Lifeworld disrupted: existential perspectives on schizophrenia

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Abstract

This paper will explore Schizophrenia from an existential-phenomenological perspective. It will be highlighted that there are difficulties in understanding the lived experience of schizophrenia. As an alternative to biological explanations, the author will attempt to find meaning through the aspects of the Lifeworld: self, body, others, time and space. Referring to these aspects not only demonstrates the experience of schizophrenia as intelligible but the disrupted aspects also highlights the structure of our own subjectivities.

Keywords: *Schizophrenia, existential, phenomenology, lifeworld, subjectivity*

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Schizophrenia

According to mainstream psychiatry, schizophrenia is a severe mental health disorder associated with the progressive deterioration in cognitive, psychosocial and behavioural functioning (Barrios et al., 2018). The criteria for schizophrenia have undergone changes, due to the heterogeneity in presentation (Wong, 2014). The Diagnostic and Statistical Manual of Mental Disorder (DSM–5) relies on clinical observation of delusions, hallucinations, and disorganised speech for at least a month (American Psychiatric Association, 2013). Mainstream treatment can include medication, as well as therapy (Miyamoto et al., 2012). There has been a focus on the hereditary and genetic factors which so far has not demonstrated strict genetic etiology (Henriksen et al., 2017). With this in mind, this paper will not attempt to offer an explanation but will endeavour to understand the phenomenological experience of schizophrenia.

The Lifeworld

Binswanger (1958a) wrote that when a psychiatric condition is identified with biology, it only provides a name to the hidden, but to understand a patient's subjectivity, one would have to explore their *lifeworld.* A term introduced by Husserl (1936), the lifeworld can be seen as the horizon of all our experience. It is our subjective construction of reality, formed under the condition of our life circumstances (Kraus, 2015). For Binswanger, mental illness involved disruptions to the lifeworld. Therefore, if one understood *how* one experiences, then one's actions would be found to be meaningful. So it is about how we exist before we are constructed through dominant typologies, like psychiatry.

The elements of the lifeworld have been drawn from the works of Binswanger, Husserl, Sartre and Merleau-Ponty and others (Ashworth, 2003). They are considered to be the essential aspects

to subjective experience comprising of: selfhood, body, others, time and space (Binswanger 1958b, 1963). This paper will explore schizophrenia, making reference to these five elements.

i) Selfhood

Descartes (1993) saw thinking as the key substrate that differentiated us from other animals and posited a thinking ego as the core self. However, within existential thought the self is considered a 'self in process'. Anti-Climacus (Kierkegaard) describes the self as a synthesis between the non-negotiable and possibility (1849). With the givens of one's existence and the possibility of change, the self is constituted through self-conscious activity. The world appears to me from my perspective, and my experiences carry a quality of 'mineness'. As these experiences continue to be apprehended from my perspective, with a quality of mineness, there is continuity. So rather than an ego, there is a shifting yet coherent locus of my experience known as the minimal or pre-reflective self. The mineness of my experience is self-evident but may not be for the person with schizophrenia.

A profoundly altered sense of self is recognised as a core feature of schizophrenia (Cermolacce, Naudin and Parnas, 2007). The self-disorder model of schizophrenia sees the condition as a disturbance to the sense of self, characterised by hyper-reflexivity, diminished self-presence and loss of grip on the cognitive-perceptual experiences (Nelson, Parnass and Sass, 2017). People may report experiencing their thoughts as belonging to another, known as thought insertions (Ratcliffe and Wilkinson, 2015). So although thought *p* is in my head, I feel there is a qualitative difference from my other thoughts and, therefore, conclude it is not self-produced. However, the thought about the thought insertion does feel familiar, suggesting there is a disruption to the mechanism facilitating the *mineness* of my thoughts .

