselves. While crucial to understanding schizophrenia, they neglect the ways that worldly events and their possible meanings may impact subjectivity—the "certain ways the outside has of invading us, and [the] certain ways we have of meeting this invasion" (Merleau-Ponty, 2008, p. 370). This paper therefore proposes a corrective, one that is based on traditional approaches to phenomenology as well as recent and robust epidemiological research on the disorder. In the first half of this essay, I will show how classic and contemporary work in phenomenological philosophy and psychopathology provides a conceptual foundation for a more contextual approach to the phenomenology of schizophrenia. In the second half, I will briefly apply this to the experience of living in the city, an aspect of the lived world relevant for many persons with schizophrenia.

A brief note regarding the use of "schizophrenia" as opposed to "psychosis" is necessary at the start of this paper. There have been numerous debates regarding the validity of schizophrenia as a diagnosis. Those who argue against the current use of schizophrenia describe the continuity of its features with those of the general (non-clinical) population and other clinical populations (e.g. depression and bipolar disorder), its variable course, its heterogeneous symptom presentation, and its uncertain etiology (e.g. Allardyce et al., 2007; Bentall, Jackson, & Pilgrim, 1988; Dutta et al., 2007; Leboyer & Schurhoff, 2014). However, despite the importance of these critiques, they are somewhat irrelevant to the approach taken in this paper. Rather than rely on the *diagnostic category* of schizophrenia, as laid out by the DSM or the ICD, it emphasizes a prototypical, Gestalt-like form of experiencing (which I will discuss more later), which may not actually apply to many of those who have been diagnosed with schizophrenia, and which may manifest in a number of different ways. Furthermore, limiting the discussion only to "psychosis" risks both narrowing and

expanding the experiences under discussion in unhelpful ways: narrowing because they would no longer include prodromal or inter-episodic states, which have characteristic forms of experience in schizophrenia; expanding because it would include forms of psychosis (e.g. psychotic forms of mania or depression) that are qualitatively distinct from those in schizophrenia (cf. Sass & Pienkos 2013a, 2013b).

Self and world in philosophical phenomenology

From its origins, phenomenologists have emphasized the relationship between self and world in their attempts to characterize conscious experience. Indeed, in developing phenomenology, Husserl strived to establish an experiential foundation for reality that did not limit what can be known about the world to the contents of individual minds. Instead he attempted to demonstrate the fundamental link between consciousness and the lived world, that is, how the world appears to conscious awareness reflects important qualities of the world itself. This is most apparent in phenomenology's reliance on the concept of *intentionality*, the notion that consciousness is always consciousness of *something*. This notion proposes both that the world exists independently of perceivers, while it also appears the way it does through the constituting activity of human consciousness (Zahavi, 2003).

Also relevant is Husserl's description of *genetic phenomenology*, which explores the impact of personal history and past experiences on immediate experience (Zahavi, 2003). The related concept of s*edimentation* involves the process whereby various present experiences are incorporated into subjectivity and influence later patterns of awareness and understanding (Husserl, 2000). Referring to this process of sedimentation, Husserl states that "each objectivity can originally enter into consciousness as productive in its original constitution" (p. 345), indicating that subjectivity is responsive to its experiences of various events, and that these spontaneous responses can eventually establish new patterns and habits. However, Husserl does not pursue in depth the processes by which various events, particularly those encountered in the world, contribute to various forms or patterns of experience.

Later writers in the phenomenological tradition attribute a more primary role to worldly events. Heidegger (1962) asserts that the essential state of *Dasein*, the mode or form of Being that is unique to human beings, is that of *Being-in-the-world.* He therefore points to the ways that Being necessarily exists in relationship with a world. Human beings encounter entities or things in the world as always already meaningful or useful in some way, which is determined by the context in which we encounter them. The totality of these contexts of meanings and functions is the world in which Dasein dwells. This world is therefore not solely reliant on or created by the individual

subject. Instead, Dasein finds itself within a world which is already familiar because it constitutes Dasein at the same time that Dasein constitutes it.

The French philosopher Merleau-Ponty (2008) also makes explicit this essential relationship between self and world. His philosophy is encapsulated in the assertion that "participant and object [are] two abstract 'moments' of a unique structure, namely, presence" (p. 500). Merleau-Ponty emphasizes the inherent ambiguity of the world, that it is both dependent on and independent of the mind. This ambiguity extends to the human body itself: the body is a worldly object at the same time as it expresses the intentionality of the subject. Merleau-Ponty's notion of *the flesh* expresses this dual nature of human existence: both subject and object, it creates and finds meaning in the world at the same time as it is constrained and impinged on by worldly events. This intertwining is elegantly stated by Merleau-Ponty (2008) as follows: "The world is inseparable from the subject, but from a subject which is nothing but a project of the world" (p. 499). Therefore, at least according to Merleau-Ponty, the world plays an essential role in the initial and ongoing development of the human as subject; indeed, as he states, the two are inseparable.

In each of these writers, there is a clear acknowledgement of the dual nature of the world: it is both dependent on and independent of subjective experience, and both of these facets must be taken into account in understanding the existence of worldly things and our perception of them. "The question is always how I can be open to phenomena which transcend me, and which nevertheless exist only to the extent that I take them up and live them" (Merleau-Ponty, 2008, p. 423). Furthermore, they identify, in various ways, the fact that subjectivity itself can only have meaning or exist *within* a world, and even that the particular forms or expressions of subjectivity that constitute each unique human being are themselves a function of the world that person encounters.

Self and world in phenomenological models of schizophrenia

In schizophrenia, this relationship between self and world has been discussed in various ways; perhaps most thoroughly in the ipseity disorder hypothesis (Sass and Parnas, 2003). This theory proposes that the various symptoms and features of schizophrenia can be understood as expressions of a disturbance in minimal selfhood, or ipseity, the most basic level of self-experience that involves the feeling of oneself as continuing through time, and of being the locus or originating point of one's experience. Ipseity disturbance has several aspects or facets, including *hyperreflexivity*, a tendency to take the acts of intentionality as objects of awareness, and *diminished self-affection* or self-presence, a decrease in the sense of oneself as the

vital, originating pole of experience. It also manifests in *disturbances of grip or hold*, a disruption in the ability to perceive objects in the world as coherent, stable, and salient.

Other recent scholars in the tradition of phenomenological psychopathology have described changes in facets of world experience that are characteristic of schizophrenia, including temporality (Fuchs, 2007), intersubjectivity (Stanghellini, 2001), and overall atmosphere or mood (Ratcliffe, 2005). In addition, various aspects of world experience may now be explored systematically using the EAWE: Examination of Anomalous World Experience (Sass et al., 2017), a semi-structured interview designed to elicit rich and detailed descriptions of the lived world. The phenomenological approach to psychopathology therefore does not ignore the relationship between self and world. Indeed, it is clear that these are related, and that changes in subjectivity (i.e., in psychopathological conditions) will impact the experience of both self and world.

However, these discussions reflect an emphasis on the *lived* world in schizophrenia, considering the ways that perception and interpretation of objects and events outside oneself reflect or respond to the changes in subjectivity characteristic of this disorder. That is, each of these phenomenologically-oriented theories emphasizes changes or disturbances more or less "within" the person with schizophrenia, though recently some prominent phenomenologists have acknowledged and integrated environmental and social factors into their models (see Ratcliffe, 2018; Sass et al., 2014, 2018, discussed below). What these models do not tend to fully consider is the *facticity* of the world: the various types and forms of worldly events and objects, and their inherent possibilities for perception and interpretation.

Some authors in this tradition, such as Sass et al. in a 2018 paper, *have*, however, suggested that while this disturbance of ipseity likely involves such heritable neurocognitive vulnerabilities, it may also be impacted by "later developments involving responses (both long- and short-term) to these endogenous factors and challenging life circumstances" (p. 722). But despite Sass et al.'s recognition of the potential, partially causal role of environmental stressors, the majority of phenomenological research on schizophrenia continues to emphasize disturbances within the isolated individual. While it might be argued that this emphasis is appropriate given the nature of the phenomenological paradigm and its focus on subjective experience, this ignores the reciprocal and inseparable relationship between self and world clearly described in classic philosophical texts in phenomenology.

Schizophrenia as *situation*

Other earlier writers in the tradition of phenomenological psychopathology have made this relationship more integral to their theories of pathology. Karl Jaspers (1946/1963), for example, noted that a person's life develops both out of their "constitution" and their "environment (milieu)": that "innate potentialities" may be either stimulated or ignored by the environment. Erwin Straus (1982) emphasizes the role of particularly meaningful events, noting especially the instrumental role of the "sudden" and the "shock" in the development of some forms of psychopathology. Hubertus Tellenbach (1980) describes the importance of the *situation*, a kind of intersection between the events of the world and the way they are taken up and lived by the individual. The individual develops and becomes himself through the way he is delivered over to these situations, which arise from such events as the procession of life stages and aging, sexual or relational encounters, daily routines, or other more specific and striking events.

Such texts point to the various ways that worldly events can shape the structure of consciousness, which in turn impacts the types of events that are encountered and how they are interpreted. Starting from infancy, the human being is always already in the world. He or she is interacting with other beings and with objects, taking in the dynamic flow of experience and organizing it according to the cognitive, perceptual, affective, and motility frameworks that are currently in place. These interactions, demonstrating both the individual's limitations as well as his or her freedom, are necessary for the development of human intentionality, of the subject as such. The meanings that are taken in will be sorted and adjusted to fit the current experiential structures that have already developed. In addition, those experiential structures will adjust themselves to accommodate the new information. That is, this new information becomes *sedimented*, to borrow Husserl's language, in the structures of consciousness, turning into habits of perception and interpretation that influence future processes of consciousness. The *kind* of subject one becomes, with all of his or her habits, preferences, values, skills, and weaknesses, is therefore inextricable from the world he or she develops within.

How might we therefore understand the role of context in the development of schizophrenia from a phenomenological lens? One possibility has been proposed by Ratcliffe in his 2018 book *Real Hallucinations.* He suggests that symptoms of schizophrenia, particularly hallucinations but also certain forms of delusions, arise from a *loss of trust* in the world, which may be engendered by traumatic experiences in childhood and/or adulthood. Such individuals have lost, or never developed, a "habitual, affective style of anticipation, which shapes how a person experiences and

relates to others and, by implication, to the world as a whole" (p. 172). This results in "an all-pervasive air of insecurity and unpleasant unpredictability" (p. 173) that makes it difficult or impossible to take for granted shared, conventional reality or the intentional acts that constitute it. As a result, one's ability to distinguish between what is and is not the case is diminished (hallucinations), as is the ability to maintain flexibility in one's beliefs about the world (delusions).

Schizophrenia might then be understood as a specific kind of *situation*, referring to Tellenbach's work: it characterizes the particular relationship a person has with the world, or the way they find themselves in the world. The situation is both a way of encountering the world, and of being encountered by the world, with self and world continually responding to each other in an inseparable and unending dance. The situation of vulnerability to schizophrenia might be characterized as one of unpredictability, instability, fragmentation, disconnectedness or alienation, and meaninglessness. People who exist in this situation may be aware of a fundamental instability of the self and the world *and* are likely to have had a variety of experiences that are *de-stabilizing*, such as trauma, exclusion and stigma (including within one's family of origin), and psychiatric coercion. Indeed, the concept of the situation indicates that feeling unstable and being destabilized are interlinked, two sides of the same coin.

Schizophrenia and the city

What is illuminated about schizophrenia and about cities when we take up this notion of the situation? Those who describe the phenomenology of place focus on the ways that human beings both shape and are shaped by their dynamic engagement with the spaces around them. In his analysis of urban critic Jane Jacobs (1961/1993), phenomenologist David Seamon (2012) emphasizes the role of the "street ballet"—the regular and spontaneous interactions between people and space that occurs when people engage in their daily affairs within vibrant city blocks. Jacobs suggests that neighborhoods must have certain features to facilitate this dance, creating a kind of organized complexity that is necessary for vibrancy and successful growth. Among the individuals who live and interact there, these neighborhoods create a sense of enhanced and strengthened identity, creative possibility, and civic responsibility that outweighs personal interest. But not all neighborhoods or cities contribute to this kind of exuberant living, and both Jacobs and Seamon decry more recent trends in architecture that emphasize goals of financial gain over vibrant human interactions, such as moves toward gentrification and the development of corporate real estate.

So how are cities experienced by those who are vulnerable to schizophrenia, those whose lives and worlds may be infused with, as mentioned before, feelings of unpredictability, instability, fragmentation, alienation, and meaninglessness? The experience of city living has been explored by Söderstrom et al. (2016) with patients with schizophrenia or non-affective psychosis living in Lausanne, Switzerland. In this study, researchers walked with participants as they went through their daily routines and paths through the city, while other researchers filmed these walks from different angles. Following the walks, researchers used a technique called *video elicitation*: researchers and participants viewed the videos together while the participant commented on their experiences during the walk. Based on their analysis of the video elicitation as well as a semi-structured interview that covered any elements not spontaneously discussed, the authors of this paper found that being in crowds or architecturally crowded areas, feeling flooded by sensations, dealing with obstacles to mobility, and managing appearance or roles in interactions with others could be particularly stressful to city dwellers with schizophrenia. Such features might be experienced as especially undermining of already fragile constructions of self and world and regularly calling into question and requiring additional effort to establish demarcation between self and non-self.

Cities that are designed with an emphasis on financial gain and corporate investment may willfully ignore the very disorienting and disruptive features of an environment that is not planned with human interaction and vitality in mind. But even cities that designed with the goal of supporting individual and community growth and creativity may pose difficulties for the person with schizophrenia. What Jacobs and Seamon describe as a vibrant, creative dance with other people and the world may be experienced as overwhelming, requiring great resources to navigate unexpected encounters and obstacles to one's goals. Where some may find their identity enhanced and strengthened by the presence of vibrant city life and their connection to a community, persons who are vulnerable to schizophrenia may feel confused and disoriented, struggling to maintain and express an identity that already feels unstable and diffuse. While some may feel fully at home in and connected to the pulsing, dynamic identity of the neighborhood or city, others may feel excluded and isolated, unable to join in the street ballet that invites those around them.

To experience the joy and richness of the city may require something of an easy outward orientation, an ability to take part in a dance without too much thought or hesitation, a strong sense of self and community that allows one to trust and flow with the movements of one's surroundings. But this is not the only way of dwelling in the city: the possibilities for disorientation, exclusion, and destabilization are also present, though they may be ignored by those who don't feel them or are unwilling to feel them.

We therefore should not view these alienated experiences of the city as necessarily pathological or arising solely within a disordered individual. Instead, they involve a relationship or interchange between the individual and the environment, reflecting some of the many possibilities that are embedded within the urban neighborhood, possibilities which become realized and embodied by the person who inhabits those places. It is also worth stating that while this brief consideration of the phenomenology of urban experience in schizophrenia suggests something that may be more specific to or characteristic of schizophrenia, not all persons with schizophrenia may experience cities in this way. Furthermore, as Jane Jacobs warns, some urban neighborhoods may have qualities that are more likely to elicit experiences of disorientation and alienation than others.

