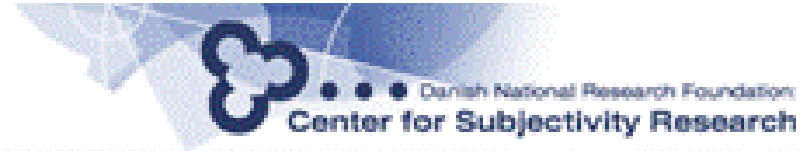


UNIVERSITY OF COPENHAGEN



Phenomenological Psychopathology: The descriptive structure of Self-Experience in Schizophrenia

Andrea Raballo & Josef Parnas

Center for Subjectivity Research
Department of Psychiatry, Hvidovre Hospital
Denmark

Key notions about schizophrenia

Nosological status

Clinical presentation



Vulnerability



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Psychosis

- Delusions
- Hallucinations

Phenomenological Psychopathology

Attempt to grasp the “organized and living unity” of symptoms as the “expression of a profound and characteristic modification of the human personality in its entirety”
(Minkowski 1927).

... phenomenological analysis typically focuses less on the contents than on the **form of awareness** (Jaspers 1963; Parnas and Zahavi 2002).

What is it like to undergo a psychotic state?



Full-blown Psychotic State: Delusion

The patient reports his being under the *influence* of some *apparatus* ... a kind of *wave apparatus*, which can be turned on “high” or “low.” When it is turned on “very high,” he is totally *deprived of his own will* (...) and *even the smallest moves are directly piloted and made*. Turned on “low” signifies that he may have his own free will.

...*everything proceeds in a very precise manner*, as in a clock...

...All of his movements ... *everything was constantly “piloted from a distance”* (Conrad 1958, p. 102).



Schizophrenic (infrapsychotic) vulnerability



Loss or lack of **spontaneous immersion** in the world

Deficient sense of **immediate**, non-criterial **self-identity**

Distortion of **1-person perspective**

Spatialization of experience

Schizophrenia & Self – Core features

Kraepelin (1896):

“loss of inner unity of consciousness”

“devastation of the will”

“orchestra without a conductor”

Jaspers

Berze

Minkowski

Binswanger

Conrad

Laing

Blankenburg

Tatossian

Kimura Bin

Rado

Chapman

Schneider

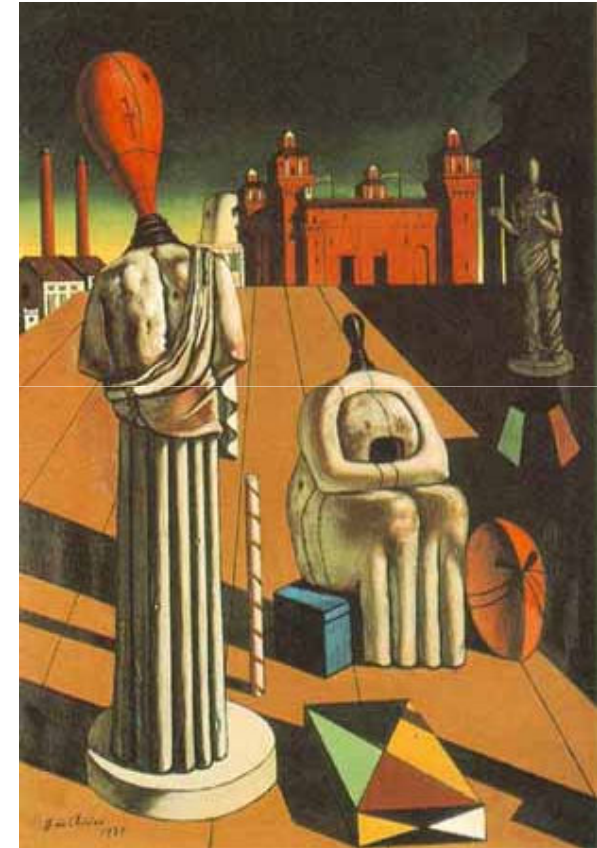
Huber

Gross

Klosterkoetter

Parnas

Sass



Anomalous Subjective Experiences

(...) **then** something odd happens.
My **awareness** of **myself**, of my **father**, of the **room**,
of the **physical reality** around and beyond us
instantly grows fuzzy. Or wobbly. I think **I am**
dissolving, I feel — *my mind feels* — **like a sand**
castle with all the sand sliding away in the
receding surf. This experience is much harder and
weirder to describe than extreme fear or terror (...)

Anomalous Subjective Experiences

Consciousness gradually loses its coherence. One's **center** gives way. The center cannot hold. The "me" becomes a haze, and the **solid center from which one experiences reality** breaks up like a bad radio signal. There is **no longer a sturdy vantage point** from which to look out, take things in, assess (...) **No core** holds things together, providing the lens through which we see the world (...)

Anomalous Subjective Experiences

“The voices and so on were not that important. I think that the **enduring and pervasive feeling of being unreal** is the disease itself. When I realized this condition of **looking at myself as in a movie** was permanent, I understood it would eventually destroy the core of my life.”

Anomalous Subjective Experiences

*“When, for example, I looked at a chair or a jug, I thought not of their use or function - a jug not as something to hold water and milk, a chair not as something to sit in - but as **having lost their names, their functions and meanings**; they became ‘things’ and **began to take on life, to exist**. This existence accounted for my great fear. In the **unreal scene, in the murky quiet of my perception, suddenly ‘the thing’ sprang up**. The stone jar, decorated with blue flowers, was there **facing me, defying me with its presence, with its existence.**”*



Sechehaye 1970

ASE - Taxonomy

Cognition and Stream of Consciousness

i.e. thought interference/pressure/block

Self-Awareness and Presence

i.e. diminished sense of basic self/distorted 1st PP/Depersonalization

Bodily Experiences

i.e. morphological change/Cenesthesias/Mirror Phenomenon

Demarcation/Transitivism

i.e. confusion with the other/Passivity Mood

Existential Reorientation

i.e. primary self-reference/Centrality/Solipsistic-like experiences

Conclusions

Schizophrenia Spectrum disorders entail a certain characteristic **dissolution of the field of awareness**

Psychotic **developments** must be seen in relation to this basic disorder

Self-disorders are potentially useful phenotypes for the characterization of Schizophrenia Spectrum vulnerability