Heidegger writes: 'it could be that the "who" of everyday *Dasein* just is *not* the "I myself"" (Heidegger 1962: 150). By extending *out of itself* towards that which is *not itself*, we may find ourselves influenced by the objects and others we encounter in the world (Yagi, 2009). But with no coherent locus of experience, one may experience disownership of the very experiences that constitute a sense-of-self. But this also raises the question: how can the sense-of-self be fundamental and yet be lost somehow? If a patient can say *'I do not feel like myself'*, does it demonstrate loss of self, which the studies suggest, or rather loss of self-comprehension? This would mean that an individual would have a sense of *being themselves and not being themselves* and discriminating between the two. There could be an argument to be had here but for the existential phenomenologist, our being is experienced in relation to all the other aspects of the lifeworld. And perhaps self-comprehension comes through integrating the other aspects.

ii) Body

Merleau-Ponty (1962) claims that our existence is an embodied existence. We cannot leave our bodies behind. It is the subject of everything that we experience and our access to the world. However, there is a distinction between the body we experience and the body others see. Merleau-Ponty distinguishes between *body-subject* and *body-object*. By body-object, he means the body as determined and predicted by medical science. By body-subject, he means the body as we experience it, even before we are aware of it. It is our pre-reflexive body that gives meaning to the world around us. We are neither one or the other, and this ambiguity can be seen in the Lacanian 'mirror stage', where an infant first comes in contact with their reflected image (Lacan, 2001). We can (usually) assimilate this discrepancy between a projected image and the lived body over time.

What happens to our experiences if the bodily aspects of the lifeworld are disturbed? Disturbances in body perceptions are considered early indicators of schizophrenia such as visual and auditory hallucinations and disowning parts of one's body (Klaver and Dijkerman, 2016). The Rubber Hand Illusion (RHI) experiment demonstrates that watching a rubber hand being stroked while one's unseen hand is also stroked can lead to a sense of ownership over the rubber hand, for patients with schizophrenia (Thakkar et al., 2011). What does it say about our own bodily experiences? Merleau-Ponty suggests that our body develops in relation to the world. Over time repeated actions become habit akin to body-knowledge, which is relied on when the habitual body engages with the world (Merleau-Ponty, 1962; Moya, 2014).

However, the assumption is that there is an intrinsic ability for the body to retain representations of movement and mobility when the environment calls forth. If this body-knowledge is not present, then there is no dialogue between body and environment. This is consistent with current research exploring the relationship between schizophrenia and perceiving affordances or understanding the functional properties of the external world (Kim and Kim, 2017). For instance, seeing chairs in a waiting room one can understand that the purpose is to sit and wait. The dialogue between the body and environment is not as effective with people who have schizophrenia, and so the rubber hand becomes assimilated, and waiting rooms appear like mysterious spaces.

iii) Others

When we encounter the other, Husserl (1929) acknowledges that they are embodied beings with internal mental states just like everyone else. However, we cannot have access to the *givenness* of the other's experiences, so they remain unknowable (Husserl, 1929). For Sartre, however, just as we might see the other, the other sees us too (Sartre, 1966). Eschewing Heidegger's view of others as co-existence, Sartre sees intersubjectivity emerge through concrete encounters and conflict (Van der Wielen, 2014). It is through *the look* of the other, our experience of objectivity, that we experience the presence of an Other-as-subject (Aquilla, 1998). This leads us to a Sartrean process of reciprocity: I can only have experience of others if I can appear to myself as an Other. So when clinicians diagnose clients in isolation from their social environment, they disregard a crucial aspect of the client's lifeworld: their relations to others.

R.D. Laing's project was to understand those social interactions of patients with schizophrenia by placing them within their family context (Laing and Esterson, 1964). He saw the family as an integral setting to understand the patient which in turn informed his outlook on society at large (Laing, 1967). Gregory Bateson, who viewed the aetiological mechanism for schizophrenia in the inability of individuals to resolve conflicting injunctions within social settings influenced Laing's family therapy. Bateson's sought to understand, through his *double-bind hypothesis*, how verbal messages could invalidate non-verbal actions, leaving children unable to identify the inherent contradiction (Bateson et al., 1956). It is the prolonged exposure to these injunctions within family settings of people with schizophrenia that both Bateson and Laing explored.