I would like to suggest, then, that while urban planners may look for ways to enhance spontaneity and creativity (or, and often especially, financial gain) in developing a city neighborhood, we may also want to encourage them to think about how neighborhoods can be developed or adapted to enhance stability and familiarity, to solidify a sense of self and at-home-ness for those who need it most. Of course, what this familiarity or stability looks like or requires may differ from person to person. Qualitative research studies, like the work of Söderstrom et al., may be necessary to better establish what is needed for an environment to feel particularly stabilizing for persons with schizophrenia. Urban planning has already begun to embrace what are called principles of *universal design* (Mace, Hardie, & Place, 2015), shaping the city to respond to the needs of many different bodies and physical abilities; it also has the opportunity to apply universal design to a range of *experiential* needs and abilities.

Conclusions

To conclude, the contextual model proposed here suggests that, owing to the inseparable nature of self and world—the "presence" or Being-in-the-world that characterizes human consciousness—worldly encounters and their phenomenological import should be included as core features of subjective experience and its alterations in psychopathology. The disturbances in minimal selfhood proposed to be fundamental to the development of schizophrenia do not necessarily reflect pathological processes occurring only within an individual, but should instead be viewed as reflecting qualities of a contextual or situated self, one that is embedded within and responsive to the encounters and events in which it finds itself.

The model proposed here therefore emphasizes schizophrenia as a *situation*, one characterized by an unstable, unclear, and untrusted relationship between self and world, a relationship that evolves in response to the ongoing encounters and

interactions one has in the world. It is proposed that phenomenological models of schizophrenia should shift to capture this expanded model of selfhood, with implications for how research in this paradigm is designed, conducted, and explained. This not only affects the world of research and theory, but also policy and planning decisions, such as the intentional design of lived spaces. If urban spaces present unique opportunities and resources (including for health care and social support), they may also present challenges to the specific vulnerabilities of those with or at risk of developing schizophrenia.

References

Abram, D. (2010). *Becoming animal: An earthly cosmology*. New York: Vintage.

Allardyce, J., Gaebel, W., Zielasek, J., & van Os, J. (2007). Deconstructing psychosis conference February 2006: The validity of schizophrenia and alternative approaches to the classification of psychosis. *Schizophrenia Bulletin 33*: 863-867.

Bentall, R.P., Jackson, H.F., & Pilgrim, D. (1988). Abandoning the concept of 'schizophrenia': Some implications of validity arguments for psychological research into psychotic phenomena. *British Journal of Clinical Psychology 27*: 303-324.

Borda, J.P. & Sass, L.A. (2015). Phenomenology and neurobiology of self disorder in schizophrenia: Primary factors. *Schizophrenia Research 169*: 464-573.

Casey, E. (2009). *Getting back into place: Toward a renewed understanding of the place-world* (2nd ed.). Bloomington, IN: Indiana University Press.

Davidson, L., & Strauss, J.S. (1995). Beyond the biopsychosocial model: Integrating disorder, health, and recovery. *Psychiatry 58*: 44-55.

Dutta, R., Greene, T., Addington, J., McKenzie, K., Phillips, M. & Murray, R.M. (2007). Biological, life course, and cross-cultural studies all point toward the value of dimensional and developmental ratings in the classification of psychosis. *Schizophrenia Bulletin 33*: 868-876.

Fuchs, T. (2007). The temporal structure of intentionality and its disturbance in schizophrenia. *Psychopathology 40:* 229-235.

Heidegger, M. (1962). *Being and time* (J. Macquarrie & E. Robinson, Trans.). New York: HarpenCollins.

Husserl, E. (2000). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy, Second book: Studies in the phenomenology of constitution* (R. Rojcewicz & A. Schuwer, Trans.). Boston: Kluwer.

Jacobs, J. (1961/1993). *The death and life of great American cities.* New York: Random House.

Jaspers, K. (1946/1963). *General psychopathology*. Chicago, IL: University of Chicago Press.

Krueger, J. (2018). Schizophrenia and the scaffolded self. *Topoi.* https://doi.org/10.1007/s11245-018-9547-3

Leboyer, M. & Schurhoff, F. (2014). Searching across diagnostic boundaries. *Schizophrenia Bulletin 40*: 946-948.

Mace, R.L., Hardie, G.J., & Place, J.P. (2015). Accessible environments: Toward universal design. In W.F.E. Presier, J.C. Vischer, & E.T. White (Eds.), *Design intervention* (pp. 155-175). New York: Routledge.

Merleau-Ponty, M. (2008). *Phenomenology of perception* (C. Smith, Trans.). New York: Routledge Classics.

Morrison, A. (2019). Should people with psychosis be supported in choosing cognitive therapy as an alternative to antipsychotic medication: A commentary on current evidence. *Schizophrenia Research 203*: 94-98.

Parnas, J., Bovet, P., & Innocenti, G.M. (1996). Schizophrenic trait features, binding, and cortico-cortical connectivity: a neurodevelopmental pathogenetic hypothesis. *Neurology Psychiatry and Brain Research 4*:185–196.

Parnas, J., Sass, L.A., & Zahavi, D. (2013). Rediscovering psychopathology: The epistemology and phenomenology of the psychiatric object. *Schizophrenia Bulletin 39*: 270-277.

Parnas, J. & Zahavi, D. (2002). The role of phenomenology in psychiatric diagnosis and classification. In M. Maj, W. Gaebel, J.J. López-Ibor, & N. Sartorius (Eds.) *Psychiatric diagnosis and classification* (pp. 137-161).

Ratcliffe, M. (2005). The feeling of being. *Journal of Consciousness Studies 12:* 43–60.

Ratcliffe, M. (2018). *Real hallucinations: Psychiatric illness, intentionality, and the interpersonal world.* Cambridge, MA: MIT Press.

Sass, L. (2014). Explanation and description in phenomenological psychopathology. *Journal of Psychopathology 20:* 366-376.

Sass, L., Borda, J.-P., Madeira, L., Pienkos, E., & Nelson, B. (2018). Varieties of self disorder: A bio-*pheno*-social model of schizophrenia. *Schizophrenia Bulletin 44*: 720-727.

Sass, L., & Parnas, J. (2003). Schizophrenia, consciousness, and the self. *Schizophrenia Bulletin 29*: 427-444.

Sass, L. & Pienkos, E. (2013a). Space, time, and atmosphere: A comparative phenomenology of melancholia, mania, and schizophrenia, Part II. *Journal of Consciousness Studies, 20(7-8),* 131-152.

Sass, L. & Pienkos, E. (2013b). Varieties of self-experience: A comparative phenomenology of melancholia, mania, and schizophrenia, Part I. *Journal of Consciousness Studies, 20(7-8),* 103-130.

Sass, L., Pienkos, E., Skodlar, B., Stanghellini, G., Fuchs, T., Parnas, J., & Jones, N. (2017). EAWE: Examination of Anomalous World Experience. *Psychopathology 50*: 10-54.

Seamon, D. (2012). 'A jumping, joyous urban jumble': Jane Jacobs's *Death and Life of Great American Cities* as a phenomenology of urban place. *The Journal of Space Syntax 3*: 139-149.

Selten, J.-P., van der Ven, E., Rutten, B.P.F., & Cantor-Graae, E. (2013). The social defeat hypothesis of schizophrenia: An update. *Schizophrenia Bulletin 39:* 1180-1186.

Söderstrom, O., Empson, L.A., Codeluppi, Z., Söderstrom, D., Baumann, P.S., & Conus, P. (2016). Unpacking 'the City': An experience-based approach to the role of urban living in psychosis. *Health & Place 42*: 104-110.

Stanghellini, G. (2001). Psychopathology of common sense. *Philosophy, Psychiatry, Psychology 8:* 201-218.

Straus, E. (1982). *Man, time, and world* (D. Moss, Trans.). Pittsburgh, PA: Duquesne University Press.

Tellenbach, H. (1980). *Melancholy* (E. Eng, Trans.). Pittsburgh, PA: Duquesne University Press.

Zahavi, D. (2003). *Husserl's phenomenology*. Palo Alto, CA: Stanford University Press.

Psychosis and intersubjectivity:
Alterations in social relations throughout psychotic crises

Rob Sips

Introduction

There remains a tension between the conception of psychosis as a disorder of intersubjectivity and psychosis as a self-disorder, in regards to the questions of how these different levels determine one another. Should we regard psychosis as the result of a disposition 'in the individual' that causes disturbances in different dimensions of the intersubjective atmosphere, that in turn leads to a self-disorder? Or *is* the so called "ipseity disorder" (Sass, 2014) a disposition underlying a disturbed intersubjectivity? I argue in this paper that we should go beyond this dichotomy and consider that psychosis as an ipseity disorder, or a disturbance of an open subjectivity can often be better understood from the actual context and life situations of individuals, where their relations with others and alterations in these relations can be driving factors towards a radical disconnection with a sense of self and psychotic breakdowns. If this turns out the case, this might beg the question if instead of phenomenological analyses, we actually need empirical research that really captures the intersubjective and social life of individuals to answer this question.

Psychosis as a disorder of intersubjectivity

In his doctoral dissertation on the phenomenology of intersubjectivity and its application to schizophrenia, Van Duppen argued that the phenomenological tradition has relatively neglected intersubjectivity disturbances in schizophrenia, with a few exceptions (Van Duppen, 2016). Van Duppen's analysis offers a starting point from which our reflection on psychotic disorders in regards to the intersubjective dimension can take off. Van Duppen described schizophrenia, making use of Husserlian phenomenology, as a disturbance of open subjectivity. For Van Duppen, the self-disorder hypothesis of psychosis as an 'ipseity disorder' is unable to fully integrate intersubjectivity disturbances. Van Duppen argues that the concept of 'open subjectivity' can help us better describe essential alterations in schizophrenia and understand the 'normal' relation between the self and others.

On the one hand, open subjectivity is argued to refer to the alterity of the other, while on the other hand, for Van Duppen, it refers to the fact that we remain 'other', a spatio-temporal distinct self, despite our attempts at understanding and despite the mutual reciprocal influence on our experience. Van Duppen defines open subjectivity

essentially as the attitude, capacity or orientation of each subject in relation to others. This relation, he characterizes as the openness of a subjective primordial sphere. For Van Duppen, this openness is what allows for the integration of intersubjective elements into our own individual subjectivity, without our sense of self (or alterity) dissolving.

For van Duppen disturbances of an open subjectivity can lead to three components of the self-disorder: diminished self-affection, hyperreflexitivy and a loss of grip. While Van Duppen convincingly argues for an intersubjective approach to schizophrenia in addition to schizophrenia as a self-disorder, there remain questions on the role these intersubjective elements play in the genesis of psychosis.

Pre-psychotic disconnection and alienation (1): Minkowski's *trouble générateur*

Eugène Minkowski argued that the goal for a phenomenological investigation in psychopathology consists in a search for in depth factors that permeate a disorder. These factors and their coherence, he called a "trouble générateur". Hereby, he meant to refer to a kernel underlying manifest symptoms in all their diversity, that keeps these interconnected or united and is generative for a disorder (Urfer, 2001). For Minkowski, like for Van Duppen, schizophrenia is fundamentally characterized by a disturbance in intersubjectivity.

For Minkowski, a *loss of vital contact with reality* is the most fundamental characteristic of schizophrenia (Minkowski, 1921; Parnas & Bovet, 1991; Urfer, 2001). This vital contact with reality (VCR) refers to a certain mode of relatedness of a person and his inner and outer world, and is modelled on Bergson's concept of *élan vital* (Urfer, 2001). With the concept of élan vital, Bergson referred to the ability of a core self or personality to enter into harmonious relations with a constantly changing world. Both poles of this relation, the ambient world and the subjective dynamism, are in a continuous flux of becoming, with a mutual intertwining 'interface' that creates a space of a dynamic and reciprocal exchange (Bergson, 1907). VCR, for Minkowski, enables us to adjust and modify our behavior by providing a pre-reflective sense of limits and proportions, in a contextually relevant manner. VCR furthermore fuels our individual future directed orientation that serves as a structuring dimension of human existence.

For Minkowski it is the loss of vital contact with reality that is the general *trouble générateur* in schizophrenia. Briefly summarized, this loss of VCR for Minkowski refers to a process of desynchronization, where individuals no longer take part in a collective or ambient becoming. As a consequence of the so-called *trouble générateur*, individuals no longer are able to 'resonate with' or 'attune to' others, a process Minkowski denoted in its normal functioning as 'synchronism'.

To clarify how this VCR or élan vital is disturbed in schizophrenia, Minkowski made use of Bleuler's dichotomy between *schizoidia* versus *syntonia*. With these concepts, Bleuler wanted to describe vital principles of life. Schizoidia, on the one hand, was described by Bleuler as the principle of withdrawal or turning back to oneself (Van Duppen, 2016). With the concept of syntonia, Bleuler wanted to emphasize the openness to remain in contact with the environment and taking part in social life (Urfer, 2001). For Minkowski, schizophrenia is characterized by the schizoid existential pattern as the fundamental mode underlying the loss of VCR. From this perspective, schizophrenia is a consequence of a specific schizoid or autistic *vulnerability* or *disposition*, not seen as a sufficient but as a necessary condition. For Minkowski, it is thus the dominance of the schizoid existential pattern that is disruptive of the élan vital or healthy movement, disturbing an attunement between a 'private rhythm' and a 'shared rhythm'. Minkowski thereby places the *trouble générateur* in the schizoid existential pattern brought forth by 'autistic defects'(Urfer, 2001). In other words, with Minkowski we find the problem underlying schizophrenia characterized as a disposition 'in the individual', not as sufficient but as a *necessary* condition.

Pre-psychotic disconnection and alienation (2): Blankenburg's loss of 'natural self-evidence'

With the German phenomenologist Wolfgang Blankenburg, we find an approach that focusses on a disturbed capacities but places a different emphasis then Minkowsky. Blankenburg characterized psychosis, and particularly schizophrenia, as a loss of certainty with regards to common sense or a loss of natural self-evidence (Blankenburg, 1971). Blankenburg argued that this loss frequently begins with a barely observable decline in the ability to 'take things in their right light'. Based on interviews with patients, Blankenburg observed with his patients a withering away of a sense of tact, a feeling of what the proper sense to do is in a certain situation, a loss of awareness of current fashions and a general indifference towards what is disturbing for others (Blankenburg, 1971). For Blankenburg, this general indifference towards others is crucial. Although his emphasis clearly differs from that of Minkowski, we can find a clear resemblance. Like Minkowski, Blankenburg argues that an underlying deficit, expressed later in life as opposed to from childhood, is the generating deficit of psychosis. For Blankenburg the capacity withering away is that underlying common sense and the loss thereof, in contrast to a schizophrenic autism.

The loss of common sense that Blankenburg describes is not only a loss in regards to what is suitable, but is also a loss of the ability to estimate what others may think (c.f. Frith's TOM or mentalizing) or what the situation asks of them. At first,

patients become unable to follow (the often essentially uncertain and context dependent) “rules of the game of interpersonal behavior” (Blankenburg, 2001). In this stage, according to Blankenburg, *“judgements, emotions, reactions and actions, which thereby result, no longer have any relation to social reality.”*(Blankenburg, 2001). Furthermore, he adds, it is not uncommon that relatives of patients report that at the beginning of their psychotic disorder, patients begin raising questions about the most ordinary self-evident things (Blankenburg, 2001). To the common sense of the healthy person, Blankenburg argues, these questions are the most natural, obvious and well understood aspects of life. In regards to the intersubjective dimension, however, Blankenburgs’ analysis begs the question if this perspective really holds. While the “material” world appears self-evident in its possibilities of action that it affords, the intersubjective dimension is inherently ambiguous, fragile and uncertain[1].

With Blankenburg, the intersubjective dimension of psychosis is described from the perspective of common sense, or the capacity underlying natural-self evidence and making possible our interactions in a world we share with others. This capacity enables us to see things ‘in the right light’, and is a necessary condition for a process of intersubjective attunement. Like Minkowski, Blankenburg searched for an underlying essential alteration, or *trouble générateur*, which he sees as a disturbance of an underlying capacity or disposition, detectable from the early stages of onset.

Similar to the view of Minkowski, Blankenburg considered self-being to be a dialectical process, which he relates to intersubjectivity and natural self-evidence (Van Duppen, 2016). This dialectic, resonates with Minkowski use of the dialectical notion of élan vital and the rhythm dynamism between schizoidia and syntonia, that in a healthy balance in move between a private and a shared rhythm and in psychotic disorder tend to the schizodic retreat. Similarly, for Blankenburg, self-manifestation is a matter of stabilization or ‘fitting in’, while on the other hand it is a matter of breaking free or differentiating oneself from The Other (Van Duppen, 2016). He considers self-evidence to be a pre-predicative, pre-reflective ‘basic trust’ underlying a stable selfmanifestation.

Although the analysis of Blankenburg might be an accurate phenomenological representation of the psychotic process in the subject, one might argue that we lack a “real” intersubjective context in which these experiences arise, for these concepts to be interpreted meaningfully.

[1] Formulation based on comments of Jasper Feyaerts, who clearly pointed out this problematic aspect of Blankenburgs interpretation.

"Loss of vital contact" as intersubjective process in an existential context

The phenomenological approaches on intersubjectivity described in this paper have in common that, although they describe an aspect of the intersubjective dimension in psychosis, we lack a framework for adequately contextualizing these processes and applying them in a *genetic* (in the sense of originating) understanding that we can apply to particular cases, As in the view of psychosis as a self-disorder or ipseity disorder, a disturbance 'in the subject' - a disposition (e.g. autistic schizophrenia), a capacity (e.g. that underlies common sense) or an orientation (e.g. open subjectivity) - is argued to be the *trouble générateur* or grouping kernel of symptoms in schizophrenia. This should not come as a surprise to the reader, given the fact that phenomenology, originally has as its study object the *eidetic* (or invariable) structure of consciousness as experienced from the first-person view.

These approaches, however, appear to offer us a rather linear one-way direction in the understanding of the development of psychotic disorders, as Pienkos (2015) has demonstrated in her analysis of the intersubjectivity in schizophrenic experience (Pienkos, 2015). Disturbances of the intersubjective atmosphere appear to be regarded as primary factors, preceding disturbances in the subject. A tendency towards a retreat from the intersubjective world (cf. Minkoswky), a loss of the capacity to engage with the intersubjective world (cf. Blankenburg) or a closure of the subjective sphere (cf. Van Duppen) are argued to be generated by an underlying disturbance of the subjective sphere, impacting the intersubjective sphere.

In line with these phenomenological approaches, modern empirical research likewise speaks of dispositions (e.g. schizotypy) or sensitivities (e.g. stress sensitivity, psychosis sensitivity) that are argued to be triggered by contextual and situational factors. Many empirical studies have found contextual and situational factors, like child abuse, trauma, city life or migration to be risk factors for psychosis and have argued that it is the combination of these risk factors with individual predispositions or genetic setup to psychosis that trigger psychosis (Barrantes-Vidal, Grant, & Kwapil, 2015; Morgan, Charalambides, Hutchinson, & Murray, 2010; Myin-Germeys & van Os, 2007; Read, Van Os, Morrison, & Ross, 2005). We can regard this as an addition to a linear view, in the sense that although contextual and situational factors are taken into account as acting on the person with the disposition, psychotic disorder remains something already 'in the individual', triggered by environmental factors.

I argue in this paper for the addition of different perspective on intersubjectivity. In the case descriptions that follow, I follow Pienkos (2015; 2019 *in preparation)* and argue that psychosis as a self-disorder can find its roots in the intersubjective dimension(Pienkos, 2015). In the first place, the direction of the linearity is thereby

reversed, and the existential intersubjective dimensions in which the subject is embedded is argued to be an important *trouble générateur*. Specifically, I argue that it might be worthwhile to consider the development of psychotic disorders from the perspective of social, intersubjective and existential circumstances instead of a priory emphasizing the primacy of an "underlying" biological, social or subjective problem.

Breakdown of atmosphere of trust

Basic trust appears to be a necessary condition underlying a common-sense orientation to the world shared with others. This basic trust is necessary for every intersubjective encounter and can, as I will further on argue, be radically undermined through alterations in dynamically changing relations between people. In his doctoral dissertation, Earnshaw argues, like Blankenburg, that a basic trusting attitude enables common sense interactions with others and reality (Earnshaw, 2011). Earnshaw argues that any human activity requires an openness to vulnerability (cf. open subjectivity or élan vital) or an 'atmosphere' of trust as a necessary background. A social practice of trust, for Earnshaw, underlies and enables everyday activities. This 'atmosphere of trust' is meant as an epistemic frame or a frame of practical knowledge in our everyday interactions. According to Earnshaw, "*the practice of trusting 'frames' the interaction and keeps certain possibilities out of consideration"*(Earnshaw, 2011).

To borrow an example from Earnschaw, if we take a taxi we need to trust in the expectation that the taxi driver will deliver us to the point we need to be or that a restaurant does not poison our food (Earnshaw, 2011). Implicitly, Earnshaw argues, we rely on feelings that tell us if we should act in a manner that does or does not make us vulnerable to others, or enables others to permeate the boundaries of our subjective sphere. Earnshaw argues that in paranoid delusions we see an exponential growth of possibilities due to a breakdown of this atmosphere of trust, and like Blankenburg, that this atmosphere of trust as well underlies and anchors the self-evidence of common sense.

In the cases that follow, we collected in function of a doctoral study at the Center for Contextual Psychiatry (CCP), we use the conception of a breakdown of fundamental trust to show effects on a sense of self, others and reality as such. I offer concrete individual cases and concrete situations that show how this fundamental trust can be affected. These examples present us, compared to the notion of an underlying disposition, with glances on different perspectives whereby the intersubjective atmosphere and alterations therein affirm to be a driving factors in different aspects of psychotic breakdowns. Intersubjectivity is thus approached in regards to how this dimension influences and determines the subjective sphere of concrete existing

individuals. The three cases discussed demonstrate different aspects of the role of intersubjectivity in relation to a fundamental, basic trust.

CASE DESCIPTIONS

(1) Preceding psychosis: Patti

In interviews where we talked with persons with lived experience of psychosis, I always asked individuals to sketch the context in which their first psychotic episode took place, and then to go on from there. Quite often, as is the case with Patti, individuals point to a very specific context or to certain situations. Patti, a woman in her fifties, in detail described the context in which her first psychotic episode took place. At first, she gives a more phenomenological subjective rendition of how her experiences changed, and explains how she is unable to point to any moment as the moment she was really psychotic. She explains how she felt "*being driven from the inside*" by something, and explains having lived on the streets. Then, her narrative starts shifting to how she was completely isolated from others.

> ***"Patti:** But it is mostly my thinking and my behavior that changed very much. I retreated from others, uhm… in myself. Almost nobody had contact… was able to make contact with me."*

When probing further about her life situation and context, the attention shifts to the relation she was in at the time. She explains how 5-6 times she tried to leave her partner, and how she had a lot of fears for him and his brother. She explains how she experienced this situation.

> ***"Patti:** Uhm… How can I get out of this? What can I do? How can I organize my life differently? But within the psychosis, I became more and more chaotic and chaotic. Reality fell completely apart. As if it were a thousand pieces. It was a constant looking for something to hold on to. Like, how do I relate here? What is this? And then, yes, everything had meaning and nothing had meaning.*

Continuing the interview, Patti describes more in detail the situation and relation she was in. She explained how she met an older man, someone 17 year older then her at the time. In her account, this man had sort of 'framed her' by telling her to come live with him, so she wouldn't have to pay rent anymore. She could live with him for free. At that moment, she still had social contacts and had only recently left her parents. When everything was done and she had moved, her partner demanded her to go to the welfare office and lie about her housing situation, so he would receive welfare from her.

> **Patti**: "*I was forced to live according to rules and norms that were not mine, and had to adapt to someone with a narcistic personality that determined everything for me. (…) I started with the determination: "I am living a lie. No one knows we have a relationship, or it cannot be known, we allegedly live separate."*

Her partner determined and controlled every aspect of her life, she explains.

Patti: *"And it was really looking for… who am I and what is… mine? He bought my clothes, he bought my soap, he determined… uhm… the books I read, uhm… all of it he determined. And then I started to look around and realize: "but that is all him, that is not me!""*

Social isolation, cut off from ambient becoming

This lie she feels she is forced to live and in which she feels to be stuck leads to a complete isolation from her friends and family. She explains no longer *"to be in accordance with nothing or no one anymore".*

Patti: *"I had no friends, no contact with my family. All these points of reference, and all that support that… when you are feeling bad, you always have someone to call, to which to say… "I am feeling really… bad... (…) The complete loneliness as well. It started to take its toll… I had no contact with nothing or no one anymore. There was no accordance with nothing or no one anymore."*

Sense of self, common sense and vital contact with reality

When we look back to the theories of Minkowski and Blankenburg, we can see both resemblances and clear differences. What happened to Patti points towards the social conditions and specific intersubjective atmosphere she found herself stuck in. Patti discussed retreating from the intersubjective world, but as a consequence of the lie she was forced to live. From her descriptions, it became clear that the longer she remained in this situation, where she was cut of from the ambient becoming with those whom she used to share her life with, the worse her situation became. After 20 years, she explained, it had become an unbearable weight on her sense of being. Eventually, a very basic and fundamental trust appeared to completely vanish, affecting her sense of self, and how she related to others, objects and even reality as such.

> **Patti**: *"It actually went so far as… Uhm…: "Ok, if my life is a lie, then my identity now is also a lie. And if my identity is a lie, on what can I still trust then? That the identity card that I am holding is real? "*

Patti described how she started throwing away all of her belongings, that she felt were not a part of who she really was, but were forced on her by her abusive

partner. These objects, she described, where for her a material representation of the situation she was desperately stuck in.

> **Patti:** "*And more and more… it got quite extreme, from throwing away books, clothes… The only thing I still had after was the clothes I had on. And that, for example, was the only thing I had bought myself."*

Patti described how her psychosis was something that arose over and resulted from a long period of abuse and social deprivation. She did, however, describe a tipping point where all grip was lost completely. She explained how she desperately started to wander barefoot on long walks, through forests and to churches, hoping to find some meaning or sense to hold on to.

> **Patti:** "*I visited hundreds of churches, just to see like… okay… "What….? What do You want to tell me? What is behind all this symbolism? The cross…? I mean… All these meanings, trying to find out what they can mean. What does the suffering of Christ mean? Uhm… What is ecce homo? (…) My feet were completely open because I was constantly walking. I got anger attacks. … There just wasn't any structure in my life anymore. Nothing… Everything was… coincidence almost… depending on what I encountered on my path."*

Further in the interview, we go more in depth into her 'actual' psychotic and delusional experiences, very typical descriptions of paranoid delusions, associations and perceptual distortions. None of these, however, are of interest for the purpose of this paper. Moreover, if we focus on these experiences, we might find ourselves doing the opposite of what we try here, by looking for the underlying essence, neglecting the preceding existence.

Patti: summary and reflection

This short description of Patti's narrative shows us several important perspectives in regards to intersubjectivity and psychosis. While at first, she speaks of her behavior altering, a retreat in herself and a loss of contact with others, quickly it became clear that this could not be accounted for simply as the result of an underlying disposition. Instead of a disposition, capacity or orientation underlying, that worked as the *trouble générateur*, arguably we see how it is the enduring conditions that resulted from alterations in social relations, context and conditions from which eventually the psychotic breakdown unfolds. With Van Duppen, we can agree that what is severely disturbed in this specific case might indeed be characterized as a disturbance of open subjectivity. However, it begs the question if what is disturbed in the openness in relation to others is a capacity or orientation, and not a context or situation. A

characterization of her attitude or orientation towards others without considering her actual circumstances would seem to be strongly misguided. Understanding her psychotic breakdown as an *expression* of a situation and a context, that determines her relation as a subject to others, very likely can help us to understand better the formation of disturbances in intersubjective reality.

From Minkowski, we can take the notion of a loss of vital contact with intersubjective reality, by adding, again, that this loss might not in essence stem from a predisposition (even though there might be a predisposition) but on the contrary was the result of the life situation in which Patti found herself stuck. Patti no longer was able to take part in a collective becoming. In her description, we find a gravely disturbed élan vital, and a retreat into a private world. But again, this retreat appears more an expression of the despair and inability to escape her situation.

Following Blankenburg, we can discern a gradual more and more loosening of the ties with others and reality as such eventually gravely impacts common sensical meanings of things, people, her sense of self and reality as such. Basic certainties, as the reality of an identity card, no longer could be trusted upon.

(2) Psychosis as a breakdown of intersubjective reality: Robert

In the descriptions of Robert, another participant in the qualitative study at CCP, we found no descriptions of pathological psychotic symptoms up until very briefly before his first psychotic episode. Unlike the earlier descriptions, Robert did not feel himself isolated or cut off from others, and was quite successfully working while living abroad with his girlfriend. While that is not the point here, however, his life conditions indeed did physically isolate him from his friends and family, putting a great distance between them. The point I want to address here is that the experience of psychosis, here particularly institutionalization, can have a serious effect on the intersubjective atmosphere and on the sense of self, natural self-evidence of things and the vital connection with the shared reality.

Robert described how his most fearful moments of psychosis, and the complete loss of basic trust in others and even reality itself for him followed from events unfolding during hospitalization. He was, after a series of psychotic behavior that he in depth described in the interview, voluntarily brought to the hospital by an ambulance that was called by a housemate. On the ward, after a short period of time he realized he was not allowed to leave. He tried to escape, by climbing a garden wall, and is taken down by a great number of hospital staff.