The outcome of persistent conflicting injunctions could lead to poor development in boundaries between self and others. Just as Sartre (1966) noted above, our evidence for our existence emerges through conflict with the other. The blurring of self and others within inconsistent human interactions could lead the non-autonomous individual to detach and isolate themselves (Laing, 1961). This leads us back to the project of this paper: that to attempt to understand the client's experience involves knowing the context from whence they came. Although current research has shifted towards genetics, studies of family communication patterns do still provide a challenge to purely biologically explanations.

iv) Time

Temporality can be experienced as a flow of consciousness providing coherence and continuity in our sense of self. Here, we make a distinction between an objective sense of time (which can be measured) and the subjective sense of time. Philosophical theories about the relationship between time and subjectivity emerged from Kant's notion of the *inner sense* (Schmitz, 2015). This apparent flow of time structures our experiences with a sense of past, present and future. Just as this is experienced as an inseparable whole, for consciousness to apprehend this, it must also be able to identify the temporal aspects of past, present and future (Muzetto, 2006). Both perspectives–experiencing as a whole and as segments, are necessary as it is integral to our sense of causality and understanding of the external world. Therefore, it follows that disruption to our sense of time can have profound effects on our sense of self.

Studies within cognitive neuroscience have focused on disruptions to time perception and their relation to schizophrenia and other disorders (Stanghellini et al., 2016). In the early nineteenth century, Eugene Minkowski (1933) noted that people

with schizophrenia were unable to experience 'lived time'. The time disturbances within his patients meant that they were unable to perceive the flow of time and, in turn, to segment duration, resulting in a frozen state (Minkowski, 1933). This may present as an eternal now and with each segment detached from the previous. Kimura noted that, with severe schizophrenia, this state might produce endless anticipation for things to come to fruition (Phillips, 2001). This is consistent with Heidegger (1962), as our being is temporally orientated towards the future as it anticipates the end of its existence. This futural orientation allows one to find the potential in authentic existence. Without this, as Heidegger noted, time will be experienced as a sequence of 'nows' (1962:422).

What we do is underpinned by duration and temporality as part of the structure of our own subjective experience. Experiential episodes appear linearly represented which are consolidated into a sense of who we are (Ricoeur, 1990). We construct these narratives to understand our experience as meaningful wholes, and temporal synchrony is so entwined that it is difficult to imagine an experience otherwise.

v) Space

Space in this sense means the lived space of our existence. Depending on how we respond, space can present us with opportunities for socialisation and purpose or it can stifle potential opportunities. Merleau-Ponty (1962) makes a distinction between objective space and bodily space. Objective space can be measured and identified, but we experience this space through our body. This is referred to as lived or *situational* space, highlighting the ambiguity of how we experience space. It is neither an external nor completely an inner experience. Merleau-Ponty draws from Schneider's pathology–a war veteran, who is unable to improvise simple tasks, as he is fixated on objective space (1962:103). His interpretation of Schneider demonstrates the dialectical process that takes place between bodily and objective space. This primordial spatiality is inseparable from the lifeworld. When something is close, my body has a grip on it; when something is far away then my body is losing its grip on it–body and space are related.

Our understanding of space can have implications for our personal boundaries. The need for peripersonal space, the area surrounding the body where social interactions occur, often fluctuates with people with schizophrenia (Corbo et al., 2017). The ability to regulate accordingly to space requires a coherent locus for experience. Following Merleau-Ponty, people with schizophrenia no longer experience space from an integrated bodily perspective. Distance and depth are no longer seen from the perspective of how meaningfully related they are to our bodies. In the *Poetics of Space*, Bachelard writes that 'all inhabited space bears the essence of the notion of home' (1969:5). The house is the first space of memories, history and psycho-concrete support. As we learn to inhabit other spaces, we carry that intimacy only to find it in other places. This intimacy is missing for people with schizophrenia, without which, Bachelard suggests, space becomes unwelcoming, unending and unfathomable.

Conclusion

By applying a lifeworld analysis, we can attempt to illuminate the world of a person who has schizophrenia. Actions, behaviours and thoughts that appear irrational can be traced genealogically back to the manner in which someone experiences their subjectivity and any disruptions to that process. The lifeworld analysis facilitates understanding in how reality unfolds for someone with schizophrenia through a dialectical process between immediate and mediated experience. However, rather than it being an asymmetrical endeavour applied to people with a diagnosis, it provides everyone with a rare opportunity to understand the structure of their subjectivity.

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