> **Robert**: "*But suddenly, they grab me everywhere. With twenty people… yes… Each part: my feet, my legs, my arms, my belly, my head, my neck… They grab everything. And in the meanwhile… "What is happening??". And yes, you are completely panicking… (…) And they tie me to a bed, with tick letter straps. You become a primal man, a primal man… All you want is to break loose."*

Robert was then forced by a doctor, which for him at that moment was perceived as a witch, to choose between a pill or an injection. The fear behind this experience, as others in the study have similarly described, was terrifying. Robert described how no longer anything or anyone be trusted. He did voluntarily arrive with the ambulance staff in the hospital, and at first from his descriptions it appeared that there still was a basic intersubjective trust and openness, even though Robert was already acutely psychotic and delusional. He described going with the ambulance relatively calmly to the hospital, and as the earlier example illustrated, after realizing he wasn't allowed to leave the fundamental anxiety and *angst* becoming unbearable.

> **Robert:** *"You're really in a movie then. It is as if you are really kidnapped by aliens, or by… that they are going to steal your kidneys… they are going to inject you with something. (…) I was completely cancelled. Yes, you don't exist anymore. You can't move. You have no saying whatsoever in what is happening. And then you even have to allow something in your body that you do not trust, and you can't refuse, since something worse will happen then..."*

Robert described how these experiences of a terrifying fear led him to completely lose trust in everything and everyone. This extreme fear, he explained, brought forth a complete collapse or *implosion* of his world.

> **Robert:** "*But the fear behind that… Just terrified. Really terrified. And afraid, but I think, if you would put me in that corner here right now, and you would put ten lions in the room… Then you would be able to grasp this… then you would understand… But that… Yes, you are afraid, but that is much bigger then fear… yes. Nothing is right anymore. The entire world… appears to implode upon you… Everything is no longer the way you thought it was…"*

Earlier on in the paper, I presented the idea that a fundamental trust underlies our orientation towards the intersubjective world we share with others, and how this trust is a necessary condition for everyday basic interactions to take place. Robert continued by explaining how these experiences of psychosis themselves lead to the breakdown of trust, while his delusional state preceding did leave an openness and connection with others.

Robert: *"But that comes afterwards. (…) You can't trust anything anymore. Is this a table? Yes, it seems so, but is this really the case? Probably not (laughs jokingly).*

These people are sitting here, but are they people or is it all my imagination, or…? Pfft, anything is possible, anything is possible."

Robert turns Blankenburgs thesis around, in the sense that in his descriptions the loss of self-evidence follows from his experiences of psychosis. Following his experiences in the hospital, as soon as the next day he was already taken home by his parents. However, he no longer trusted them. As was discussed from Earnshaw, a fundamental basic trust in the perception and interaction with things and people was completely undermined.

Robert: *"Then I went home, to my parents. I did not trust these people even a bit. It was all a conspiracy against me. I did not trust my parents a single bit. Okay, they fed me and all, but where they really my parents? I mean, you stand there, and you trust nothing, nothing, nothing, nothing.*

Robert: summary and reflection

In the descriptions of Robert, we see a different aspect of alterations in the intersubjective dimension. With some modifications, we can again make use of Minkowski and Blankenburg's views. Unlike earlier examples, in his descriptions a loss of self-evidence did not appear to precede psychosis, but follow after delusional states and fear and anxiety he lived through. It is a sense of fear which appears to lead to what Heidegger refers to as "angst", not directed at something in the world, but directed at the conditions of the spatio-temporal world and how it appears itself. As Robert explained, "*nothing is right anymore",* "*the entire world appears to implode upon you*", and "*Everything no longer appears to be what you thought it was*." In the descriptions of the aftermath of Robert, it appears the social isolation and retreat from the world shared with his friends and loved ones is a consequence of these fundamental disrupting experiences. The intersubjective shareable world of things and people could no longer be trusted upon as before, and in his descriptions psychosis formed a fundamental rupture in his life. Moreover, Robert was for a long time unable to really share his experiences with others, since the things he now struggled with, he felt appeared self-evident for others.

The same reversal appears thus to apply to Blankenburgs thesis again. The natural self-evident manner in which objects and other people are normally perceived appears to have gravely been disturbed through the experiences of psychosis. As Robert explained: "*You can't trust anything anymore."*.

(3) Intersubjectivity and recovery, an important role for the other: Ellen

To conclude these case examples, I briefly touch upon a last example that offers a glimpse on the aftermath of psychosis where a sense of recovery of the intersubjective dimension is described as crucial. As argued before, a breakdown of a fundamental atmosphere of thrust can result from experiences of psychosis. And, this atmosphere of trust is what underlies and enables our everyday interactions with others and even the capacity underlying common sense (Earnshaw, 2011). For recovery this means that a rehabilitation of this dimension of basic trust or this open subjectivity is in its essence a social and intersubjective active process.

A very clear, and from personal experience with psychosis relatable, example thereof I found in an interview with Ellen, a woman at the moment of the interview in her beginning forties. She explained what made her stand back on her feet after psychosis.

> **Ellen**: "*Afterwards… there was a friend of mine, that… had given birth to twins, on top of her first two children. So suddenly, she had four children. And then I got the chance of helping her out… Then, I wasn't really able to… really work… But I took those chances. These are really things that… It makes you stand up again, to pull yourself trough..*
>
> *I think it is really important to… to… just to mean something…. That you somewhere want or need to find that drive… but that you get that chance from others..*
>
> **Rob:** *To be able to fulfill that role, or…?*
>
> **Ellen**: *And that you are still able to take up roles. That your identity… You can't just be… psychologically vulnerable…."*

As this last example illustrates, it is the openness of The Other that allowed her to recover a sense of identity and for her to mean something again. Ellen is given the chance to take up a role and to be someone in the world of The Other, where she can rebuilt trust with her capacities and orientation towards others. With this concluding example, we see that even in recovery a focus on a disposition would not make us better understand how Ellen restores an élan vital or can take part again in a process of becoming. It is through the world of The Other, through the ambient becoming, that here personal sense of identity and drive can regain meaning. The Other, here in the person of her friend in need, is a hand that reaches out, in the form of a person that needs help herself. Ellen can recover and regain a sense of self and meaning by helping out and taking up a meaningful role.

Conclusion

In this paper, I have attempted to present a perspective on intersubjectivity that broadens the current scope in phenomenological approaches. What is lacking in phenomenological approaches to psychopathology, so I argued following Pienkos, Van Duppen and Gallagher, is a focus on what happens in the relations between people in their actual context our situations (Gallagher & Varga, 2015; Pienkos, 2015; Van Duppen, 2016).

Phenomenological approaches to psychosis, so I argued, are often lacking something. As explained, traditionally phenomenology has as it study object the structure of consciousness as experienced from the first-person view. From this perspective it is thus not strange that we find phenomenological approaches to intersubjectivity studying psychosis to start from there: the subjective sphere and its eidetic underpinnings. The frameworks from Van Duppen, Minkowski and Blankenburg that I presented are good examples thereof. They start from an analysis of a subjective sphere, and from there go the intersubjective dimension. While they do offer us very useful frameworks and concepts, they tell us little on how the intersubjective atmosphere influences and alters the subjective atmosphere. By making use of examples, I tried to show that to understand essential alterations in the intersubjective atmosphere, we need existential descriptions of concrete cases, and be very cautious with applying theoretical hypotheses and essential *underlying* alterations.

What I attempted to show in this paper is that this linear connection, from the subjective to the intersubjective atmosphere is arguably unable to account for a great heterogeneity in psychotic disorders and the alterations in the intersubjective atmosphere. These alterations, so I have argued, can likely have their roots in the social conditions and resulting intersubjective atmosphere, thereby affecting individuals in different pathways towards psychosis. Thereby, I reversed the discussed models in claiming that a loss of vital contact with reality or a disturbed capacity or orientation might in reality as well originate as a *consequence* of the impact the social conditions and the manner these impact the intersubjective sphere, and thus the subjective sphere of an existing individual.

This view offers a helpful way to engage with individuals going through psychosis or recovering from their experiences, and to actually listen, beyond the sometimes spectacular stories of delusions and beyond structural alterations in their conscious experience, to what is going on in their relational life. It adds a perspective towards approaches for recovery, as the example of Ellen illustrates. Since, we are not a self in isolation, to recover or treat disturbances of a minimal sense of self, the creation of a relational intersubjective atmosphere in which this self can become

someone in relations to others might be a crucial target in accommodating recovery. This requires in the first place a reconnection to the world of others, and places "in society" where individuals recover, instead of recovery as something preceding reintegration in that society.

Lastly, this brief description incorporating the intersubjective into a phenomenological investigation might tell us something on the conception of psychosis as an ipseity disorder. From the ipseity disorder perspective it is argued that in schizophrenia the minimal self and the self-world structure are unstable, constantly challenged and oscillating, thereby causing anomalous self-experiences (Sass & Parnas, 2003). These approaches argue that schizophrenic symptoms have their roots in disturbances of selfhood or self-experience. While that may be the case, these disturbances might in many cases, as we arguably saw with Patti, already be the result of social conditions. Alterations therein, sustained by an unresolved instability and disconnection in the intersubjective dimension, could be a driving factor for disorders of the self. As Husserl argued, the intersubjective atmosphere has a fundamental constitutive role in our sense-of self.

References

Barrantes-Vidal, N., Grant, P., & Kwapil, T. R. (2015). The role of schizotypy in the study of the etiology of schizophrenia spectrum disorders. In *Schizophrenia Bulletin*. https://doi.org/10.1093/schbul/sbu191

Bergson, H. (1907). *L ' évolution créatrice*. *Book*.

Blankenburg, W. (1971). *Der Verlust der natürlichen Selbstverständlichkeit*. Berlin: Springer.

Blankenburg, W. (2001). First Steps Toward a Psychopathology of Common Sense. *Philosophy, Psychiatry, & Psychology*, *8*(4), 303–315. https://doi.org/10.1353/ppp.2002.0014

Earnshaw, O. (2011). *Recovering the voice of insanity: a phenomenology of delusions*. Durham University. Retrieved from http://etheses.dur.ac.uk/3225/

Gallagher, S., & Varga, S. (2015). Social cognition and psychopathology: A critical overview. *World Psychiatry*, *14*(1), 5–14. https://doi.org/10.1002/wps.20173

Jaspers, K. (1997). *General Psychopathology*. (J. Hoenig and Marian W. Hamilton, Trans.) (Vol. I). Baltimore and London: Johns Hopkins University Press.

Minkowski, E. (1921). La Schizophrénie et la notion de maladie mentale (sa conception dans l'oeuvre de Bleuler). *L'Encéphale*, *16*(5), 247–257.

Morgan, C., Charalambides, M., Hutchinson, G., & Murray, R. M. (2010). Migration, Ethnicity, and Psychosis: Toward a Sociodevelopmental Model. *Schizophrenia Bulletin*, *36*(4), 655–664. https://doi.org/10.1093/schbul/sbq051

Myin-Germeys, I., & van Os, J. (2007). Stress-reactivity in psychosis: Evidence for an affective pathway to psychosis. *Clinical Psychology Review*, *27*(4), 409–424. https://doi.org/10.1016/j.cpr.2006.09.005

Parnas, J., & Bovet, P. (1991). Autism in schizophrenia revisited. *Comprehensive Psychiatry*, *32*(1), 7–21. https://doi.org/10.1016/0010-440X(91)90065-K

Pienkos, E. (2015). Intersubjectivity and its role in schizophrenic experience. *The Humanistic Psychologist*, *43*(2), 194–209. https://doi.org/10.1080/08873267.2014.990459

Read, J., Van Os, J., Morrison, A. P., & Ross, C. A. (2005). Childhood trauma, psychosis and schizophrenia: A literature review with theoretical and clinical implications. *Acta Psychiatrica Scandinavica*. https://doi.org/10.1111/j.1600-0447.2005.00634.x

Sass, L. A. (2014). Self-disturbance and schizophrenia: Structure, specificity, pathogenesis (Current issues, New directions). *Schizophrenia Research*. https://doi.org/10.1016/j.schres.2013.05.017

Sass, L. A., & Parnas, J. (2003). Schizophrenia, consciousness, and the self. *Schizophrenia Bulletin*, *29*(3), 427–444. https://doi.org/10.1093/oxfordjournals.schbul.a007017

Seikkula, Birgitta Alakare, Jukka A, J. (2001). Open Dialogue in Psychosis I: an Introduction and Case Illustration. *Journal of Constructivist Psychology*, *14*(4), 247–265. https://doi.org/10.1080/10720530125965

Urfer, A. (2001). Phenomenology and Psychopathology of Schizophrenia: The Views of Eugene Minkowski. *Philosophy, Psychiatry, & Psychology*, *8*(4), 279–289. https://doi.org/10.1353/ppp.2002.0029

Van Duppen, Z. (2016). *Schizophrenia: a disorder of intersubjectivity : a phenomenological analysis*. Heidelberg University. http://doi.org/10.11588/heidok.00022553

Thought insertion and agency: some critical consideration from Wittgenstein's philosophy of action

Jasper Feyaerts

1. Introduction

Considerable attention is offered to the analysis of complex psychiatric phenomena such as thought insertion and related delusions of control in schizophrenia in the current research literature on the intersection between philosophy and psychiatry (e.g. Billon, 2013; Bortolotti & Broome, 2009; Ratcliffe, 2015; Gallagher, 2015; Henriksen, Parnas & Zahavi, 2019). This interest is partly due to the fact that such symptoms have implications that go beyond the field of psychopathology *stricto sensu* and are assumed to teach us something about the meaning of some of philosophy's most fundamental concepts, such as, amongst others, (self-)consciousness, thinking, action, free will, etc. Let us consider, for instance, the following often-quoted clinical illustration of thought insertion:

I look out the window and I think that the garden looks nice and the grass looks cool, but the thoughts of Eamonn Andrews come into my mind. There are no other thoughts there, only his … He treats my mind like a screen and flashes thoughts onto it like you flash a picture (Mellor, 1970, p.17)

Testimonies such as this strike us as strange not only because, as Karl Jaspers once suggested, they put considerable pressure on the empathic attainment of the listener, but also because they seem to challenge some of the most basic intuitions about ourselves. One of such intuitions is the seemingly self-evident fact that whenever we are conscious of our thoughts, we are *ipso facto* conscious of these thoughts as *our* thoughts. This principle is commonly addressed philosophically by the more technical notion of "immunity to error through misidentification relative to the first-person pronoun" (Shoemaker, 1984), which means, less technically, that we can't go wrong, in our own case, about *who* is thinking. Yet, the phenomenon of thought insertion does not only seem to undermine this principle, it also opens up the further question on what this hitherto assumed philosophical *a priori* principle itself is based. The reason behind this question should be clear: since there seem to be conditions for which this 'evidence' is no longer evident, we should also suppose in normal cases some sort of 'ground' or 'evidence' which allows us to employ the admittedly banal prefix of the 'I think'.

In this contribution, I will critically discuss one of the current most influential accounts of thought insertion which situates the problem in a disruption of a 'sense of agency' (cf. Gallagher, 2005; 2015). The first part of this paper provides a brief overview of the discussion surrounding the above-mentioned phenomenological description. The second part of the paper offers some critical remarks starting from Wittgenstein's analysis of the concepts of *voluntary action* and the *will*. In conclusion, I will point to some suggestions for future research on schizophrenic symptomatology.

2. Self-reference and action

Before entering into the discussion regarding recent attempts of characterizing the phenomenon of thought insertion, let us first concentrate on the meaning of the so-called 'immunity principle' that is supposedly put in doubt by such pathological conditions. In the *Blue Book*, we find Wittgenstein's notorious distinction between two different uses of the first-person pronoun in the linguistic practice of self-reference: the use of the word 'I' as 'subject' and as 'object'. This distinction is best understood starting from the question in which sense a speaker using this pronoun can be mistaken and which sorts of things we can reasonably ask of him.

In the case the speaker uses words such as 'I', 'me' and 'mine' as *object*, they serve the speaker in talking about himself as an object (e.g. his body) and to attribute some property to this object on the basis of an observation. Examples of this kind of use are: "My arm is broken", "I have grown six inches", "The wind blows my hair about", … Since such statements are used to convey descriptive information resulting from an observation, they are constructed like every other assertion regarding an individual: they comprise a predicate (whatever it was I did observe) and a subject (the object on account of which I did the observation). Accordingly, there are two ways in which such "I-as-object"-statements could be susceptible to errors of identification. Be it on the side of the predicate, because, for instance, my arm turned out not to be broken after all; or on the side of the subject, that is, the arm is indeed broken, but it's not mine. The latter error is due to the fact that I have confused one person with another, namely myself, and its possibility indicates that what is involved in this type of employment is the reference to and recognition of a particular person. By contrast, the second type of employment, where the speaker appears as *subject*, excludes any sort of error with regard to the identity of the person involved: when I say "I see someone approaching" or "I believe it will rain", I might be wrong in the sense that in fact there's no one there or because my forecast got it wrong, but certainly not because the one who was seeing or believing turned out to be someone else after all. Or, as Anscombe (1980) comically illustrates the meaning of this immunity: when, during a dinner, a bishop lays down his

hand on the lady's knee, he could try to flee the embarrassing moment by claiming that he took the lady's knee for his own, but, in any case, *not* by conceding that he mistook himself for the lady in laying down his hand (in the latter case, we would pass from ordinary neurotic *unbehagen* to Rümke's infamous *praecox-gefühl*).

However, are there any exceptions to this immunity-principle? Can we imagine or even empirically conjure up possible cases in which someone uses the first-personal pronoun as 'subject' yet is somehow mistaken in its application? As pointed out in our introduction, some philosophical authors indeed adduce specific schizophrenic experiences as psychopathological counterexamples to this principle (e.g. Campbell, 1999; Gallagher, 2015). In the case of thought insertion, the patient seems to suggest that it is not he or she who is thinking certain thoughts while we can safely assume, all things being equal, that the subject of such a complaint most somehow be profoundly mistaken. In such cases the schizophrenic patient misidentifies 'the subject' of his thoughts and thereby seemingly violates not only Kant's rather abstract transcendental principle according to which an 'I-think' must be able to accompany all of my representations, but also an implicit regulatory principle enabling and supporting our daily communication and relations with each other.

Although in the tradition of philosophers like Wittgenstein and Anscombe this immunity-principle was understood first and foremost as a grammatical principle characterizing our forms of representation (rather than as something which would be grounded in whatever sense – cf. Descombes, 2014), recent interpretations of schizophrenic symptomatology, by contrast, open up the question of *what* it is that is being misidentified in such conditions, and by extension, on which ground we normally and effortlessly base our use of the 'I think'. According to one specific account which is offered considerable attention in contemporary literature, the phenomenon of thought insertion would confront us with a fundamental distinction between a 'sense of ownership' and a 'sense of agency' in the first-personal consciousness of thinking. 'Sense of ownership' is meant to refer to the pre-reflexive experience or feeling that I am the one who has or experiences thoughts. Phenomenologically, this is often expressed with the concept of *ipseity* which refers to the direct 'mineness' or 'for-me-ness' of self-consciousness (Henry, 1963; Zahavi, 1999): this is a dimension of inner self-acquaintance which ensures that I don't have to actively question or reflect whether consciousness, in all its intentional forms (thinking, imagining, perceiving, …), is indeed *my* consciousness. 'Sense of agency', on the other hand, refers to the pre-reflexive experience of being the active initiator or agent of a specific action. When taking a walk or opening a window, this voluntary action is thought to be marked and accompanied by an implicit 'sense of agency' which ensures that I can attribute this action correctly to myself. In typical cases of voluntary action, these two experiential

dimensions – ownership and agency – will be integrated and therefore be barely distinguishable. In the case of, for example, reflex behavior or involuntary movement, by contrast, these two phenomenological variables come apart: when someone pushes me or when I have an uncontrollable hand tremor, I retain the experience that I am the one who is pushed or that 'my' hand is starting to live a life of its own, while the experience of being the agent of an action will be lacking.

Armed with this distinction, it seems we can begin to render first-personal reports as the one cited in the introduction at least a bit more comprehensible. If we assume (i) that thinking is itself a form of voluntary action, which (ii) is marked by an experience of 'agency' and (iii) that the statement 'I think' constitutes a linguistic reflection of this phenomenological dimension, then we can view the claim of patients that 'others think in my stead' – *qua* experience claim – as structurally comparable to examples of involuntary movement or reflex behavior. On the one hand, the 'sense of ownership' is retained: patients indeed complain that it is they who have to endure the alienating passivity of thoughts, acknowledging, in other words, that they remain the *locus* of these capricious and autonomous thoughts and not somebody else. On the other hand, they do deny being the author or agent of thoughts which seem to impose themselves regardless of personal intentions and voluntary activity: as for involuntary moment, schizophrenic thinking occurs without the necessary 'sense of agency' which would normally allow us to confirm the 'I think' qua intentional activity.

Such a phenomenological characterization of thought insertion has at least one clear advantage: in contrast to some psychiatric approaches of schizophrenic symptomatology according to which what patients tell about their difficulties will remain closed for *rational* interpretation (cf Berrios, 1991), on this interpretation of thought insertion, the delusional claim concerns a perfectly coherent avowal. Since on a phenomenological account, the disruption originally manifests itself on the pre-reflexive level of experience, the complaint of thought insertion reflects a true conviction grounded in the alteration of the experience of 'agency'. Therefore, rather than setting aside the delusion – as is classically the case – as a 'false belief', the reflexive attribution of thoughts to someone else or a strange entity constitutes in this case the only correct interpretation of phenomenological reality. Undeniably, qua validation of the so-called 'first-person perspective' of patients with such complaints, this is a true gain. On the other hand, it is also important to emphasize that a descriptive account of what thinking, and its pathological modifications, mean on the first-personal level is a necessary step for psychiatric diagnostics and eventual (naturalistic) explanations: indeed, without a clear view of the nature of the phenomenon one wishes to explain, subsequent efforts at explanation in terms of neurological or cognitive models will be left in a vacuum.

3. Questions and critique

This sense-of-agency account of thought insertion is however not without its detractors and corresponding critique (for a summary and response, see Gallagher 2015). This critique goes - *inter alia* – that the phenomenon should be better characterized as a disruption of our 'sense of ownership' instead of 'agency' on the condition that the former is differently conceived (i.e. not in terms of spatial metaphors according to which thoughts that I have are thoughts that occur 'in' my stream of consciousness, but in terms of whether or not the subject wants or is able to endorse the corresponding thought-content – Bortolotti & Broome, 2009); that the problem is not situated on the basic level of immediate pre-reflexive experience, but on the reflexive level of attribution (Campbell, 2002); that the description of thought insertion in terms of a disturbed sense of agency is insufficient to provide a differential-diagnostic criterion to distinguish, for example, obsessive thoughts from thought insertion (Billon, 2013); that the phenomenological description doesn't take into account the specific *content* of thoughts that are experienced as ego-dystonic (Feyaerts & Vanheule, 2017); or finally, as Nietzsche reminds us, that thinking is as such a predominant passive phenomenon (Ibid.).

However, the assumption which survives throughout these various critiques and which qua philosophical problematic extends well beyond the specific issue of thought insertion is the idea that our concepts of action and voluntariness can be accounted for in terms of the phenomenological emphasis on *experience*. It is indeed a consistent feature of the phenomenological tradition that the collection of what Wittgenstein grouped under the heading of 'psychological verbs' (i.e. willing, acting, thinking, imagining, desiring, …) is primarily approached from within such a focus. One speaks, therefore, of an experience of 'agency', an experience of 'ownership', an experience of 'thinking', an experience of 'passivity' and so on. At least with regard to this specific conjecture, phenomenology can be rightfully considered to be an heir of Descartes (and not so much, as is often thought, in the analysis of consciousness or the cogito-argument). As Ricoeur (1950) observes, we can already encounter such an extension of the concept of 'experience' at the peak of the Cartesian hyperbolic regressions: although consciousness is unable to tell me whether I really see what I seem to see, or whether I am actually walking while having that impression, it is nonetheless guaranteed that I have the 'experience' of seeing or walking. *Mutatis mutandis*: although patients who testify about the phenomenon of thought insertion can remain in the dark about whether or not they are the originator of these alienating thoughts,

they nonetheless have the 'experience' as if they are passively and involuntary subjected to the thought-gamboling of a strange entity.

It is this remarkable expansion of the concept of experience that Wittgenstein will criticize in his account of what are after all markedly different psychological concepts (action, thought, sensation, …) with their own logic and according rules of use. However, it is important to emphasize that Wittgenstein's critique doesn't amount to the claim that these psychological verbs can't be grouped under a specific shared characteristic. Indeed, they can, since it is a distinctive feature of these verbs that they manifest an asymmetry between the first- and third-persons in the present indicative (and *only* in the present indicative). In the third-person, the use of 'seeing' or 'thinking' is based on the observation of a person whom is subsequently described (e.g. "he sees the train approaching" or "he's thinking about days long past"). In the first-person, by contrast, the person who claims "I am desiring to go on a holiday" or "I have the intention to finish my article" doesn't need to observe himself to avow what his desire or intention is. But the fact that all these verbs show this asymmetric characteristic doesn't imply that they are, for that very reason, all concepts of *experience*, like "I see a color" or "I hear a noise" for example are. In the latter cases, I have indeed an experience and therefore am able to describe the content of this experience – the *Erlebnisinhalt* (the perceived of my perception, the felt of my feeling, etc.). On the other hand, someone who has the intention to do whatever he plans to do can probably experience all kinds of feelings (excitement, restlessness, …), but *nothing* of what he experiences *constitutes* his intention or ensures that his intention can be understood as the intention it is.

What is valid for the concept of 'intention' also holds, in Wittgenstein's view, for the concept of 'voluntary action'. Being able to speak about my voluntary actions is not a matter of describing 'experiences of voluntariness' or indeed testifying about a supposed 'sense of agency'. Being asked to describe my (thought) actions, i.e. whether or not it *feels* voluntary, therefore doesn't amount to a phenomenological clarification of such concepts, but rather to neglecting and confusing the specific differences between the language games of 'action' and experience'. What this confusion amounts to, and what this implies for the analysis of thought insertion, will be further developed in the following sections.

4. Action versus experience

Wittgenstein introduces the problem of the analysis of action in the following, deceptively simple way (the reader will be able to do the same for the case of thinking):

Let us not forget this: when 'I raise my arm', my arm goes up. And the problem arises: what is left over if I subtract the fact that my arm goes up from the fact that I raise my arm? (1958, 621)

Since this question has become somewhat of a standard philosophical quotation, it is usually understood and invoked as *the* paradigmatic expression of the problem of the essence of action. It might therefore be somewhat surprising that in the larger context of Wittgenstein's philosophy of psychology this question is not so much understood and employed as the first introduction on the problem, but rather as a prime example of a deep-rooted conceptual confusion. That is, the question invites and seduces us in trying to single out that aspect of a voluntary arm movement of which its voluntary character would consist. This aspect, so it seems, cannot be mere physical movement, since one and the same movement can be voluntary as well as involuntary. This suggests, in turn, that we should suppose a *mental* occurrence which would ensure that the movement is voluntary, as for example the will:

What is activity? *Prima facie* bodily movement. But not any bodily movement – not if the chair gives way, nor the beating of the heart. It must be voluntary movement. But what is voluntary movement? Is my shaking my head voluntary a head-shake or something else? It seems that what matters is this something else – the WILL – i.e., something that happens to my soul – i.e., an experience (1988, p. 35).

This line of thought is almost irresistible when one poses the further question of the voluntary character of one's own movement in comparison with the movement of others. For in the case of someone else moving, it seems one can never be sure whether or not it is voluntary. I can only fall back on conjectural hypotheses which are grounded in the sort of behavior I observe. In one's own case, however, as a rule I can say which of my actions are voluntary. Again, it seems that such 'private knowledge' *must* be grounded in some sort of subjective experience which enables me to distinguish between what is voluntary or involuntary.

It is this idea however – i.e. that voluntary action consists in some sort of particular experience or feeling of voluntariness – which is the main focus of Wittgenstein's critique. Although Wittgenstein mainly focuses on the then current psychological theories which each in their own turn proposed different candidates to specify the mental experience of voluntary action (e.g. William James' ideo-motoric

theory or Wilhem Wundt's innervation theory), he was also concerned with the more general idea.

Let's start with the following example:

Suppose you come to hospital with a jerking arm and say, 'Sometimes my arm moves involuntarily'. The doctor might say, 'I can move my arm like that'. 'Oh, but it feels involuntary'. 'Is that a very bad feeling?' 'No.' 'Well, why worry about it?' – This is all wrong. The point is that the motion happens when I don't want it. The doctor may indeed ask how it feels and where (1988, p. 77)

So already in this example, what makes my arm movement involuntary is not a question of how it feels, but that the arm moves in an uncontrollable way. Whenever an action is uncontrollable, even in case the arm movement doesn't feel strange or is even accompanied by a 'sense of agency', then it *is* involuntary. Suppose furthermore that someone would claim that not only his arm movement feels involuntary, but that *all* his physical movements feel this way, then it would be very unclear what one should conclude from such a statement as long as this person acts normally for the rest. To evaluate such a case, one could ask him questions such as "do you know what you are doing?", "do you act in accordance with your will?", etc., and if this person would answer affirmatively, then surely, we would consider the involuntary experience to be an irrelevant anomaly, rather than a proof or indication that his actions are involuntary. Or we could perhaps doubt whether this person really understands the distinction between voluntary and involuntary action. In any case, what this example already suggests is that in order to determine whether or not an action is voluntary, one cannot merely rely on someone's 'experience', but should take into account a larger context of variables.

Secondly, if the voluntariness of action would be a matter of the presence or absence of an inner experience, then *any* action could be voluntary or involuntary. The 'sense of agency' is in that case a necessary, but independent component of a voluntary action. So on this account, everything one does – be it moving one's arm, but also eating, riding your bike, talking to your loved ones, … - can be accompanied with such an experience. Wittgenstein points out that this goes against how we ordinary distinguish voluntary from involuntary actions:

People don't consciously distinguish voluntary and involuntary eating, drinking, etc. The distinguish, e.g., voluntary and involuntary raising of the arm. Now 'I did this

voluntarily/involuntarily' is an utterance; but not the utterance of a feeling. The utterance of a feeling would always have sense even for eating and drinking, but the utterance 'I did this involuntarily' has not in such cases a clear sense (1988, p. 75).

For certain actions, such as moving arms and legs, one distinguishes performing them voluntarily from their occurring involuntarily, although, as Wittgenstein points out, this distinction is not made on the basis only of one's feelings. However, one does not discriminate between voluntary and involuntary eating, drinking, walking, reading, etc. In most ordinary circumstances, one seems to take these actions to be voluntary without considering the possibility that they might be involuntary: "How do I know whether the child eats, drinks, walks, etc., voluntarily or involuntarily? Do I ask the child what it feels? No; eating, as anyone does eat, *is* voluntarily' (*RPP* 763). One does not, in other words, assume that there must be an appropriate inner experience in another person when that person eats, nor in one's own case does one conclude that one is eating voluntarily from the evidence of one's own experience.

One might argue, however, that the difference between voluntary eating and voluntary movement of a limb lies in the fact that we find that eating is invariably associated the experience of agency, and thus we assume that it is there in all cases of eating. But Wittgenstein's argument is that we do not make this assumption in judging eating to be involuntary (i.e., that the experience is not pertinent *à propos* the action's voluntariness), and thus the question of the evidence we have for saying the feeling of agency is present when eating is not to the point. If it were the case that eating, drinking, etc., are distinguished as voluntary by virtue of an accompanying experience, then involuntary eating, drinking, etc., would simply be a matter of an agent acting the appropriate way without the willing experience. It is far from clear, however, that an agent could justify the claim 'I did this involuntarily' by appeal to the experience of the action:

> If someone were to tell us that with *him* eating was involuntary – what evidence would make one believe this? (1988, 764)
>
> Someone, who is threading a needle with all the appearance of taking care, and tells us that he does it *involuntarily*. How could he justify this statement? (1988, 774).

Although it is not inconceivable that one should be in a position to say that one's action of eating, painting or threading a needle is involuntary, it is doubtful whether there is

any occasion where a particular feeling could justify such a claim. If, for example, I were incapable of stopping myself eating, I would be eating involuntarily – although we do not in any general way distinguish voluntary from involuntary actions on the basis of whether or not they can be controlled, for certain involuntary actions may be controlled (e.g. controlling the rate of one's heartbeat by breathing slowly).

Yet Wittgenstein's more general position is that there simply is no specific criterion which would allow us to make this distinction. Even more, the very question *how* we are able do this he considers to be misplaced. How should we understand this last point?

Wittgenstein draws the analogy between voluntary and involuntary action and lying and telling the truth. As with one's voluntary actions, one knows when one is lying, and one might ask as to the source of this knowledge. Wittgenstein also claims that being able to distinguish when one is lying, as with voluntary action, is not a matter of having a particular feeling associated with the uttering of lies: "If a man says 'I feel as though I were lying', we don't say, 'Perhaps you are' (1988, p. 75). There is no particular sensation associated with telling a lie, any more than a feeling of sincerity is associated with telling the truth. One's 'knowledge' in this case, Wittgenstein argues, is not a justified belief; rather, 'consciousness of lying is a capacity'. One's awareness that one is lying is not an incidental phenomenon associated with the practice of lying, for it is a *criterion* of a person's lying that that person should realize it. A lie is, however, often characterized by one's meaning to mislead by what one says, by a particular motivation to distort the truth, by attempts to prevent the lie from being exposed, etc. Thus Wittgenstein contends that a lie requires a particular surrounding of intention, motivation and behavior. This is similar to his view of voluntary action:

A child learns to walk, to crawl, to play. It does not learn to play voluntarily and involuntarily. But what makes its movements in play into voluntary movements? … Its character and its surroundings (1967, 587).

The conclusion therefore is that the voluntariness of action is only shown in a broader context of mental conditions, dispositions, forms of behavior, feelings, etc. Hence, saying that one has done something voluntarily does not come down to describing the presence or absence of a specific feeling or experience of action, but means, for example, that one has acted in the way one wanted to act, that one didn't feel obliged to act by someone else, that a voluntary action is an action which one can perform when asked, that the action does not arise when one explicitly tries to avoid it, etc.

5. Conclusion: thought insertion and passivity

What then are the implications of Wittgenstein's analysis of voluntary action for how to approach the phenomenon of thought insertion in schizophrenia? At first sight, these seem mainly negative. Wittgenstein emphasizes that claiming whether or not one has performed a (thought) action voluntarily is not a subjective claim about the special source or experience of an action. More specifically for the analysis of thought insertion this means that the exclusive focus on a disruption in the 'sense of agency' as diagnostic criterion is much too limited. Yet Wittgenstein argues at the same time that *any* effort to isolate a specific criterion which would constitute the holy grail of voluntary action (be it in experience or in behavior) will ultimately debouch in a fruitless undertaking: "In a great many cases the difference is not one lying in the action or an accompaniment of it, but in the surrounding circumstances, the *environment* of the action' (MS 150, p. 48).

Perhaps we can take the latter remark as a positive suggestion for future research on the nature of schizophrenic symptomatology in so far as it dovetails well with what other phenomenological authors have elsewhere suggested. Parnas & Sass (2001; see also Roessler, 2013), for example, observe that patients' preoccupation with the origin of their thoughts should not so much be understood as an isolated phenomenon and that it also does not appear in the beginning of the psychosis. They emphasize that the delusional transformation which finally results in complaints about thought insertion or verbal hallucinations should be understood as the crystallization of more discrete changes and alterations in the self/other-experience dating back from before the explicit-florid delusional state. Such complaints, moreover, comprise the difficult to express impression that "I am no longer myself" or "am losing contact with myself" and that also the world itself and the relation with others is losing something of their self-evident nature. Like Wittgenstein suggests, it is only starting from a detailed, descriptive analysis of this global image in all its complexity that one could derive the meaning of more specific, isolated complaints, rather than taking the latter as core symptoms which would hold the key for understanding the total condition.

Literature

Anscombe, G.E.M. (1981). *Metaphysics and the Philosophy of Mind: Collected Philosophical Papers Volume II.* Oxford: Basil Blackwell.

Berrios, G. (1991). Delusions as "Wrong Beliefs": A Conceptual History. *British Journal of Psychiatry* 159, 6-13.

Billon, A. (2013). Does consciousness entail subjectivity? The puzzle of thought insertion. *Philosophical Psychology* 26, 291-314.

Bortolotti, L. & Broome, M. (2009). A role for ownership and authorship in the analysis of thought insertion. *Phenomenology and the Cognitive Sciences* 8, 205-224.

Campbell, J. (1999). Schizophrenia, the space of reasons, and thinking as a motor process. *The Monist* 82, 609-625.

Descombes, V. (2014). *Le parler de soi*. Gallimard.

Feyaerts, J. & Vanheule, S. (2017). Hij of het (ding) denkt, niet ik: Frith over verbale hallucinaties. *Tijdschrift voor Filosofie* 79 (2), 313-342.

Frith, C. (1992). *The Cognitive Neuropsychology of Schizophrenia.* Hove: Psychology Press.

Gallagher, S. (2005). *How the Body Shapes the Mind*. Oxford: Oxford University Press.

Gallagher, S. (2015). Relations between agency and ownership in the case of schizophrenic thought insertion and delusions of control. *Review of Philosophy and Psychology* 6 (4), 865-879.

Henry, M. (1963). *L'essence de la manifestation*. Presses Universitaires de France.

Mellor, C.H. (1970). First rank symptoms of schizophrenia. *British Journal of Psychiatry* 117, 15-23.

Parnas, J. & Sass, L. (2001). Self, Solipsism, and Schizophrenic Delusions. *Philosophy, Psychiatry, Psychology* 8 (2), 101-120.

Ricoeur, P. (1950). *Philosophie de la volonté 1. Le volontaire et l'involontaire.* Paris : Seuil.

Roessler, J. (2013). Thought insertion, self-awareness, and rationality. In K.W.M. Fulford et al. (Eds.), *The Oxford Handbook of Philosophy and Psychiatry*. Oxford: Oxford University Press, 658-672.

Shoemaker, S.A. (1963). *Self-Knowledge and Self-Identity*. Ithaca: Cornell University Press.

Wittgenstein, L. (1958). *Philosophical Investigations* (tr. G.E.M. Anscombe and R. Rhees). Oxford: Basil Blackwell.

Wittgenstein, L. (1967). *Zettel*. Ed. G.E.M. Anscombe and G.H. von Wright (tr. G.E.M. Anscombe). Oxford: Basil Blackwell.

Wittgenstein, L. (1980). *Remarks on the Philosophy of Psychology. Vol. 1.* Ed. G.E.M. Anscombe and G.H. von Wright (tr. G.E.M. Anscombe). Oxford: Basil Blackwell.

Wittgenstein, L. (1988). *Wittgenstein's Lectures on the Philosophy of Psychology 1946-7.* Ed. P.T. Geach. Chicago UP.

Zahavi, D. (1999). *Self-Awareness and Alterity*: *A Phenomenological Investigation*. Northwestern University Press.

Absolute Zero

Or why is there nothing rather than something?

Wouter Kusters

The following text is an excerpt from my book *Philosophy of Madness. Fundamental and Transgressive Insights*, which is due to appear in 2020 at the MIT Press. This book consists of four parts, and in the third part I state that we may categorise delusions along four concepts, that play a role in all kinds of philosophy as well, namely: The One, Being, Infinity and Nothingness. Roughly spoken, paranoid psychosis would fall under Madness of the One; manic psychosis under Madness of Being; religious kinds of delusions under Madness of Infinity; and depressive psychosis under Madness of Nothingness. The text below is taken from the chapter on Madness of Nothingness, and is a slightly adapted version of the paragraph that discusses the mad, or psychotic, counterparts of philosophies that assume that Nothingness is primordial with respect to Being. The philosophical thought, that the 'ground' of being is in fact empty, an abyss, or an un-ground, can be maintained in philosophical texts and discourse, without destroying the actual ground, or way of life of the bearer of that philosophical thought. In the variety of madness that I discuss here, the madman is haunted by this same thought; it is the unbearable truth he has come upon, giving rise to so-called delusions that are hard to explain, but which underlie his experience, thoughs and expressions. In the text I call this the zero-delusion, or Ø-delusion – while the delusional constellations around the One, Being and Infinity, I call respectively the uni-delusion, the esse-delusion, and the Ω-delusion.

0. Introduction

In other sections of chapter twelve of Kusters (2020) I approached nothingness from the perspective of being. Being was the 'primary field' there, while nothingness was the non-existing zone where you end up when you are no longer there, when you have lost 'the feeling of being' – or when you find yourself in the Ø-delusion. Removed from the heart of existence, you are beyond the borders of being. Artaud (1976), Blankenburg (1971), and Blankenburg's patient describe the feeling of being "done away with" as unpleasant. However, Artaud – and, in a very different way, Sartre – also see a dim light shining in nothingness. If non-being is the source of freedom and the essence of humanness (Sartre), or the source of "paths to eternity" (Artaud), then we are closely approaching the turning point behind which nothingness is standing on its own and is a primary given with respect to a secondary being. In this section, I will be

looking at what the Ø-delusion looks like when it is assumed that nothingness is the normal condition and being is an incomprehensible, unreal aberration.

By making this transition – from nothingness and the Ø-delusion that are parasitic with respect to being, to an independent place, zone, or domain for nothingness and the Ø-delusion – we are taking a step in this book that is diametrically opposed to the way in which twentieth-century phenomenologists such as Husserl, Sartre, and Heidegger thought about nothingness. For these thinkers, being and nothingness are completely interwoven – irreconcilable, granted, but also inseparable; they can neither be pulled apart nor thought about or regarded separately, let alone be made into spatially separate domains.

But that is what I am doing here. The transition I am making can be seen as nothing else than the neutral presentation of a different philosophy (such as that of Schelling, see section 3) that is more in keeping with the notion of the Ø-delusion. But my interpretation of Sartrean nothingness as an independent source can also be seen as a philosophical fallacy, an essentializing or reification of "something" that by definition does not lend itself to it. So this philosophical reflection and possible fallacy are also mad obsessions in the form of a "spatializing" (cf. Minkowski 1933), space-creating, or even an imagining of time and the concomitant notion of nothingness. In order to understand madness "from the inside out" and to reflect on it, we must however take this step toward that independent nothingness – and also do it obsessively – whether it is philosophically fully warranted or not.

1. Neon light

Essentially, every bend on the mystical path is a negation. Travelers on the mystical-mad path pass through the larger stations of detachment, demagination, delanguization, and dethinking, and the less conspicuous way stations of dislocation, degradation, disillusionment, and deep emotion. Perhaps the final resting place will consist of the Big D – Ø – and it will become apparent that the uni-delusion, the esse-delusion, and the Ω-delusion do not penetrate mystical madness deeply enough. But finally the time has come. In what follows I discuss the result of complete de-being, total de-xx-ing (see the introduction to this chapter). I am going to take Ø, or absolute zero, as the alpha and the omega that encircles, encloses, and unlocks everything.

In every domain, Ø functions as the drain through which all possible life is carried away, sooner or later, in the sewer of nothingness. In the domain of nature, most theories assume that the universe, as it extends in time and space, is finite and limited: that "beyond" the borders of time and space there is "nothing." On the whole,

sub specie aeternitatis, there may as well be nothing. Insofar as you are inclined to suppose that there *is* something there, that something quickly lapses into nothing on closer inspection. But even if time and space are indeed boundless and infinite, this is cold comfort. Infinity does not imply that "something is there." In order to "be" there, there would have to be more than a wrinkle in the ocean or a crease in the carpet. If that something-that-is is no more than a spark, a soap bubble, or a face in the sand, then it's really nothing. Everything changes, everything flows, nothing remains. The heart of nature is empty.

Even when you pull yourself back from the mega-macro outside world and search inside yourself for something enduring – an identity or something to hold onto – there's nothing there, not even a stalk of straw, and you yourself are "as straw." What comprises our existence and supports us is shaky and without foundation. Pleasure is short-lived, everything comes to an end, all is vanity, and all that's left is memento mori. The light goes on, the light goes out, what remains is darkness. The theater curtain opens, actors appear in living masks, they speak, they dance in colorful garments, they quarrel and fight, they get tired and slink away, the curtain closes. The masks hang on a hook, the props are stored in a cabinet, the scenery rots away in a dark shed lit only by neon light. Under the masks there is only flesh and blood, directed by soulless forces. What only seems alive is the result of blind laws, the intersection of sociological factors and biological urges, and the result of neurological and chemical fluctuations. But even this actually says too much about nothingness: there was no stage, no light, no voice; in the beginning there was nothing and there will be nothing at the end. In between are empty specters of the extremes of nothingness: the blackness, the emptiness, the silence. So we have these somewhat melancholic, repressed, everyday musings, which are quite tolerable as long as they don't probe too deeply into the consciousness or influence practical activity.

Such associative trains of thought and diffuse feelings find their variants in rationally thought-out worldviews and philosophies of nothingness, all properly supported by arguments. In order to sensibly maintain that "nothingness is the basis of everything," any indication that "there really is something" must be revised as a secondary phenomenon, so that "nothingness is prior to everything." In the philosophy of the Ø-delusion, being is refashioned into a curious epiphenomenon of nothingness. The challenge for the philosopher of nothingness is to demonstrate how everything that *seems* like something actually *is* nothing – "being is illusion, nothing is real" – or, insofar as it already is something, then it's still based on or dependent on nothing. Classical philosophical positions that lend themselves to such ways of thinking are solipsism, rationalism, and idealism. When the Mind (Hegel), the Idea (Plato), the

experience (Husserl), or existence (Sartre) precede matter, reality, knowledge, or essence, and when the first terms in a pair of manifestations – or wordings – always have to do with nothingness, then the Ø-delusion is not far away.[i]

2. Broken by nothing

A living example of the Ø-delusion is provided by a patient of Jaspers (quoted in Sass, 1992, 310): "I am only an automaton, a machine; it is not I who senses, speaks, eats, suffers, sleeps; I exist no longer; I do not exist, I am dead; I feel I am absolutely nothing." We find a more extensive example of the Ø-delusion in one of the main characters in the novel *Martian Time-Slip* by Philip K. Dick, a science fiction writer who had an intimate knowledge of strange mental states. A few fragments with my comments in editor's brackets (Dick 2012, 115, 117, 119-120):

"Contemplating Dr. Glaub sitting opposite him, Jack Bohlen felt the gradual diffusion of his perception which he so dreaded, the change in his awareness which had attacked him this way years ago in the personnel manager's office at Corona Corporation, and which always seemed still with him, just on the edge. He saw the psychiatrist under the aspect of absolute reality: a thing composed of cold wires and switches, not a human at all, not made of flesh. The fleshy trappings melted and became transparent, and Jack Bohlen saw the mechanical device beyond. Yet he did not let his terrible state of awareness show; he continued to nurse his drink; he went on listening to the conversation and nodding occasionally."

[Jack Bohlen was overcome by the Ø-delusion through temperament, insight, fate, or whatever we might call it. His method of "contemplating" is consistent with what I discussed in section 2.2.2. What I call the Ø-delusion in this section, or absolute zero, is what Dick calls "absolute reality." There is no life there; everything melts away, becomes transparent, and decays into nothingness.]

"They walked along the street, past the shops, most of which had closed for the day.

'What was it you saw,' the girl said, 'when you looked at Dr. Glaub, there at the table?'

Jack said, 'Nothing.'

'You'd rather not say about that either?'

'That's right.'

[…]

'Is it awful?' Doreen asked.

'No. Just – disconcerting.' He struggled to explain. 'There's no way you can work it in with what you're supposed to see and know; it makes it impossible to go on, in the accustomed way.'

'Don't you very often try to pretend, and sort of – go along with it, by acting? Like an actor?' When he did not answer, she said, 'You tried to do that in there, just now.'

'I'd love to fool everybody,' he conceded. 'I'd give anything if I could go on acting it out, playing a role. But that's a real split – there's no split up until then; they're wrong when they say it's a split in the mind. If I wanted to keep going entire, without a split, I'd have to lean over and say to Dr. Glaub –' He broke off.

'Tell me,' the girl said.

'Well,' he said, taking a deep breath. 'I'd say, Doc, I can see you under the aspect of eternity and you're dead. That's the substance of the sick, morbid vision. I don't want it; I didn't ask for it.'"

[Here Dick is referring to Spinoza's *sub specie aeternitatis* (viewed in relation to eternity). There you see the "morbid vision," there you are dead. Once you've seen that nothingness, you're infected with it. After that you'll always know that "nothingness exists," but you have to act as if "nothingness isn't there."]

"Doreen said, 'You're a brave person, Jack Bohlen.'

'Why?' he asked.

'Because you're going back to the place that troubled you, to the people that brought on your vision of, as you said, eternity. I wouldn't do that, I'd flee.'

'But,' he said. 'That's the whole point; it's designed to make you flee – the vision's for that purpose, to nullify your relations with other people, to isolate you. If it's successful, your life with human beings is over. That's what they mean when they say the term schizophrenia isn't a diagnosis; it's a prognosis – it doesn't say anything about what you have, only about how you'll wind up.' *And I'm not going to wind up like that*, he said to himself. Like Manfred Steiner, mute and in an institution; I intend to keep my job, my wife and son, my friendships – he glanced at the girl holding onto his arm. Yes, and even love affairs, if such there be. *I intend to keep trying*."

[Like Artaud, Bohen is engaged in a fight with this nothingness. This absolute nothingness is not only the absolute truth, and the (non)-foundation of being. It also constitutes a diabolical force or power that wants to tempt him to turn away from all that illusory being.]

Philip K. Dick beautifully describes what direction the psychotic is traveling in when he leaves the normal human world. He refers to the morbid vision, the absolute reality where you're "dead" from the point of view of eternity. This is indeed the Ø-delusion, but the images Dick uses are not to be taken too literally. When Dick writes, "He saw the psychiatrist under the aspect of absolute reality: a thing composed of cold wires and switches, not a human at all, not made of flesh …," then the reader might be led to think that the psychotic looks at other people like a doctor, with an analytical gaze, as if he were seeing a "machine" with a material basis, "composed of cold wires and switches." But this is a figure of speech. Dick is imagining the disintegration of ordinary categories of the "natural self-evidence" of the human world, in which you would "see" people deteriorating into cold wires and switches, as it were. But these are mere metaphors for the way 'hyperreflexivity' works.[ii] I argue elsewhere (Kusters 2020) that in madness, "seeing" changes into remembering, thinking, and creating. A progressing, hyperreflexive glance does not stop at cold wire but keeps on deconstructing "until nothing is left"; until *creatio ad nihilum* – the counterpart to *creatio ex nihilo*, creation-from-nothing.[iii]

The psychotic process here is a total negation that is not secondary with respect to a lost or illusory primary being but is itself primary as the negation or the (un)ground of a secondary being. Through hyperreflexivity and de-xx-ing, mysticism and madness, one stumbles on to this ultimate truth of nothingness: absolute reality. This nothingness is the place where everything "ends up," where everything "peters out," what everything "comes down to." In this vision, the everyday existence of the non-mystic, the non-madman, the non-philosopher hangs like a veil of unknowing over the true nature of existence: nothingness. Nothingness is the ground, being is the illusion that is built on top of it. Because nothingness here is the ultimate, fundamental truth of absolute reality, you cannot be introduced to it and then continue as before. As Bohlen says: "It makes it impossible to go on, in the accustomed way." The experience of the Absolute Un- transforms and enthralls; Bohlen finds it difficult to escape from the penetrating darkness of this truth and to return to daily life.

Another example is taken from a conversation I once had at a party. It was just an ordinary birthday party in which I began chatting with Crystal, a woman in her mid-twenties who told me something quite remarkable without seeming to be aware of it herself. After having barely exchanged three words, she told me that the week before the party "her life had ended" and that now "nothing mattered anymore." Up until then there had been "nothing wrong," she "didn't have a worry in the world," but earlier that week she had experienced something that had meant the end of

everything. What had happened? She couldn't easily tell me, because actually "nothing had happened." But why was everything suddenly meaningless, over and done with? Had she lost something, or someone? No, she hadn't lost anything, because "everything was gone," and on top of that "it had never been there" to begin with, so there was nothing to lose. That's why she didn't feel shocked or sad. Everything had simply stopped.

After a bit of hemming and hawing, and the umpteenth cigarette, she decided to tell me how it had come to such a pass. On her free afternoon she had gone to a café by herself to have a cup of coffee, as she often did. It was a perfectly ordinary day, a perfectly ordinary week, and she wanted to drink her coffee in peace before taking care of some other things in town. While she was sitting there with her coffee, her attention was drawn by a man a couple of tables away. He was just staring into his cup and stirring it. He looked like an ordinary man, but somehow there was a sense of deep loneliness about him, as if he didn't belong there at all at that moment but could be nowhere else nonetheless. Suddenly the man looked up from his coffee and stared straight at her for several seconds with a penetrating gaze. And with that everything was over, in a flash. Everything collapsed. It was everything and nothing. His fathomless gaze had made that immediately clear to her. The scales fell from her eyes.

The more she talked the more my curiosity was piqued and I expected this to be the beginning of some kind of love story. But I was wrong. After her eye contact with the strange man, Crystal had averted her gaze and simply realized that "there is nothing at all." What do you mean by nothing, I asked her. You had your cup of coffee in front of you, and you saw that man, and you were going to do some shopping. That's not nothing, is it? She cut me off: don't play dumb; you know perfectly well what I mean. And I had to admit that I did. So reluctantly I agreed with her, because indeed, there is nothing. She knew it, I knew it, and many others know it, too. But many people don't know it, or they suspect it somehow but they play ignorant, either consciously or unconsciously. Crystal said that the few people she had told that week had not understood her at all, and that she was glad I seemed to understand her.

But any further attempts to exchange a few more words on the basis of this shared understanding and shared nothingness were unsuccessful. Surely I realized that going further was just empty chatter? There was simply nothing, which meant nothing further to say and no ramifications, except for the fact that now she "understood everything and nothing." End of conversation. And a couple of weeks later it was also the actual end of Crystal, for she had brought herself to a definite and absolute end.

This example raises questions about the Ø-delusion, as well as other delusions. How can you tell if someone is inhabiting the Ø-delusion? Was Crystal stuck in the same

Ø-delusion as Artaud, as Blankenburg's patient, or as Bohlen, the main character in Dick's novel? Or was she caught up in a complex and confusing semantic linguistic game based on words like "nothing"? Or – which is quite possible – is the Ø-delusion itself ultimately nothing more than a confusing linguistic game? These latter possibilities, however, would only make sense when we demand that delusions can be described as a set of propositional knowledge sentences. However, the delusions as I describe them are not a collection of verifiable knowledge claims or cognitive conditions. Rather, they consist of prior "pre-reflective attitudes" or "ways of perceiving the world." The delusions are difficult to describe verbally, since in the delusions the very basis of language itself is being questioned. This gives rise to problems of definability and self-referentiality; it is not possible to identify any type of delusion with objectivity or exactitude. But the same is true of the traditional terminology used in psychopathology, and is otherwise not a problem. After all, the delusions I am describing are only meant to serve as convenient frameworks to facilitate the interpretation of people's experiences and stories, and to relate them to philosophical, literary, and other kinds of non-medical text genres.

This example also suggests that a form of contact could exist between Ø initiates. According to Crystal, conveying the secret of Ø was possible by means of eye contact. So whether the strange man in the café was also Ø-deluded is not even that important. Whether Ø is conveyed consciously or unconsciously, the fact remains that apparently you can obtain insight into Ø by looking into someone else's eyes. The other form of contact between initiates was what happened between myself and Crystal. We certainly seemed to understand each other, better than many a psychiatrist might, because we both had "been there" (and she still was?). But is an understanding of nothing actually understanding?

When absolute zero is found, there is really only one logical conclusion: to wordlessly inhabit the black void. Perhaps Crystal was right. How can you speak when words are hollow? How can you fill in the void when it's absolute? But as usual, in cases that cannot be talked about there is very little silence and plenty of talking – by the mad Ø-mystics themselves and the philosophers of nothingness.

3. Fretting over nothing: Schelling's *The Ages of the World* I

In this section I will show how philosophy and madness – in the work of Schelling and Custance respectively – can twist and turn around nothing in strikingly similar ways. Friedrich von Schelling was a German philosopher who belonged to the school of German Idealism of the early nineteenth century that included Kant, Hegel, and Fichte. Like so many other German idealists, Schelling's ambition was to understand and

explain all of human existence and the cosmos, both past and present. And like his contemporaries, his philosophy consisted of searching for ways to comprehend and explain contradictions, such as that of freedom and determinism, unity and multiplicity, and finiteness and infinity. Such essential contradictions also play a role in madness. An example of this is Schelling's *The Ages of the World* (*Die Weltalter*), whose probing and sometimes dark metaphorical and mythological form comes close to the manic, raving meditations of Custance. Here I will discuss the place that nothingness occupies in this famous work (famous and infamous, owing to its supposed impenetrability[iv]), which Schelling spent his whole life polishing and modifying.

The core idea of *The Ages of the World* is that there are two forces underlying existence and the world: that of "yes" and that of "no." This duo manifests itself in numerous forms in a variety of domains: as logical contradiction between affirmation and negation; as ontological contradiction between being and nothingness; as physical contradiction between expansion and contraction and between light and darkness; as temporal contradiction between the present and the past; as Christian contradiction between Jesus and the Holy Spirit, and so on, and so on. This primal contradiction between nothingness and being generates and supports the whole cosmos: not only on the material and biological plane, the level of human consciousness, but also in the upper spiritual spheres. Schelling discusses a few aspects of the contradiction in the following quote, in which he emphasizes that people usually pay more attention to the expansive, affirmative "yes" than to the narrow, negating "no" (2000, 6): "Indeed, humans show a natural predilection for the affirmative just as much as they turn away from the negative. Everything that is outpouring and goes forth from itself is clear to them. They cannot grasp as straightforwardly that which closes itself off and takes itself, even though it is equivalently essential and it encounters them everywhere and in many forms. Most people would find nothing more natural than if everything in the world were to consist of pure gentleness and goodness, at which point they would soon become aware of the opposite. Something inhibiting, something conflicting, imposes itself everywhere: this Other is that which, so to speak, should not be and yet is, nay, must be. It is this No that resists the Yes, this darkening that resists the light, this obliquity that resists the straight, this left that resists the right, and however else one has attempted to express this eternal antithesis in images. But it is not easy to be able to verbalize it or to conceive it at all scientifically …"

Schelling never ended up in a psychiatric hospital as a result of making such statements. He was a well-known and respected philosopher in his day. Yet many passages in *The Ages of the World* call to mind the endlessly meandering, manic-metaphorical texts that can also be found among the dwellers of the mad world. Perhaps it's because the average madman ends up speaking gibberish due to his

sudden, unexpected contact with the One, with Nothingness, and with the Infinite, and that on account of the thematic similarity Schelling was forced to use confusing language as well.[v] Custance provides a fine example of this (1952, 98-99): "In the blinding light of this illumination, or apparent illumination, from the depths of being, practically everything in Heaven and Earth seemed to fall on one side or the other. … God Transcendent is Positive, God Immanent Negative. Moral struggle and tension are Positive; forgiveness and moral release are Negative. Within Christianity, as I have said, Protestantism is Positive as opposed to Catholicism, while within Protestantism Lutheranism seems far less so than Calvinism. … The Positive Sun (Light) opposes the Negative moon (Queen of Darkness), the starry sky faces the Negative Mother Earth, yet solid Earth is Positive as compared with rivers or sea or any form of water. Nature, and particularly organic Nature, is Negative; the inorganic has a Positive quality. In the human – or animal – body, everything associated with the reproductive function is Negative and with the nutritive functions Positive. Science is Positive, art Negative; intellect is Positive as opposed to Negative instinct."

Naturally there are differences between Custance's work and Schelling's *The Ages of the World*, as a result of which Custance ended up in a mental hospital and Schelling with a chair in philosophy in Berlin. While both thinkers place the dualism of "yes" versus "no" at the core of their systems, the machinery for deriving the cosmos from that core is more refined in Schelling and more anchored in tradition. Custance describes the interaction between positive and negative forces fairly superficially, while Schelling places dualism within a complex, gradually developing process. Furthermore, Custance has a more expressive writing style and perhaps a more expressive thinking style. He conveys his ideas using spatial and visual imagery, while Schelling uses more abstract concepts and lines of argument. Because of this, Custance may be more at risk of being swept along by his profusion of images, which – as I discuss in part II of Kusters (2020) – can finally lead to superficial psychotic symptoms such as delusions and hallucinations.

These differences are not essential, however, and perhaps they can be traced back to the fact that Custance was simply less trained and schooled in working out, organizing, and expressing these kinds of complex thoughts. As a result, Schelling's argument is coherent and argumentative, while Custance's seems fragmentary and associative. In this regard, I suspect that in a conversation Schelling would cling more stubbornly to his own text and assertions and would stand by them, while Custance would probably be able to take the discussion in any direction. At first impression Custance has a looser manic style, while Schelling's work – *excusez les mots* – shows persistent schizophrenic tendencies. Schelling's writing aligns closely with many others

texts from the age of German idealism, both thematically and in terms of writing and reasoning style. His work was – and still is – taken seriously within a circle of people who are used to reading and writing such things. Custance's text, on the other hand, falls between all sorts of genres and writing styles and is not part of a corpus of texts that are shared by a community of fellow sufferers. For an outsider, however, Custance's text is more intelligible than Schelling's exactly because of its more expressive superficiality. I suspect that if a blind test were conducted by a panel of psychiatrists on the basis of the two works, it is more likely that Schelling would be diagnosed as a schizophrenic than Custance. One last difference between the texts is that Custance places his findings explicitly within the bounds of his own manic experiences and the inspiration they gave him, while Schelling seems to regard his thoughts as completely normal philosophical findings and lines of reasoning.

Besides these differences there are also important similarities between Schelling and Custance. Both want to put "everything" into words, and both ultimately run up against an insoluble contradiction: that of the yes versus the no, the positive versus the negative. Both use this contradiction to generate even more text and explanation about how the world works. Both use the basic divergent contradiction "high" and "low" to connect things like chemistry with Christianity (Schelling) and the shape of the sex organs with mysticism (Custance). Although the two work out their arguments differently in terms of details, the spatial imagery they use is the same: for Schelling it's contraction ("no" power) versus expansion ("yes" power), and for Custance it's tightening up ("no" power) versus disintegration ("yes" power). Both also have a tendency to create new mythologies; history and life are not made up of an accumulation of empirical data but of the timeless interaction between the positive and the negative, borne by mythical, historical, and fictional figures.

Custance justifies this approach by stating that in his mania he has contact with the Jungian collective unconscious, which is associative in nature and in which mythical themes are more important than factual events. Schelling justifies the approach by arguing that there are mythical structures undergirding all philosophical thought. Finally, there is similar imagery in both texts. As I discuss elsewhere in chapter eleven of Kusters (2020), Custance refers to electricity, with its positive and negative poles, and in *The Ages of the World* Schelling uses the same image to clarify his idea of the "yes" and the "no."

One illustrative but not particularly informative similarity between my own experiences and the writings of Schelling and Custance is the following. At the low point (or the high point) of my most recent visit to the world of the mad in 2007, I was able to experience the cosmic depths of the eternal tension between positive and

negative in the positive and negative electrical poles, and I thought I could hear it in the peaks and valleys of music – by way of my "KeN-wood" music installation. I knew I had "made it through," that I myself could determine what counted as positive and what counted as negative. This made it possible for me to hear music *backwards*, in "reverse" sound waves. This mirror existence also expressed itself in other positive/negative inversions: because I could reverse the positive/negative forces in madness, I was able to take advantage of and interact with the depths of matter. I knew that this telepathic possibility was a carefully kept secret, and I understood why discussions about nuclear energy were always so heated. I myself was under surveillance because I threatened to collaborate with the leaders in *North Korea* via my *No-Kia*. By descending in the spiralling yes/no-abstractions, I set foot in the field of Ø, and I landed in a *New Klear* Reality (also see Fragment IV in Kusters 2020).

Here I come to the reason why I am comparing Custance's autobiography with Schelling's philosophy: both texts can be read as expressions of the absolute Ø-delusion – at least partially.[vi] According to the absolute Ø-delusion, nothingness is an "autonomous power," not just a derivative of something or an absence of positivity, but a *positive nothing*. Schelling says (in Krell, 104): "Nonbeing is not the absolute lack of essence; it is merely what is opposed to the essence proper. Yet for all that it is not any the less positive essence." Thus for Schelling nothingness is an active power, and the fact that we speak of this as an absolute Ø-delusion is based on the fact that not only is the negative "no" autonomous, but it is also primary with respect to the positive "yes." In Schelling, darkness precedes light, the restricting, contracting "no" precedes the radiating, affirmative "yes." In the beginning there was nothing, and only afterward did something begin to shine. This is deeply at odds with the teachings of Plotinus and Greek thought, and is diametrically opposed to the description of the esse-delusion and the Plotinian uni-delusion. Schelling also explicitly places himself in opposition to this Plotinism when he describes nothing as the basis of everything.[vii]

Custance expresses the same kinds of ideas about what he experienced in the depths of madness: a unity that issued from two opposing forces that he, like Schelling, calls the positive and the negative. Just as with Schelling, and in accordance with the absolute Ø-delusion, the negative is primary for Custance; there was nothing before there was something (1952, 88): "In the beginning was the undifferentiated All, the primal Chaos, Darkness, which was somehow also God, the Perfect self-sufficient Individual, the One. Creation was only possible by division, differentiation, by producing the Many from the One, by God going out of Himself in the creative act. This produced in the first place Light – in Darkness there is no division."

With Schelling, just as with Sartre, the paradoxical "existence" of nothingness and the negative is linked to the possibility of freedom and of consciousness or mind. For the German idealists, Schelling among them, freedom is of greater significance than it is for Sartre because for them freedom is not limited to man alone, with his consciousness "based on nothingness"; rather, the whole world is free. Their reasoning is approximately as follows: everything that seems to be subject to laws is free, as seen from a higher plane, because every law presumes a lawgiver who is free to choose his laws. Therefore, "nothingness" plays a role not only in questions concerning the freedom and the essence of man, but also in questions concerning the raison d'être of matter, the development of natural and cultural history, and the status of the divine. That is, for Schelling nothingness plays an all-decisive and foundational role: the world is created out of freedom, all splendor and glory issue forth from nothingness, and the eternal "no" must be the ground of existence. According to the worldview of Schelling and the German idealists, he who delves most deeply into nothingness accumulates the most freedom. This theme also plays a role in Heidegger.

For Custance – and for myself – the role of the negative seems to be somewhat different: it is the concept for obtaining ultimate insight into and a total explanation for all world events, in order to thereby become the powerful center. Mystical meditations on the "yes" and the "no," the "one" and the "zero," can lead to the solitary delusion of cosmic domination, for those who allow themselves to be tempted by images of power: he who stares too deeply into the crystal, tumbles into a center of unbreakable glass. According to Podvoll's phase model (see chapter 6 in Kusters, 2020), we have now gotten through to the final stage, that of death and rebirth. The absolute Ø-delusion is the place where the existence of life is no longer certain. Wherever there is absolutely nothing there is no life, but death is also denied there. It is a stroboscopic twilight zone, a salutary fog with a visibility of less than zero meters. The windows to others remain closed, but in itself Ø is everything (see chapter 13).

Literature

Artaud, A. 1976. *Selected Writings*. Translated by Helen Weaver. Edited and with an introduction by Susan Sontag. Berkeley, Los Angeles: University of California Press.

Blankenburg, W. 1971. *Der Verlust der natürlichen Selbstverständlichkeit.* Stuttgart: Enke.

Custance, J. 1952. *Wisdom, Madness and Folly: The Philosophy of a Lunatic.* New York: Pellegrini & Cudahy. Excerpted in *The Inner World of Mental Illness: A Series of*

First Person Accounts of What It Was Like, edited by B. Kaplan. New York: Harper & Row, 1964.

Dick, P. K. 2012. *Martian Time-Slip*. Boston, New York: Mariner Books, Houghton Mifflin Harcourt.

Heidegger, M. 1962. *Being and Time*. Translated by John Macquarrie and Edward Robinson. Oxford: Blackwell Publishers Ltd. Originally published as *Sein und Zeit* (Tübingen: Max Niemeyer Verlag, 1927).

Husserl, E. 1991. On the Phenomenology of Consciousness of Internal Time (1893-1917). Translated by J. B. Brough. Dordrecht: Kluwer Academic Publishers. Originally published as Zur Phänomenologie des inneren Zeitbewusstseins (1893-1917). Edited by R. Boehm. The Hague: Martinus Nijhoff, 1917.

Krell, D. F. 2005. "God's Footstool: A Note on the Source for Schelling's Description of the Olympian Zeus in the 1811 Draft of The Ages of the World." In Schelling Now: Contemporary Readings, edited by J. H. Wirth. Bloomington and Indianapolis, IN: Indiana University Press

Kusters, W. (2020 [2014]). *Philosophy of Madness. Fundamental and Transgressive Insights* [translated from the Dutch *Filosofie van de waanzin. Fundamentele en grensoverschrijdende inzichten* by Nancy Forest-Flier]. Cambridge (MA): MIT Press.

Minkowski, E. 1933. *Le temps vécu*. Paris: Quadrige.

Parnas, J., P. Bovet, and D. Zahavi. 2002. "Schizophrenic Autism: Clinical Phenomenology and Pathogenetic Implications." World Psychiatry 1.3: 131-136.

Plotinus. (AD 270) 1956. The Six Enneads. Translated by Stephen MacKenna. Revised by B. S. Page. London: Faber and Faber. https://archive.org/stream/plotinustheennea033190mbp/plotinustheennea033190mbp_djvu.txt

Podvoll, E. 1990. The Seduction of Madness: Revolutionary Insights into the World of Psychosis and a Compassionate Approach to Recovery at Home. New York: HarperCollins.

Sartre, J. P. 2003. Being and Nothingness: An Essay on Phenomenological Ontology. Translated by Hazel E. Barnes. London and New York: Routledge Classics. Originally published as L'être et le néant (Paris: Gallimard, 1943).

Sass, L. A. 1992. Madness and Modernism: Insanity in the Light of Modern Art, Literature And Thought. New York: Basic Books.

Sass, L. A. 2003. "'Negative Symptoms,' Schizophrenia, and the Self." International Journal of Psychology and Psychological Therapy 3 (2): 153-180.

Sass, L. A., and J. Parnas. 2001. "Phenomenology of Self-Disturbances in Schizophrenia: Some Research Findings and Directions." Philosophy, Psychiatry & Psychology 8 (4): 347-356.

Pinkard, T. 2002. German Philosophy 1760-1860: The Legacy of Idealism. Cambridge: Cambridge University Press.

Schelling, F. W. J. (1815) 2000. The Ages of the World. Translated by Jason M. Wirth. New York: State University of New York Press. Originally published as Die Weltalter.

Žižek, S. 1996. The Indivisible Remainder: On Schelling and Related Matters. New York: State University of New York Press.

---

[i] The methodical doubt and distrust of everything that is not produced by the thinking process, according to such philosophies, has its counterpart in the existential doubt and uncertainty about existence in the mad world. We see the questions and themes from such philosophies either openly or cryptically reflected in the Ø-delusion, question such as "whether there is an outside world," "whether we are nothing but brains in jars," "how we can prove that other people exist," "why everything is nothing but a dream," etc.

[ii] Sass (2003) writes, "Hyperreflexivity refers to a kind of exaggerated self-consciousness, a tendency for focal, objectifying attention to be directed toward processes and phenomena that would normally be 'inhabited' or experienced as part of oneself." Sass & Parnas (2001) describe hyperreflexivity as "the reflexive awareness of aspects of experience that are normally tacit or presupposed." Parnas, Bovet & Zahavi (2002) call it "an excessive tendency to monitor, and thereby objectify, one's own experiences and actions."

[iii] Those who are accustomed to reflecting on these kinds of processes in terms of Lacan will understand it by first discerning the collapse of "the symbolic order" and observing that as a result the psychotic ends up in a fluid house of mirrors without anything to hold onto (imaginary order), after which he ultimately runs up against "the real." That would be a splendid discovery, to end up in an absolute reality, realer than everyday symbolic reality, were it not for the fact that the real, on closer inspection, is nothing.

[iv] Pinkard (2002, 321) says, "[The period in which he worked on] *The Ages of the World* … amounts to some of the most obscure writing that Schelling, never the most lucid of authors, ever produced."

[v] Žižek (1996, 6) makes the following comment in a very different (Lacanian) jargon: "[Schelling tries to] provide the definitive formulation of the 'beginning of the world,' of the passage from the pre-symbolic chaos of the Real to the universe of *logos*. … Schelling has no problem with penetrating the obscure netherworld of pre-symbolic drives ('God prior to the creation of the world') – where he fails again and again in his *return* from this 'dark continent' to our common universe of language."

[vi] The more perceptive reader will already have noticed that I have described Custance as a typical example of the esse-delusion. As I discuss elsewhere (see the introduction to Part III of Kusters 2020), the delusions are inter-translatable, and in the mad world transitions are constantly taking place between the various basic forms.

[vii] Schelling (2000, 31, italics WK): "The systems that want to explain the origin of things as descending from above almost necessarily come to the thought that the emanations of the highest

primordial force some time or other reach their extremity below which there is nothing. This extremity can itself be called only a shadow of the being, a minimum of reality, only to some extent still having being, but not really. This is the meaning of non-being according to the Neo-Platonists, who no longer understood Plato's real meaning of it. We, following the opposite direction, also recognize an extremity, below which there is nothing, but *it is for us not something ultimate, but something primary, out of which all things begin, an eternal beginning, not a mere feebleness or lack in the being, but active negation*."